The International Society for Traumatic Stress Studies 20th Annual Meeting

Final Program and Proceedings

War As A Universal Trauma

November 14–18, 2004
Hilton New Orleans Riverside
New Orleans, Louisiana, USA

THE INTERNATIONAL SOCIETY FOR TRAUMATIC stress STUDIES

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

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

ISTSS Supporters

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ISTSS Future Meeting Dates

- **2005 ISTSS Annual Meeting**
  November 2–5
  Westin Harbour Castle Hotel
  Toronto, Ontario, Canada

- **2006 ISTSS Annual Meeting**
  November 5–8
  Renaissance Hollywood Hotel
  Hollywood, California, USA

- **2007 ISTSS Annual Meeting**
  November 14–17
  Baltimore Marriott Waterfront
  Baltimore, Maryland, USA

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THE INTERNATIONAL SOCIETY FOR TRAUMATIC stress STUDIES

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Welcome Letter

War as a Universal Trauma

Dear Colleague,

Welcome to the 20th Anniversary Annual Meeting of the International Society for Traumatic Stress Studies (ISTSS) in New Orleans. The conference theme is one of great international relevance: War as a Universal Trauma.

Because war affects not only combatants but also the men, women and children in whose countries the conflict is occurring, it is associated with great impact on many trauma populations. Therefore, this meeting is of major importance for those serving the diverse groups affected by war: active duty personnel, veterans, civilian adults and children exposed to war trauma, aid workers, refugees and internally displaced persons. Presentations and discussions will focus on the many types of war-related trauma, including combat, peacekeeping, terrorism and bioterrorism, torture, sexual trauma and other types of violence that may occur during an armed conflict.

As always, in addition to the conference theme, topics include clinical practice, assessment and diagnosis, biological and medical research, children and adolescents, clinical and interventions research, community programs and interventions, culture and diversity, public policy, prevention and early intervention, disaster-terrorism and mass trauma, and training and education.

As you can see from this program, whether you are a clinician, researcher, educator, policy maker, or play several such roles, the conference will be of great interest. Thank you for joining the assembly of diverse international participants and sharing your ideas and expertise. We look forward to receiving your comments and feedback.

Best wishes,

Paula Schnurr, PhD, President, ISTSS
Josef Ruzek, PhD, 20th Annual Meeting Co-Chair
Patricia Watson, PhD, 20th Annual Meeting Co-Chair

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General Information

Special Education Opportunities

In addition to the ISTSS 20th Annual Meeting, the **Association for Advancement of Behavior Therapy (AABT)** is holding its 38th annual meeting at the same hotel in New Orleans, November 18-21. For more information, visit the AABT registration desk.

ISTSS and AABT are collaborating to present two days of Post-Meeting Institutes. The Post-Meeting Institutes will be held November 17-18, immediately following the ISTSS 20th Annual Meeting at the Hilton New Orleans Riverside, and preceding AABT's annual meeting. For more information see pages 153–160.

The **International Society for the Study of Dissociation (ISSD)** will hold its 2004 Annual Fall Conference, Moving Dissociation into the Mainstream, November 18-20, at the JW Marriott Hotel, New Orleans. The fall conference will highlight the relevance of dissociative processes to the core knowledge base of psychology and to generalist clinical practice. For more information visit www.issd.org or inquire at the ISTSS registration desk.

Also enriching this week of trauma training, the **Conference on Innovations in Trauma Research Methods (CITRM)** will convene at the Hilton Garden Inn New Orleans Convention Center, November 17-18. For this inaugural year, CITRM's conference theme will be Methodological Issues in Addressing Mass Disaster and Terrorism. Sessions will address underlying issues common to many forms of trauma and are designed to meet the needs of both novice and experienced researchers across disciplines in the broad field of traumatic stress studies. All sessions will emphasize audience participation and interaction.

Sessions include the plenary to be delivered by Fran Norris; Dan and Lynda King on longitudinal methods; a session on web-enabled surveys with William Schlenger and Roxanne Silver Cohen; Frank Weathers on assessing traumatic exposure; Ichiro Kawachi on measuring and modeling the social and geographic context of trauma; Dalene Stangl on Bayesian statistics; Joan Sieber on research ethics in times of chaos; and workshops on time management and career development, among others. Registration for CITRM is separate from ISTSS and AABT registration. Registration fees for CITRM include all CITRM sessions, continental breakfasts, lunches, and an evening reception.

Note: You are responsible for your own transportation to any of these events.

Registration

The ISTSS Registration and CE/Membership Service Desk are located on the 3rd floor in the Court Assembly Foyer and will be open at the following times:

Saturday, November 13	3:00 p.m.–7:00 p.m.
Sunday, November 14	7:30 a.m.–5:30 p.m.
Monday, November 15	7:30 a.m.–5:30 p.m.
Tuesday, November 16	8:00 a.m.–5:30 p.m.
Wednesday, November 17	8:00 a.m.–2:00 p.m.
Thursday, November 18	8:00 a.m.–2:00 p.m.

Participation in the ISTSS 20th Annual Meeting is limited to registered delegates. Your full registration includes:

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

Networking/Social Events
- Opening Reception
- Awards Ceremony and Reception
- Daily coffee and tea networking breaks
- Special Interest Group Meetings

Conference Features
- Opening and Closing Plenary Addresses
- Parallel Plenary Sessions
- ISTSS Annual Business Meeting
- ISTSS committee and task force meetings
- Exhibits of products and services
- Media Sessions
- ISTSS Bookstore
- ISTSS audiotape service

Events Available for Additional Fee
- Pre- and Post-Meeting Institutes

About the International Society for Traumatic Stress Studies

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

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

Join the International Society for Traumatic Stress Studies

ISTSS meeting registration does not include membership in ISTSS. If you are not already a member of ISTSS, consider joining the society now at the registration table located in the ISTSS registration area. ISTSS membership includes the peer-reviewed *Journal of Traumatic Stress, Traumatic StressPoints* newsletter and access to the online ISTSS members-only area including the Membership Directory. ISTSS members may participate in Special Interest Groups and committees. Your ISTSS membership plays an important role in supporting international trauma research and treatment.

General Information

Meeting Hotel and Meeting Rooms
All sessions and events at the ISTSS 20th Annual Meeting will take place at the Hilton New Orleans Riverside. A floor plan of meeting facilities is located on the back cover.

Hilton New Orleans Riverside
Two Poydras Street
New Orleans, Louisiana 70140
Phone: 504-561-0500
Guest Fax: 504-568-1721
www.hilton.com

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

Attire
Attire for the conference is business casual.

Smoking Policy
Smoking is prohibited at any ISTSS function.

Message Center
The ISTSS message center is located next to the ISTSS registration desk at the Hilton New Orleans Riverside. Messages for registrants are posted alphabetically by last name. Please remove your messages after you have received them. The ISTSS message center can be reached by calling the hotel operator at 504-561-0500 and asking for the ISTSS registration desk.

Hospitality Desk/New Orleans Tour Information
Please visit the full-service Hospitality Desk while you are in New Orleans. The desk is located in the ISTSS registration area on the 3rd floor. Hospitality staff will assist you in making last-minute recommendations regarding group meal arrangements and registration for tours around New Orleans.

Business Center
Copy, faxing, office supplies, computer and printer stations and other business services are available from the hotel business center. The business center is located on the 2nd floor of the hotel. Business hours are Monday–Friday, 7:00 a.m.–8:00 p.m.; Saturday and Sunday, 10:00 a.m.–3:00 p.m.

Special Assistance
Notify the ISTSS Member Service Desk in the registration area if you require special assistance at the conference.

Speaker Ready Room **Norwich, 3rd Floor**
If you plan to use audiovisual aids during your presentation, visit the speaker ready room before your presentation. The room is equipped with much of the same audiovisual setup as session rooms, so you may test your materials and rehearse your presentation.

Exhibits **Court Assembly Foyer, 3rd Floor**

Sunday, November 14	7:30 a.m. – 5:00 p.m.
Monday, November 15	7:30 a.m. – 5:00 p.m.
Tuesday, November 16	7:30 a.m. – 4:00 p.m.

Stop by the exhibits to see the display of products and services of interest in the trauma field. The exhibits provide valuable interaction between the profession and organizations that provide the products and services.

ISTSS Bookstore **Belle Chasse, 3rd Floor**
Visit the ISTSS Bookstore during the meeting, where a large selection of trauma-related publications will be on sale. ISTSS is contracted with Professional Books, Newton, Massachusetts. Visit their Web site for additional titles and materials at www.professionalbooks.com.

ISTSS Audiotape Service **Court Assembly Foyer, 3rd Floor**
Cassette tapes will be sold during the meeting by Professional Programs. Most presentations will be recorded. You also may purchase recordings of sessions from past ISTSS meetings. Contact Professional Programs at 661-255-7774; e-mail: orders@professionalprogramsinc.com.

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

Meeting Mentors for First-Time Attendees
As part of ISTSS's welcome to those attending the annual meeting for their first time, throughout the meeting, experienced members of ISTSS are available for questions and comments regarding any aspect of the conference and the organization. These individuals are called meeting mentors.

How do you find a meeting mentor? Just look for those wearing pink lapel buttons labeled "Mentor," and ask your questions! Alternatively, all first-time attendees are issued pink ribbons. By your wearing the ribbon, mentors will know that you're someone special and important to this organization, and they will reach out to you. Please know that the pink "first-timer" ribbons are never used to discriminate or stigmatize the wearer in any way.

We think you'll find the mentors accessible, friendly and knowledgeable.

Special Events/Meetings

Welcome Reception **Grand Ballroom C-D, 1st Floor**
Sunday, November 14 7:30 p.m. – 9:00 p.m.
Everyone is invited to attend a reception to welcome attendees to the 20th ISTSS Annual Meeting!

Student Luncheon **Grand Ballroom C-D, 1st Floor**
Monday, November 15 11:15 a.m. – 1:00 p.m.
A luncheon will be held for all student participants — a great way to meet others new to the field! If you did not sign up before the conference for this luncheon you must do so by 5:00 p.m. on Sunday, November 14, at the ISTSS on-site registration desk. Only those students who have signed up will be able to attend.

ISTSS Annual Business Meeting **Versailles Ballroom, 3rd Floor**
Monday, November 15 11:30 a.m. – 12:30 p.m.
All meeting participants are invited to attend the Annual Business Meeting. This is your opportunity to learn about the society, ask questions and make suggestions about ISTSS.

Reception for VA and DOD Employees **Marlborough A–B, 2nd Floor**
Hosted by the National Center for PTSD
Monday, November 15 6:30 p.m. – 7:30 p.m.

Gala Awards Ceremony **Grand Ballroom A, 1st Floor**
Reception **Versailles Ballroom, 3rd Floor**
Tuesday, November 16
Ceremony 6:30 p.m. – 7:30 p.m.
Reception 7:30 p.m. – 9:30 p.m.

Help us recognize the recipients of this year's awards from the International Society for Traumatic Stress Studies. Everyone is invited to attend the Awards Ceremony. The ceremony is immediately followed by a reception, which is open to all registered attendees.

Student Poster Awards

Student poster awards will be presented based on overall quality of posters presented by students. One winner will be selected from all entries, as well as several honorable mention poster awards. The winner will be honored at the Gala Award Reception. To be eligible for the award, students must: 1) have indicated student status during the abstract submission process; 2) be current members of ISTSS; 3) have completed the research while they were in school; and 4) have had their poster accepted by the program committee. The winner will receive a complimentary registration for the 2005 Annual Meeting.

Final Program Notes

- The first person listed is the chair of the session.
- For symposia, the second name under the overview title is typically the discussant.
- The Daily Schedule names only chairs, presenters and discussants.
- Degrees of presenters are listed only if they were supplied during the abstract submission process.
- References cited at the end of abstracts were removed.
- Presentations marked "Featured" means that the presentation addresses a topic of special relevance to the meeting theme.
- Each listing shows the room name, floor number or building.

The map is located on the back cover of the program for your convenience.

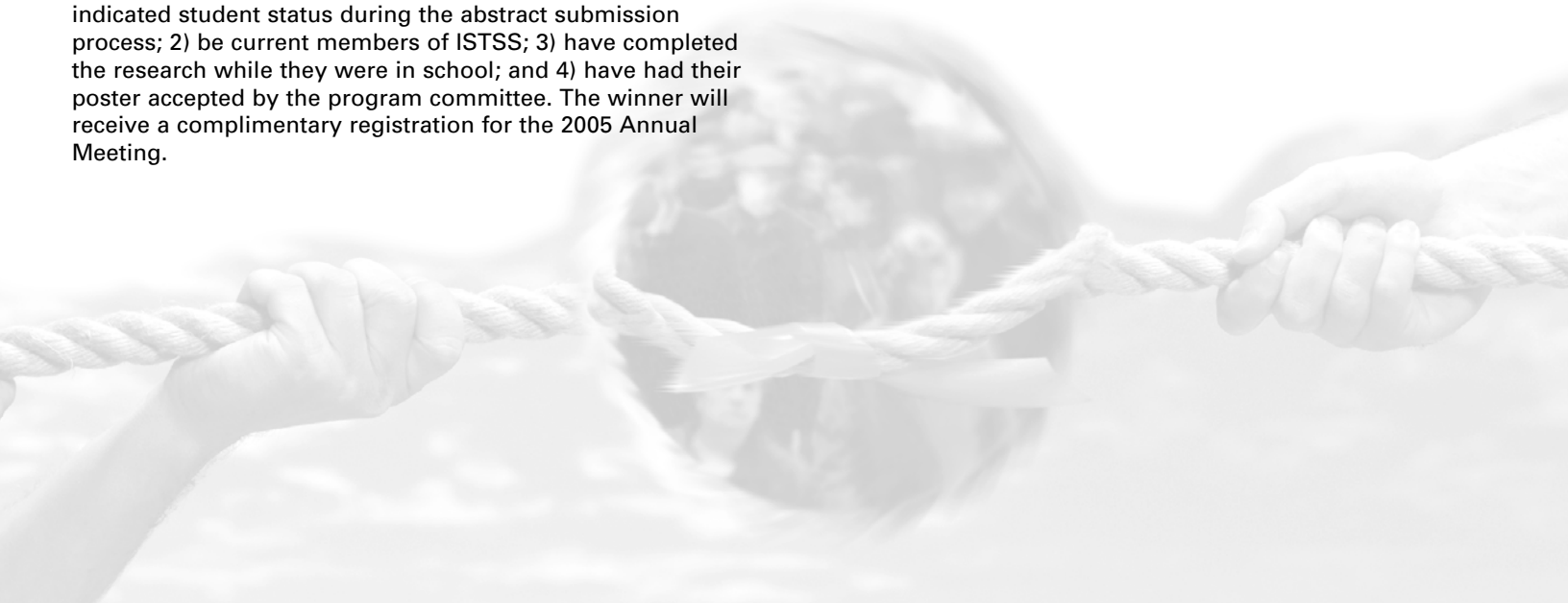
The presenter index on pages, 161–165 includes all oral and poster presenters and co-authors. It does not include citations.

Disclosure Policy

It is the policy of Boston University School of Medicine, Department of Continuing Medical Education, that faculty disclose to program participants any real or apparent conflict of interest. In addition, faculty are asked to disclose when any discussion of unapproved use of pharmaceuticals or devices are being discussed. Disclosures will be announced in the Addendum.

International Credit

The American Medical Association has determined that physicians not licensed in the US who participate in this CME activity are eligible for AMA PRA category 1 credit.



Continuing Education

Educational Needs

Recent world events highlight the relevance of war, terrorism/mass violence, natural disaster and other traumatic events as major determinants of human suffering. For example, a first-of-its-kind survey of mental health functioning of American Iraq War military personnel in the combat theatre has indicated high rates of trauma exposure in the war zone and significant levels of distress associated with trauma exposure and war deployment (Operation Iraqi Freedom Mental Health Advisory Team, 2003). The terrorist attacks of September 11, 2001, have led to major changes in disaster mental health practice and significant efforts to reach consensus on best practices for managing the effects of mass violence (National Institute of Mental Health, 2002). The ethnic violence that continues to dominate world news is generating increasing concern about its impact on individuals, communities and nations. More generally, traumatic stress research and best practices continue to evolve at an accelerating rate, and this International Society of Traumatic Stress Studies conference brings together international academic and practice leaders in the field to provide state-of-the-art learning opportunities for attendees.

Educational Objectives

As a result of attending the meeting, participants will be able to:

- Improve their ability to assess the effects of exposure to war-related stressors on diverse populations, including civilian adults and children, active duty personnel, veterans, emergency aid workers, and refugees and internally displaced persons.
- Apply results of recent and current traumatic stress research to their professional work with trauma survivors.
- Apply new theoretical understandings of trauma-related problems to the assessment and treatment of trauma survivors.

Target Audience

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

Continuing Medical Education

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

Credit Designation
Boston University School of Medicine designates this educational activity for a maximum of 32.5 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

CME Course Director
Danny Kaloupek, PhD
Boston University School of Medicine

Continuing Education Credit (non-MD)

The 20th Annual Meeting is co-sponsored by The International Society for Traumatic Stress Studies and The Institute for Continuing Education. Continuing education credit is offered as listed below. If you have questions regarding continuing education, please contact the institute: 251-990-5030; FAX: 251-990-2665; e-mail: instconted@aol.com.

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

Counseling: The Institute for Continuing Education is recognized by the National Board for Certified Counselors (NBCC) to offer continuing education for national certified counselors. The Institute for Continuing Education adheres to NBCC continuing education guidelines. NBCC Provider No. 5643.

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

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

Marriage/Family Therapy: The Institute for Continuing Education is recognized as a provider of continuing education activities by the Illinois Department of Professional Regulation. Marriage/Family Therapist Provider No. 168000108.

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

Alcohol/Drug: The Institute for Continuing Education is approved by the National Association of Alcohol and Drug Abuse Counselors (NAADAC) to provide continuing education for alcohol and drug abuse counselors. NAADAC Provider No. 000243.

Continuing Education for Sessions Hosted by AABT

ISTSS **cannot** offer CE or CME for sessions hosted by AABT. Please visit the AABT Web site at www.aabt.org or the AABT registration desk for information regarding CE accreditations available for their sessions, in addition to their CE registration and payment procedures.

Continuing Education Registration and Requirements

A certificate fee of $35 for members and $70 for nonmembers is required and can be applied for at the continuing education desk. You may not register for credits after November 18.

Continuing education credit will be awarded on a session-by-session basis, with full attendance required for each session attended. To receive continuing education credit, attendees must sign-in/sign-out daily and complete the continuing education evaluation packet. Stop by the continuing education desk before attending any sessions to receive your packet and to sign-in/sign-out daily.

Conference Highlights

Opening Plenary Address

War Is a Force That Gives Us Meaning
Hedges, Chris, *The New York Times*
Sunday, November 14 • 1:00 p.m.-2:15 p.m.
Grand Ballroom A-B, 1st Floor

Parallel Plenary Sessions

Two plenary sessions will occur simultaneously in different rooms allowing more options for attendees.

Peace as Preventive Medicine
Sidel, Victor W., MD, Physicians for Social Responsibility and International Physicians for the Prevention of Nuclear War
Monday, November 15 • 10:00 a.m.–11:15 a.m.
Grand Ballroom A, 1st Floor

Societal and Psychological Consequences of War: Translating Risk Factors into Multilevel Preventive Interventions
de Jong, Joop, MD, PhD, Transcultural Psychosocial Organization
Monday, November 15 • 10:00 a.m.–11:15 a.m.
Grand Ballroom B, 1st Floor

Military Psychiatry, Then and Now
Friedman, Matthew, MD, PhD, National Center for PTSD; Holloway, Harry C., MD, Uniformed Services University of the Health Sciences; Litz, Brett T., PhD, National Center for PTSD; Solomon, Zahava, PhD, Tel-Aviv University and Adler Research Center for Child Welfare and Protection
Tuesday, November 16 • 10:00 a.m.–11:15 a.m.
Grand Ballroom A, 1st Floor

Warfare, Human Rights and Recovery
Turner, Stuart, MD, University College London; Friedman, Merle, PhD, Psych-Action; Bloom, Sandra, MD, Community Works
Tuesday, November 16 • 10:00 a.m.–11:15 a.m.
Grand Ballroom B, 1st Floor

Featured Presentations

Featured presentations are presentations addressing topics of special relevance to the meeting theme.

Improving Access to Quality Military Care for Posttraumatic Stress
Engel, Charles, MD, MPH, Department of Psychiatry, Uniformed Services University of the Health Sciences; Zatzick, Doug, MD, Department of Psychiatry, University of Washington School of Medicine
Sunday, November 14 • 2:30 p.m.–3:45 p.m.
Hilton Exhibition Center B, 2nd Floor

The Trauma of Terrorism: Sharing Knowledge and Shared Care
Brom, Danny, PhD, Israel Center for the Treatment of Psychotrauma Herzog Hospital; Raphael, Beverley, PhD, Centre for Mental Health, New South Wales Health Department, Sydney, Australia; Cairns, Ed, PhD, School of Psychology, University of Ulster, Coleraine, Northern Ireland; Levanon, Talia, MSW, Israel Center for the Treatment of Psychotrauma, Herzog Hospital, Jerusalem; Oren, Elisheva, MSW, UJA-Federation of New York, Israel Office, Jerusalem, Israel
Monday, November 15 • 8:30 a.m.–9:45 a.m.
Grand Ballroom B, 1st Floor

Panel of International Affiliates
Ajdukovic, Dean, PhD, European Society for Traumatic Stress Studies; Raftery, John, PhD, Australasian Society for Traumatic Stress Studies; Mosca, Daniel, MD, Sociedad Argentina De Psicotrauma; Maercker, Andreas, MD, PhD, Deutschsprachige Gesellschaft für Psychotraumatologie; De Soir, Erik, LJL, Association de Langue Française pour l'Etude du Stress et du Traumatisme; Friedman, Merle, PhD, African Society for Traumatic Stress Studies
Monday, November 15 • 1:00 p.m.–2:15 p.m.
Elmwood, 3rd Floor

Healing, Justice, Reconciliation and Peace After Genocide in Rwanda
Danieli, Yael, PhD, Group Project for Holocaust Survivors and Their Children and The International Network of Holocaust and Genocide Survivors and Their Friends; Staub, Ervin, PhD, University of Massachusetts at Amherst; Pearlman, Laurie, PhD, Trauma Research, Education, and Training Institute Inc.; Ngarambe, Francois, IBUKA, Kigali, Rwanda
Monday, November 15 • 1:00 p.m.–2:15 p.m.
Grand Ballroom A, 1st Floor

Risk, Resistance and Resilience in Trauma-Exposed Populations
Pynoos, Robert, PhD, National Center for Child Traumatic Stress, University of California, Los Angeles; McFarlane, Alexander, MD, University of Adelaide Department of Psychiatry; Layne, Christopher, PhD, Professor of Psychology, Brigham Young University; Warren, Jared, PhD, Brigham Young University; Vernberg, Eric, PhD, University of Kansas, Clinical Psychology; Jacobs, Anne, PhD, University of Kansas
Monday, November 15 • 2:30 p.m.–3:45 p.m.
Grand Ballroom A, 1st Floor

Terrorism, the US Experience: Questions Answered, Questions Raised
Danieli, Yael, PhD, Group Project for Holocaust Survivors and Their Children; Galea, Sandro, MD, PhD, New York Academy of Medicine; Greiger, Thomas, MD, Uniformed Services Universtiy of the Health Sciences; Cohen Silver, Roxanne, PhD, University of California, Irvine; Friedman, Matthew, MD, PhD, National Center for PTSD
Tuesday, November 16 • 8:30 a.m.–9:45 a.m.
Magnolia, 3rd Floor

International Perspectives on Recognizing and Treating Effects of War
Kutter, Catherine, PhD, White River Junction VA Medical Center and Dartmouth Medical School; de Jong, Joop, MD, PhD, Transcultural Psychosocial Organisation; Shalev, Arieh, MD, Hadassah University Hospital; Wain, Harold, PhD, Walter Reed Army Medical Center; Watson, Patricia, PhD, National Center for PTSD, Stevens, Susan, PhD, National Center for PTSD
Tuesday, November 16 • 1:00 p.m.-2:15 p.m.
Hilton Exhibition Center A, 2nd Floor

The Impact of Traumatic Disaster and War: Looking Across Cultures
Hobfoll, Stevan, PhD, Kent State University and Summa Health System; de Jong, Joop, MD, PhD, Amsterdam Vrije Universiteit; Canetti-Nisim, Daphna, PhD, University of Haifa; Johnson, Robert, PhD, Kent State University; Kaniasty, Krys, PhD, Indiana University of Pennsylvania and Opole University, Poland; Norris, Fran, PhD, National Center for PTSD
Tuesday, November 16 • 2:30 p.m.–3:45 p.m.
Grand Ballroom B, 1st Floor

ISTSS Working with the UN: Armed Conflict, Trauma, and Mental Health
Schnyder, Ulrich, MD, Deaprtment of Psychaitry, University Hospital; Danieli, Yael, PhD, Director, Group Project for Holocaust Survivors and Their Children; Braak, Joyce, MD, Institute for Research on Women's Health; Carll, Elizabeth, PhD, Private Practice; Green, Bonnie, PhD, Department of Psychiatry, Georgetown University Medical School
Tuesday, November 16 • 2:30 p.m.–-3:45 p.m.
Hilton Exhibition B, 2nd Floor

Conference Highlights

Master Clinician Sessions

Each expert clinician will demonstrate the application of a particular therapeutic approach to a client with symptoms related to complex trauma experiences.

Application of Dialectical Behavior Therapy to Trauma-Related Problems
Wagner, Amy D., PhD, University of Washington Harborview Medical Center; Rizvi, Shireen L. PhD, Boston VAHCS
Sunday, November 14 • 2:30 p.m.–3:45 p.m.
Napoleon Ballroom, 3rd Floor

Treatment of PTSD with Panic Attacks
Falsetti, Sherry A., PhD, University of Illinois College of Medicine at Rockford
Monday, November 15 • 1:00 p.m.–2:15 p.m.
Grand Ballroom B, 1st Floor

Traumatic Grief Treatment
Shear, Katherine, MD, University of Pittsburgh Medical Center
Tuesday, November 16 • 1:00 p.m.–2:15 p.m.
Grand Ballroom B, 1st Floor

Expert Clinical Consultations

Get an expert's answer to your own clinical case questions. Features the following presenters and topics:

Developmental Psychopathology and Treatment of Child Traumatic Stress
Pynoos, Robert, MD, MPH, National Center for Child Traumatic Stress, University of California
Sunday, November 14 • 2:30 p.m.-3:45 p.m.
Grand Salon 21, 1st Floor

Hospital Emergency Room and Terrorism Response
Shalev, Arieh, MD, Hadassah University Hospital
Monday, November 15 • 2:30 p.m.-3:45 p.m.
Melrose, 3rd Floor

Cognitive-Behavioral Treatment for Acute Stress Disorders
Bryant, Richard, PhD, University of New South Wales
Tuesday, November 16 • 2:30 p.m.-3:45 p.m.
Rosedown, 3rd Floor

Media Presentations

Each media presentation will be shown both Sunday and Monday evening starting at 5:30 p.m. running concurrently in four different rooms. Presentations vary in length and may not last the full 1.5 hours. These sessions do not offer CE or CME credit.

"Between Heaven and Earth"
Nancy Dubrow, PhD, Taylor Institute
Sunday, November 14 • 5:30 p.m.–7:00 p.m.
Monday, November 15 • 5:30 p.m.–7:00 p.m.
Grand Ballroom A, 1st Floor

"Should I Cry?"
De Jong, Kaz, MA, Doctors Without Borders, Medecins Sans Frontieres (MSF)
Sunday, November 14 • 5:30 p.m.–7:00 p.m.
Monday, November 15 • 5:30 p.m.–7:00 p.m.
Hilton Exhibition Center A, 2nd Floor

"Survival from Domestic Violence: Stories of Hope and Healing"
Panos, Angelea, PhD, Gift from Within
Sunday, November 14 • 5:30 p.m.–7:00 p.m.
Monday, November 15 • 5:30 p.m.–7:00 p.m.
Hilton Exhibition Center B, 2nd Floor

"Survivor Stories: Journeys of the Continuum of Care"
Munroe, James, EdD, Boston VA Outpatient Clinic
Sunday, November 14 • 5:30 p.m.–7:00 p.m.
Monday, November 15 • 5:30 p.m.–7:00 p.m.
Hilton Exhibition Center C, 2nd Floor

Poster Presentation Sessions
New Presentation Schedule This Year!

Poster sessions are incorporated into the daily conference schedule divided into three sessions per day on both November 15 and 16. This program change will give senior investigators a means for increased face-to-face interaction with clinicians, students and other investigators. Posters are organized by track so that posters on a similar theme present together. Attendees should visit the posters during the Poster Session times indicated below. Poster presenters should set up and dismantle at the times shown below.

Napoleon Ballroom, 3rd Floor

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

Poster Session 1 **Track 7 (practice) and Track 8 (disaster)**
Monday, November 15, 8:30 a.m.–9:45 a.m.
Poster Set-up: 7:30 a.m.–8:30 a.m.
Poster Session: 8:30 a.m.–9:45 a.m.
Poster Dismantle: by 10:00 a.m.

Poster Session 2 **Track 2 (biomed) and Track 3 (child)**
Monday, November 15, 1:00 p.m.–2:15 p.m.
Poster Set-up: Noon–1:00 p.m.
Poster Session: 1:00 p.m.–2:15 p.m.
Poster Dismantle: by 2:30 p.m.

Poster Session 3 **Track 10 (war)**
Monday, November 15, 4:00 p.m.–5:15 p.m.
Poster Set-up: 3:00 p.m.–4:00 p.m.
Poster Session: 4:00 p.m.–5:15 p.m.
Poster Dismantle: by 5:30 p.m.

Poster Session 4 **Track 4 (clin res)**
Tuesday, November 16, 8:30 a.m.–9:45 a.m.
Poster Set-up: 7:30 a.m.–8:30 a.m.
Poster Session: 8:30 a.m.–9:45 a.m.
Poster Dismantle: by 10:00 a.m.

Poster Session 5 **Track 1 (assess)**
Tuesday, November 16, 1:00 p.m.–2:15 p.m.
Poster Set-up: Noon–1:00 p.m.
Poster Session: 1:00 p.m.–2:15 p.m.
Poster Dismantle: by 2:30 p.m.

Poster Session 6 **Track 5 (commun), Track 6 (culture), and Track 9 (train)**
Tuesday, November 16, 4:00 p.m.–5:30 p.m.
Poster Set-up: 3:00 p.m.–4:00 p.m.
Poster Session: 4:00 p.m.–5:15 p.m.
Poster Dismantle: by 5:30 p.m.

Note: Sessions will include some presentations from additional tracks in order to accommodate presenters who had a time conflict with other presentations.

Special Interest Groups

ISTSS Special Interest Groups

The purpose of Special Interest Groups (SIGs) is to provide members with a forum for communication and interaction about specific areas related to traumatic stress, as well as providing a means of personal and professional involvement in the activities of the society. All meeting participants are welcome to attend.

See the Daily Schedule for room locations. Special Interest Groups will meet during the following times:

Sunday, November 14 • 5:30 p.m. – 7:00 p.m.

- Child Trauma
- Dissociation
- Diversity and Cultural Competence
- Family Systems Approaches to Trauma
- Gender and Trauma
- Intergenerational Transmission of Trauma and Resilience
- Media
- Physical Injury, Chronic Illness and Disability
- Spirituality and Trauma
- Traumatic Loss and Complicated Grief

Monday, November 15 • 5:30 p.m. – 7:00 p.m.

- Creative, Body, and Energy Therapies
- Criminal Justice
- Early Interventions
- Human Rights and Social Policy
- Internet and Technology
- Physiology, Pharmacotherapy and Neuroscience
- Primary Care and Trauma
- Research Methodology

SIG Endorsed Presentations

The following is a list of presentations that are endorsed by the Special Interest Groups (SIGs) of ISTSS. An endorsement indicates that the SIG feels this presentation is of particular relevance to its specific topic area.

		Page #
Child Trauma		
Sunday, November 14, 2:30 p.m. – 3:45 p.m.	Consultation — Developmental Psychopathology and Treatment of Child Traumatic Stress	30
Monday, November 15, 2:30 p.m. – 3:45 p.m.	Symposium — Group Treatment for Complex Posttraumatic Stress Disorder	77
Tuesday, November 16, 8:30 a.m. – 9:45 a.m.	Workshop — How Can We Better Spread Best Practices in Child Trauma Treatment?	100
Tuesday, November 16, 4:00 p.m. – 5:15 p.m.	Panel — Conceptual Frameworks in Formulation of Complex Child Trauma	136
Creative, Body, and Energy Therapies		
Sunday, November 14, 8:30 a.m. – 12:00 p.m.	PMI 5 — The Containing Double: An Experiential Intervention for PTSD	27
Sunday, November 14, 8:30 a.m. – 12:00 p.m.	PMI 12 — Gestalt and Emotion-Focused Approaches to Posttrauma Therapy	29
Wednesday, November 17, 8:30 a.m. – 12:00 p.m.	PMI 17 — The Ravages of War: Creativity and Embodiment in Trauma Treatment	154
Wednesday, November 17, 8:30 a.m. – 5:00 p.m.	PMI 22 — Working with Action and Bodily States in the Treatment of Trauma	155
Dissociation		
Sunday, November 14, 2:30 p.m. – 3:45 p.m.	Symposium — Exploring Clinical Consequences of Childhood Trauma	33
Monday, November 15, 2:30 p.m. – 3:45 p.m.	Symposium — Dissociation Across the Life Cycle	76
Monday, November 15, 4:00 p.m. – 5:15 p.m.	Symposium — Lessons on Trauma from the Great War 1914-1918	86
Tuesday, November 16, 8:30 a.m. – 9:45 a.m.	Workshop — The Inner Actions of War: Traumatization as an Internal War Zone	100
Wednesday, November 17, 8:30 a.m. – 12:00 p.m.	PMI 18 — Contextual Models for Treating Survivors of Complex Trauma	154
Diversity and Cultural Competence		
Sunday, November 14, 4:00 p.m. – 5:15 p.m.	Symposium — Mental Health of War Affected Youth Within Four Cultural Groups	32
Monday, November 15, 8:30 a.m. – 9:45 a.m.	Symposium — Interpersonal Violence and Women's Health: Part I	45
Monday, November 15, 4:00 p.m. – 5: 15 p.m.	Symposium — Assessing Gender-Based Violence in Conflict-Affected Settings	85
Tuesday, November 16, 1:00 p.m. – 2:15 p.m.	Workshop — Nah We Yone, Inc.: Creating Hope, Support and Safety Out of Chaos	119
Tuesday, November 16, 1:00 p.m. – 2:15 p.m.	Workshop — Disaster Recovery in Native American Communities	120
Tuesday, November 16, 4:00 p.m. – 5:15 p.m.	Symposium — Anxiety Caused by the Nagasaki Atomic Bomb and Tokai Accident	138
Early Interventions		
Monday, November 15, 8:30 a.m. – 9:45 a.m.	Panel — Early Interventions Special Interest Group Panel Discussion	43
Monday, November 15, 4:00 p.m. – 5:15 p.m.	Panel — Disaster Mental Health: The Integration of Science and Practice	81
Family Systems Approaches to Trauma		
Sunday, November 14, 8:30 a.m. – 12:00 p.m.	PMI 4 — Cognitive-Behavorial Couple's Treatment for PTSD	27
Sunday, November 14, 2:30 p.m. – 3:45 p.m.	Case — Two Cases on Family Therapy	36
Monday, November 15, 1:00 p.m. – 2:15 p.m.	Symposium — Resiliency: Impact and Recovery from War in Children and Families	63
Monday, November 15, 2:30 p.m. – 3:45 p.m.	Symposium — Long-Term Effects of War Captivity in Ex-POWs and Their Spouses	79

SIG Endorsed Presentations *(continued)*

Gender and Trauma		**Page #**
Sunday, November 14, 4:00 p.m. – 5:15 p.m.	Symposium — The Impacts of Gender on Trauma and Recovery Experiences	39
Monday, November 15, 8:30 a.m. – 9:45 a.m.	Symposium — Interpersonal Violence and Women's Health: Part I	45
Monday, November 15, 1:00 p.m. – 2:15 p.m.	Panel — Women's Attributions About Revictimization: Implications for Practice	62
Monday, November 15, 4:00 p.m. – 5:15 p.m.	Symposium — Interpersonal Violence and Women's Health: Part II	82
Tuesday, November 16, 4:00 p.m. – 5:15 p.m.	Workshop — Publishing Empirical and Clinical Articles in Academic Journals	142
Human Rights and Social Policy		
Sunday, November 14, 4:00 p.m. – 5:15 p.m.	Panel — Empowering Refugee Women in the Context of Social Trauma	37
Monday, November 15, 1:00 p.m. – 2:15 p.m.	Panel — Healing, Justice, Reconciliation and Peace After Genocide in Rwanda	61
Monday, November 15, 2:30 p.m. – 3:45 p.m.	Symposium — Women and Trauma: Domestic, International and Military Policy	78
Tuesday, November 16, 1:00 p.m. – 2:15 p.m.	Symposium — Advocacy in Work with Human Rights Abuse Survivors	117
Intergenerational Transmission of Trauma and Resilience		
Monday, November 15, 2:30 p.m. – 3:45 p.m.	Symposium — Women and Trauma: Domestic, International and Military Policy	78
Monday, November 15, 2:30 p.m. – 3:45 p.m.	Symposium — South Africa: A Decade of Democracy	79
Tuesday, November 16, 4:00 p.m. – 5:15 p.m.	Panel — Searching for, Confronting, and Being the Other	137
Media		
Sunday, November 14, 2:30 p.m. – 3:45 p.m.	Workshop — Working with the Media to Raise Public Awareness About Traumatic Stress	35
Sunday, November 14, 4:00 p.m. – 5:15 p.m.	Symposium — Trauma Journalism and ISTSS: Recent History; Near-Term Future	40
Monday, November 15, 4:00 p.m. – 5:15 p.m.	Panel — Trauma, Gender, Violence and Military Culture	81
Tuesday, November 16, 2:30 p.m. – 3:45 p.m.	Panel — Media Coverage of Children and Trauma: Implications and Discussion	130
Physical Injury, Chronic Illness and Disability		
Sunday, November 14, 2:30 p.m. – 3:45 p.m.	Symposium — Does Initial Heart Rate Predict PTSD?	32
Monday, November 15, 8:30 a.m. – 9:45 a.m.	Symposium — Developing Prospective Studies in PTSD: Promises and Pitfalls	43
Monday, November 15, 1:00 p.m. – 2:15 p.m.	Symposium — Predictors of PTSD and Treatment Effect: Pre-and Peritraumatic Factors	63
Monday, November 15, 4:00 p.m. – 5:15 p.m.	Symposium — Innovative Approaches to Injury Research	83
Physiology, Pharmacotherapy and Neuroscience		
Sunday, November 14, 8:30 a.m. – 12:00 p.m.	PMI 1 — Psychophysiology 101: Introduction to Measures and Methods	26
Sunday, November 14, 8:30 a.m. – 12:00 p.m.	PMI 9 — Pharmacotherapy of PTSD: Trauma and Neurotransmitters Across the Lifespan	28
Sunday, November 14, 4:00 p.m. – 5:15 p.m.	Symposium — Neuropsychological Impairment in PTSD	37
Tuesday, November 16, 8:30 a.m. – 9:45 a.m.	Symposium — Neuroimaging Developments in Posttraumatic Stress Disorder	96
Primary Care and Trauma		
Monday, November 15, 8:30 a.m. – 9:45 a.m.	Symposium — Building Resilience in Children and Adolescents	46
Monday, November 15, 2:30 p.m. – 3:45 p.m.	Consultation — Hospital Emergency Room and Terrorism Response	76
Monday, November 15, 2:30 p.m. – 3:45 p.m.	Panel — Integrating PTSD Prevention and Intervention in Acute Medical Care	76
Monday, November 15, 4:00 p.m. – 5:15 p.m.	Symposium — Interpersonal Violence and Women's Health: Part II	82
Research Methodology		
Sunday, November 14, 2:30 p.m. – 3:45 p.m.	Symposium — Innovative Methods: Assessing Trauma Survivors with Handheld Computers	31
Monday, November 15, 8:30 a.m. – 9:45 a.m.	Symposium — Designing Prospective Studies in PTSD: Promises and Pitfalls	43
Tuesday, November 16, 8:30 a.m. – 9:45 a.m.	Symposium — Methods for Examining Temporal Dynamics Among PTSD Symptom Clusters	95
Tuesday, November 16, 4:00 p.m. – 5:15 p.m.	Workshop — Publishing Empirical and Clinical Articles in Academic Journals	142
Spirituality and Trauma		
Sunday, November 14, 4:00 p.m. – 5:15 p.m.	Case — The Effects of the Perpetration of Atrocities on Those Who Commit Them	42
Traumatic Loss and Complicated Grief		
Sunday, November 14, 8:30 a.m. – 12:00 p.m.	PMI 2 — Resilient Concepts and Interventions for Traumatic Stress	26
Sunday, November 14, 8:30 a.m. – 12:00 p.m.	PMI 13 — Preventing Psychological and Moral Injury in Military Service	29
Monday, November 15, 4:00 p.m. – 5:15 p.m.	Symposium — Complicated Loss and Traumatic Grief	84
Tuesday, November 16, 1:00 p.m. – 2:15 p.m.	Master — Traumatic Grief Treatment	114

Daily Schedule: Saturday/Sunday

		Room Name	Floor #	Track #	/ Abbreviation	Page #
Saturday, November 13						
3:00 p.m. – 7:00 p.m.	**Registration**	**Court Assembly Foyer**	**3**			
Sunday, November 14						
7:30 a.m. – 8:30 a.m.	**Coffee and Tea**	**Court Assembly Foyer**	**3**			
7:30 a.m. – 5:00 p.m.	**Exhibits/Tape Desk Open**	**Court Assembly Foyer**	**3**			
7:30 a.m. – 5:00 p.m.	**Bookstore**	**Belle Chasse**	**3**			
7:30 a.m. – 5:30 p.m.	**Registration**	**Court Assembly Foyer**	**3**			
Sunday, November 14, 8:30 a.m. – 12:00 p.m. Pre-Meeting Institutes hosted by ISTSS						
PMI 1	**Psychophysiology 101: Introduction to Measures and Methods** (Orr, Metzger, Sussman, Croteau, Pole)	**Grand Salon 24**	**1**	**1**	**assess**	**26**
PMI 2	**Resilient Concepts and Interventions for Traumatic Stress** (Richardson)	**Hilton Exhibition Center C**	**2**	**7**	**assess**	**26**
PMI 3	**Images of Healing: SPECT Images of PTSD and Recovery in Police Officers** (Lansing)	**Grand Salon 19**	**1**	**4**	**clin res**	**27**
PMI 4	**Cognitive-Behavioral Couple's Treatment for PTSD** (Monson, Stevens, Guthrie)	**Grand Salon 16**	**1**	**4**	**clin res**	**27**
PMI 5	**The Containing Double: An Experiential Intervention for PTSD** (Cox, Saury, Alexander, Culbertson)	**Grand Salon 22**	**1**	**5**	**commun**	**27**
PMI 6	**Developing Cultural Competence in Working with Trauma Survivors** (Brown, Antuna, Underwood)	**Hilton Exhibition Center B**	**2**	**6**	**culture**	**27**
PMI 7	**Developing Guidelines for Psychosocial Care Following Disaster** (Bisson, Kitchiner, Roberts, Macho)	**Hilton Exhibition Center A**	**2**	**8**	**disaster**	**28**
PMI 8	**Cognitive-Behavioral Treatment for Victims of Type II Trauma** (Smucker, Meuller)	**Rosedown**	**3**	**7**	**practice**	**28**
PMI 9	**Pharmacotherapy of PTSD: Trauma and Neurotransmitters Across the Lifespan** (Tucker, Davis, Cohen)	**Versailles Ballroom**	**3**	**7**	**practice**	**28**
PMI 10	**Posttrauma Evaluation and Treatment of Disaster Relief Workers** (Difede, Roberts, Leck, Jayasinghe)	**Grand Salon 18**	**1**	**8**	**disaster**	**28**
PMI 11	**A Community-Focused Mass Disaster Response Initiative** (Miller, Cohen)	**Melrose**	**3**	**8**	**disaster**	**29**
PMI 12	**Gestalt and Emotion-Focused Approaches to Posttrauma Therapy** (Powch, Scurfield, Daniels, Perkal, Huwe)	**Grand Salon 21**	**1**	**10**	**war**	**29**
PMI 13	**Preventing Psychological and Moral Injury in Military Service** (Shay, Stokes, March, Kudler, Ritchie, Fairbank)	**Grand Salon 15**	**1**	**10**	**war**	**29**
Sunday, November 14, 1:00 p.m. – 2:30 p.m.						
Opening Plenary	**War Is a Force That Gives Us Meaning** (Hedges)	**Grand Ballroom A–B**	**1**	**10**	**war**	**30**

Presentation Type Descriptions

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

Consultations: In group consultation sessions, get an expert's answer to your own clinical case questions.

Featured: Presentations addressing topics of special relevance to the meeting theme of War as a Universal Trauma, through the expertise of distinguished scientists, clinicians, and social policy and human rights specialists.

Master Clinical Sessions: Demonstrations by expert clinicians of particular therapeutic approaches to a client.

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

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

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

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

Workshops: Presentations that are didactic and offer practical experience to help participants increase their understanding and skill in a particular area.

Conference Tracks

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

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

Sunday, November 14, 2:30 p.m. – 3:45 p.m.

		Room Name	Floor #	Track #	/ Abbreviation	Page #
Consultation	**Developmental Psychopathology and Treatment of Child Traumatic Stress** (Pynoos)	**Grand Salon 21**	**1**	**7**	**practice**	**30**
Master	**Application of Dialectical Behavior Therapy to Trauma-Related Problems** (Wagner)	**Napoleon Ballroom**	**3**	**7**	**practice**	**30**
Panel	**The Challenge of Advocacy in Trauma Treatment and Research** (Stone, Bishop, Mason, Weine)	**Grand Salon 15**	**1**	**6**	**culture**	**30**
Featured **Symposium**	**Improving Access to Quality Military Care for Posttraumatic Stress** (Engel, Zatzick) Combat Duty in Iraq and Afghanistan and the Prevalence of Mental Health Problems, Treatment Need, and Barriers to Care (Hoge) Post-Traumatic Health Care Needs: What Do Military Women Say? (Gonzalez) A Therapist-guided Internet-based Self-management Approach to Post-traumatic Stress After Military Events (Bruner)	**Hilton Exhibition Center B**	**2**	**10**	**war**	**30**
Symposium	**Innovative Methods: Assessing Trauma Survivors with Handheld Computers** (Carlson) Assessment of Sleep and PTSD Using Handheld Computers in Crime Victims (Germain) Pilot Study Findings on Ecological Proximal Assessment (Carlson) The Effect of Environmental Demands on Mood and Cortisol in PTSD (Putnam)	**Grand Salon 24**	**1**	**1**	**assess**	**31**
Symposium	**Does Initial Heart Rate Predict PTSD?** (Schnyder, Pitman) Resting Heart Rate and PTSD After Severe Traumatic Brain Injury (Bryant) Multiple Heart Rate Measures: Predictors of PTSD in Accident Victims? (Schnyder) Emergency Department HR and PTSD: A Public Health Approach (Zatzick)	**Hilton Exhibition Center C**	**2**	**2**	**biomed**	**32**
Symposium	**Mental Health Approaches to Mass Graves: Trauma and Missing Persons** (Samuels) Iraq: Assessment Based Planning for Collaborative Intervention (Samuels) Years of Waiting: Challenges to Intervention in Cyprus (Kahn-Singer) Mental Health Responses to 9-11 (Samuels) Models of Community Intervention, Strategies in Bosnia (Keough) Strategies of Intervention in Kosovo (Keough)	**Versailles Ballroom**	**3**	**5**	**commun**	**32**
Symposium	**Exploring Clinical Consequences of Childhood Trauma** (Sar) Complex PTSD—The Unrecognized Syndrome on Psychiatric Inpatient Units (Whitney) Intersection of Borderline Personality Disorder, PTSD and Dissociation (Pain) Childhood Trauma, Complex PTSD and Alexithymia in Community and Clinic (McLean) Dissociative Disorder Comorbidity of Borderline Personality Disorder (Sar)	**Grand Salon 22**	**1**	**7**	**practice**	**33**
Symposium	**New Approaches to Early Interventions** (Olff, Gist) Developing an Evidence-Based Early Intervention Model (Bisson) CBT and Structured Writing Therapy in Preventing Chronic PTSD (RCT) (van Emmerik) Preventing a Chronic Course of PTSD with Brief Early CBT (Sijbrandij)	**Hilton Exhibition Center A**	**2**	**8**	**disaster**	**34**
Symposium	**Risk and Resilience in the Shadow of War: Perspectives on Coping** (Brom) PTSD, Adaptive and Maladaptive Coping in Adolescents Facing Terrorism (Pat-Horenczyk) Cope and Hope: Gender Differences in Adolescents Exposed to Terrorism (Doppelt) Narratives of Coping and Resilience: A Drama of Voices (Tuval-Mashiach) Building Personal and Professional Resilience in the Face of Terror (Baum)	**Grand Ballroom A–B**	**1**	**10**	**war**	**34**
Workshop	**Trauma Systems Therapy: Child Traumatic Stress in the System of Care** (Saxe, Ellis, Kaplow)	**Grand Salon 16**	**1**	**3**	**child**	**35**
Workshop	**Trauma-Focused and Additional Non-Verbal Group Therapy in Complex PTSD** (Vermetten, Unck, Meijer, Enderle)	**Rosedown**	**3**	**7**	**practice**	**35**
Workshop	**Working with the Media to Raise Public Awareness About Traumatic Stress** (Franks, Newman, Cody)	**Grand Salon 19**	**1**	**9**	**train**	**35**
Workshop	**Trauma Risk Management—Managing Stress the Royal Marines Way** (Sharpley, Greenberg, March)	**Melrose**	**3**	**10**	**war**	**36**
Case	**Two Cases on Family Therapy: Cases from the Gaza Strip, Palestinian Territories** (Michalik) **and the Former Child Soldiers in Mozambique: A Life Outcome Study** (Boothby, Crawford)	**Grand Salon 18**	**1**	**10**	**war**	**36**

Daily Schedule: Sunday (continued)

Sunday, November 14, 4:00 p.m. – 5:15 p.m.

		Room Name	Floor #	Track #	/ Abbreviation	Page #
Panel	**Developing a National Disaster Technical Assistance Center** (Gathman, Mosser, Selzler)	**Grand Salon 19**	**1**	**8**	**disaster**	**37**
Panel	**Empowering Refugee Women in the Context of Chronic Social Trauma** (Ward, Khalidi, Chahine, Ali, Saad)	**Grand Salon 15**	**1**	**5**	**commun**	**37**
Symposium	**Neuropsychological Impairment in PTSD** (Franklin) Neurocognitive Function in Monozygotic Twins Discordant for PTSD (Gilbertson) Novelty Preference for Negative Emotion in PTSD (Vasterling) Neuropsychology of Posttraumatic Stress Disorder and Alcohol Abuse (Franklin) Learning and Memory in Aging Trauma Survivors with PTSD (Golier)	**Melrose**	**3**	**1**	**assess**	**37**
Symposium	**Collaborative Police-Mental Health Domestic Violence Intervention** (Berkowitz) Pilot Data/Research Directions for a DV Home-Visit Intervention (Stover) Police-Advocate Home Visit Program to Reduce Repeat Domestic Violence (Berkman)	**Grand Salon 18**	**1**	**3**	**child**	**38**
Symposium	**Impact of Distinct PTSD Symptoms on Psychosocial Risk and Adjustment** (Krause, Courtois) PTSD and Attachment Organization in Treatment-Seeking Women (Stovall-McClough) Role of Distinct PTSD Symptoms in Revictimization: A Prospective Study (Krause) The Relationship Between PTSD Subclusters and Functional Impairment (Maguen) The Burdens of Daily Living Among the Chronically Traumatized (Cloitre)	**Grand Salon 24**	**1**	**4**	**clin res**	**38**
Symposium	**The Impacts of Gender on Trauma and Recovery Experiences** (Quina, Brown) Social Reactions and PTSD Symptoms in Adult Female Rape Victims (Ullman) Gender Differences in Exposure to Betrayal Trauma (Freyd)	**Rosedown**	**3**	**6**	**culture**	**39**
Symposium	**Response to Disaster: New Research, Ageless Wisdom, and Efficacy** (Gist) Bursting into Action: Immediate Responses in Disaster Aftermath (Kaniasty) Resilience vs. Recovery: The Flexibility Factor (Bonanno) A Nationwide Longitudinal Study of Response to the 9/11 Attacks (Silver) Integrating Research and Practice to Foster Community Resilience (Gist)	**Hilton Exhibition Center C**	**2**	**8**	**disaster**	**39**
Symposium	**Trauma Journalism and ISTSS: Recent History; Near-Term Future** (Ochberg, Figley) Dismantling the Trauma Taboos: A Journalist Turns Therapist and Trainer (Brayne) Trauma in the Tropic of Capricorn: Reporting War and Catastrophe (Hippocrates) Journalism and Trauma: A Long Overdue Conjunction (Simpson)	**Hilton Exhibition Center A**	**2**	**9**	**train**	**40**
Symposium	**Mental Health of War-Affected Youth Within Four Cultural Groups** (Ellis) Mental Health of Somali Adolescent Refugees: Risks and Resiliencies (Ellis) Child and Caregiver Mental Health in Eritrean Kunama Refugees (Betancourt) Mental and Physical Health in Sudanese Unaccompanied Minors (Grant-Knight) Risk and Resilience in Bosnian Adolescents (Benson, Layne)	**Grand Ballroom A–B**	**1**	**10**	**war**	**40**
Symposium	**Implementation of Motivation Enhancement in Treatment of War Trauma** (Murphy) Motivational Enhancement (ME) in an Inpatient PTSD Program (Bennett) PTSD Growth Group: ME to Activate Social Re-engagement (Powch) The PTSD ME Group in a Randomized Trial (Murphy)	**Versailles Ballroom**	**3**	**10**	**war**	**41**
Workshop	**Two Short-Term Group Treatment Models for War Trauma Survivors** (Akinsulure-Smith, Porterfield)	**Grand Salon 22**	**1**	**7**	**practice**	**42**
Workshop	**Computer-Aided CBT Clinics for Anxiety and Depression: PTSD Applications** (Stuhlmiller, Tolchard)	**Grand Salon 16**	**1**	**7**	**practice**	**42**
Workshop	**Psychosocial Skill Preparedness for National Guard and State Police** (Osofsky, Norwood, McMorris, Dabadie, Morse)	**Grand Salon 21**	**1**	**8**	**disaster**	**42**
Case	**The Effects of the Perpetration of Atrocities on Those Who Commit Them** (Fisher, Munoe, Quinn, Salois)	**Hilton Exhibition Center B**	**2**	**7**	**practice**	**42**

Sunday, November 14, 5:30 p.m. – 7:00 p.m.

Media	**"Between Heaven and Earth"** (Dubrow)	**Grand Ballroom A–B**	**1**			**43**
Media	**"Should I Cry?"** (De Jong, K.)	**Hilton Exhibition Center A**	**2**			**43**
Media	**"Survivor Stories: Journeys of the Continuum of Care"** (Munroe)	**Hilton Exhibition Center C**	**2**			**43**
Media	**"Survival from Domestic Violence: Stories of Hope and Healing"** (Panos)	**Hilton Exhibition Center B**	**2**			**43**

Daily Schedule: Sunday (continued)

Sunday, November 14, 5:30 p.m. – 7:00 p.m. (continued)

		Room Name	Floor #	Track # / Abbreviation	Page #
SIG	Child Trauma	Melrose	3		
SIG	Gender and Trauma	Versailles Ballroom	3		
SIG	Diversity and Cultural Competence	Rosedown	3		
SIG	Spirituality and Trauma	Grand Salon 16	1		
SIG	Dissociation	Grand Salon 18	1		
SIG	Media	Grand Salon 21	1		
SIG	Traumatic Loss and Complicated Grief	Grand Salon 24	1		
SIG	Intergenerational Transmission of Trauma and Resilience	Grand Salon 19	1		
SIG	Physical Injury, Chronic Illness and Disability	Grand Salon 22	1		
SIG	Family Systems Approaches to Trauma	Grand Salon 15	1		

Sunday, November 14, 7:30 p.m. – 9:00 p.m.

7:30 p.m. – 9:00 p.m.	Welcome Reception	Grand Ballroom C–D	1		

Daily Schedule: Monday

Monday, November 15

7:30 a.m. – 8:30 a.m.	Coffee and Tea	Court Assembly Foyer	3		
7:30 a.m. – 5:00 p.m.	Exhibits/Tape Desk Open	Court Assembly Foyer	3		
7:30 a.m. – 5:00 p.m.	Bookstore	Belle Chasse	3		
7:30 a.m. – 5:30 p.m.	Registration	Court Assembly Foyer	3		

Monday, November 15, 8:30 a.m. – 9:45 a.m.

Panel	**Early Intervention Special Interest Group Panel Discussion** (Zatzick, Ruzek, Bryant, Foa, Litz, Pitman, Shalev)	Hilton Exhibition Center C	2	4	clin res	43
Featured Panel	**The Trauma of Terrorism: Sharing Knowledge and Shared Care** (Brom, Raphael, Cairns, Levanon, Oren)	Grand Ballroom B	1	5	commun	43
Symposium	**Designing Prospective Studies in PTSD: Promises and Pitfalls** (Vermetten, Schnurr) Stress, Trauma, and Recovery: Early Stage Studies (Lanius) Prospective Studies in Military Personnel; Predeployment Assessment (Vermetten) Heart Rate Levels Following Trauma and Subsequent PTSD (Shalev) Predictors for PTSD in Train Drivers with Person Under Train Incidents (Schmahl)	Melrose	3	1	assess	43
Symposium	**The Impact of Highly Stressful Events on Accuracy of Human Memory** (Morgan III) Accuracy of Memory for Non-Personally Relevant Complex Figures (Hazlett) Accuracy of Memory for Personally Relevant Human Faces (Morgan III) Accuracy of Memory for Personally Relevant Human Actions (Southwick) Accuracy of Memory for Personally Relevant Auditory Stimuli (Steffian)	Oak Alley	3	1	assess	44
Symposium	**Comprehensive Care for Victims of Violence: Impact of a New Model** (Kelly) Care for Victims of Violence: Interim Results of a Randomized Trial (Shumway) Outreach and Engagement: Forgotten Aspects of Posttrauma Treatment (Merrill) Creating a New Model of Care for Disadvantaged Victims of Violence (Kelly)	Elmwood	3	5	commun	45
Symposium	**Interpersonal Violence and Women's Health: Part I** (Morland, Beckham) PTSD and Women's Health Status Indicators (Kimerling, Baumrind) Trauma, PTSD and Reproductive Health Outcomes (Morland, Goebert, Frattarelli, Onoye, Matthew) Attachment and Health Care Experiences in Low-Income Minority Women (Green)	Hilton Exhibition Center B	2	7	practice	45
Symposium	**Building Resilience in Children and Adolescents** (Gurwitch, Osofsky) Building Resilience in Children and Adolescents: An Overview (Gurwitch) Building Resilience in Children and Adolescents: Role of the Community (Reissman) Building Resilience in Children and Adolescents: Role of Primary Care (Schonfeld) Building Resilience in Children and Adolescents: Role of Family and School (Kees) Building Resilience in Children and Adolescents: Role of Public Health (Montgomery)	Grand Ballroom A	1	8	disaster	46

Daily Schedule: Monday (continued)

		Room Name	Floor #	Track # / Abbreviation		Page #
Monday, November 15, 8:30 a.m. – 9:45 a.m. (continued)						
Symposium	**The Psychological Effects of the WTC Attack in Disaster Relief Workers** (Difede, Marmar) Treatment Readiness in Disaster Workers Following the WTC Attacks (Jayasinghe) Self-Report vs. Clinical Assessment for PTSD in WTC Disaster Workers (Weathers) Childhood Sexual Abuse as a Predictor of Symptoms Following 9/11/01 (Leck) Prevalence of PTSD in Disaster Relief Workers Following the WTC Attack (Difede)	**Versailles Ballroom**	**3**	**8**	**disaster**	**47**
Symposium	**Ethical Issues in Research with War-Affected Populations** (Betancourt) Research and Responsibility: A Case Study from Sierra Leone (Betancourt) Ethical Research and Social Suffering (Weine) Ethics of Research in War-Torn Populations (de Jong, J.) Community Participatory Methods in Research with Somali Refugees (Ellis)	**Hilton Exhibition Center A**	**2**	**10**	**war**	**48**
Symposium	**Assessing Early Predictors of PTSD in Children and Parents** (Kassam-Adams) Screening for PTSD in Injured Children (Saxe) Measuring Traumatic Exposure to Assess Risk of Post-Disaster Distress (Vernberg) Predicting Posttraumatic Stress in the Pediatric Intensive Care Unit (Baxt)	**Jasperwood**	**3**	**3**	**child**	**48**
Workshop	**The Story You Need To Hear Now—Use of Expressive Modes in Trauma Work** (Lahad, Kaplansky)	**Rosedown**	**3**	**7**	**practice**	**49**
Workshop	**Running a PTSD Motivation Enhancement Group for War Veterans** (Murphy, Rainey, Murray)	**Magnolia**	**3**	**10**	**war**	**49**
Posters	**Poster Session 1**	**Napoleon Ballroom**	**3**	**7/8**	**practice/ disaster**	**50-60**
Monday, November 15, 10:00 a.m. – 11:15 a.m.						
Parallel Plenary	**Peace as Preventive Medicine** (Sidel)	**Grand Ballroom A**	**1**	**10**	**war**	**61**
Parallel Plenary	**Societal and Psychological Consequences of War: Translating Risk Factors into Multilevel Preventive Interventions** (de Jong, J.)	**Grand Ballroom B**	**1**	**10**	**war**	**61**
Monday, November 15						
11:15 a.m. – 1:00 p.m.	**Student Luncheon**	**Grand Ballroom C–D**	**1**			
11:30 a.m. – 12:30 p.m.	**ISTSS Business Meeting**	**Versailles Ballroom**	**3**			
Monday, November 15, 1:00 p.m. – 2:15 p.m.						
Featured **Panel**	**Panel of International Affiliates** (Ajdukovic, Raftery, Mosca, DeSoir, Maecker, Friedman)	**Elmwood**	**3**			**61**
Featured **Panel**	**Healing, Justice, Reconciliation and Peace After Genocide in Rwanda** (Danieli, Staub, Pearlman, Ngarambe)	**Grand Ballroom A**	**1**	**10**	**war**	**61**
Master	**Treatment of PTSD with Panic Attacks** (Falsetti)	**Grand Ballroom B**	**1**	**7**	**practice**	**61**
Panel	**Disseminating Evidence-Based Trauma Treatments** (Monson, Foa, Hamblen, Resick, Rothbaum, Gibson)	**Hilton Exhibition Center C**	**2**	**7**	**practice**	**62**
Panel	**Women's Attributions About Revictimization: Implications for Practice** (Powch, Nicolaidis, Schumacher Karjane, Suris)	**Melrose**	**3**	**7**	**practice**	**62**
Panel	**Early Interventions in Uniformed Services: Models and Goals** (Meijer, Vries, Geerligs, March, Greenberg)	**Magnolia**	**3**	**8**	**disaster**	**62**
Symposium	**Children's Reactions in the Aftermath of Abuse: Impact on PTSD** (Kaplow, Putnam) General and Abuse-Specific Coping Among Child Sexual Abuse Victims (Wolfe) Pathways to PTSD: Children's Reactions Upon Disclosure of Sexual Abuse (Kaplow) Validation of the Youth Peritraumatic Reactions Questionnaire (YPQ) (Rodriguez)	**Jasperwood**	**3**	**3**	**child**	**62**
Symposium	**Predictors of PTSD and Treatment Effect: Pre- and Peritraumatic Factors** (Olff, Brewin) Factors Predicting PTSD in a Community Sample of Refugees from Kosovo (Turner) Structural Equation Modeling and Predictors of PTSD Following Injury (Creamer) Predicting PTSD Anxiety and Depression from Symptoms of Acute Distress (Sijbrandij) Mid- to Long-Term Prediction of PTSD in Accident Victims (Schnyder)	**Hilton Exhibition Center B**	**2**	**4**	**clin res**	**63**
Symposium	**Resiliency: Impact and Recovery from War in Children and Families** (Panos, Berthold) Growing up in Danger: Effects of War on Youth (Berthold) The Impact of War on Refugee Youths and Families (Kamya) Resiliency Factors in Children and Families Affected by War (Panos)	**Hilton Exhibition Center A**	**2**	**10**	**war**	**63**

Monday, November 15, 1:00 p.m. – 2:15 p.m. (continued)

		Room Name	Floor #	Track #	/ Abbreviation	Page #
Symposium	**Recent Developments in British Military Mental Health Research** (Wessely) Perceived Psychological Support of UK Military Peacekeepers (Greenberge) Pre- and Post-Deployment Risk Assessment in a UK Airborne Brigade (Hacker Hughes) Brief Intervention Following Opportunistic Risk Assessment (Cameron) Stability of Recall of Military Hazards Over Time (Wessely)	**Rosedown**	**3**	**10**	**war**	**64**
Workshop	**Treatment for Troops Returning from Recent Deployments: A New Approach** (Uddo, Thompson, Sautter, Franklin, Beer)	**Oak Alley**	**3**	**10**	**war**	**65**
Case	**Two Cases on The Mental Health of Child Refugees from Kosovo** (Yule, Sean) **and the Clinical Overview of Children in Treatment Following Terrorist Events** (Benarroch, Galili-Weisstub)	**Versailles Ballroom**	**3**	**3**	**child**	**65**
Posters	**Poster Session 2**	**Napoleon Ballroom**	**3**	**2/3**	**biomed/ child**	**66-75**

Monday, November 15, 2:30 p.m. – 3:45 p.m.

Consultation	**Hospital Emergency Room and Terrorism Response** (Shalev)	**Melrose**	**3**	**10**	**war**	**76**
Panel	**Integrating PTSD Prevention and Intervention in Acute Medical Care** (Kassam-Adams, O'Donnell, Saxe, Zatzick, Ruzek)	**Magnolia**	**3**	**4**	**clin res**	**76**
Panel	**Amygdala Activation, Neuroscience and PTSD Interventions** (Smucker, Grunert, Weis, Braun)	**Elmwood**	**3**	**7**	**practice**	**76**
Featured **Symposium**	**Risk, Resistance, and Resilience in Trauma-Exposed Populations** (Pynoos, McFarlane) Risk, Vulnerability, Resistance and Resilience Following Disaster (Layne) Incorporating Risk and Resilience Concepts into Disaster Preparedness (Vernberg)	**Grand Ballroom A**	**1**	**7**	**practice**	**76**
Symposium	**Dissociation Across the Life Cycle** (Simeon) Dissociation and PTSD in NYPD Officers Exposed to the WTC Attacks (Marmar) Dissociation Mediates Psychopathology in Sexually Abused Girls (Putnam) Biological, Psychological and Cognitive Outcomes After the WTC Attack (Simeon)	**Hilton Exhibition Center C**	**2**	**2**	**biomed**	**76**
Symposium	**Group Treatment for Complex Posttraumatic Stress Disorder** (Herman) Treatment for Adolescent Girls with Childhood Abuse (Cloitre) Group Therapy at the Victims of Violence Program: Preliminary Findings (Mendelsohn) Pilot Evaluation of TARGET for Youths in the Juvenile Justice System (Ford) Trauma-Focused Group Therapy vs. Present-Focused Group Therapy for High-Risk CSA Survivors (Classen)	**Hilton Exhibition Center A**	**2**	**4**	**clin res**	**77**
Symposium	**Assimilation/Accommodation Process: Modifying EBPs in Trauma** (Murray, Hoagwood) Modifications of CBT Trauma Treatment: Culture and Schools (Costantino) Importance of Building Flexibility into a Treatment Manual (Cohen) Fidelity and Flexibility: Balancing and Measuring (Murray)	**Jasperwood**	**3**	**4**	**clin res**	**78**
Symposium	**Women and Trauma: Domestic, International and Military Policy** (Armsworth) Women and Trauma: Impacting International Policy (Braak) Ending the Domestic War on Women through Policy Change (Elmore) Women at War: The High Cost of Sexual Violence in the Military (Wills)	**Versailles Ballroom**	**3**	**6**	**culture**	**78**
Symposium	**South Africa: A Decade of Democracy** (Friedman, de Jong, J.) Attempts to Heal a Nation: A Re-examination of the Impact of the TRC (Friedman) Healing in the SA TRC—an Investigation of Women's Experiences (Barnett) Re-integration and Treatment of Ex-Combatants (Mogape)	**Grand Ballroom B**	**1**	**6**	**culture**	**79**
Symposium	**Long-Term Effects of War Captivity in Ex-POWs and Their Spouses** (Neria) Long-Term Psychological Effects of War Captivity (Solomon) Marital Relationships and Distress in Ex-POWs and Their Spouses (Ginzburg) Secondary Traumatization Among Spouses of Ex-POWs (Dekel)	**Hilton Exhibition Center B**	**2**	**10**	**war**	**79**
Workshop	**PTSD and Burnout: Assessment and Referral Issues with Aid Workers** (van Gelder, Kroon)	**Oak Alley**	**3**	**7**	**practice**	**80**
Workshop	**The Magic Cure for Acute Trauma: Should the Medical Model Prevail?** (Dunning, Stuhlmiller)	**Rosedown**	**3**	**8**	**disaster**	**80**

Monday, November 15, 4:00 p.m. – 5:15 p.m.

Panel	**Disaster Mental Health: The Integration of Science and Practice** (Benight, Watson, Norris, Casale, Hamilton)	**Rosedown**	**3**	**8**	**disaster**	**81**

Daily Schedule: Monday (continued)

Monday, November 15, 4:00 p.m. – 5:15 p.m. (continued)

		Room Name	Floor #	Track #	/ Abbreviation	Page #
Panel	**Trauma, Gender, Violence and Military Culture** (Aronson, Moffeit, Herdy)	**Hilton Exhibition Center A**	**2**	**10**	**war**	**81**
Panel	**Addressing Stress and Trauma in Humanitarian Assistance Workers** (Levin, Berger, Pearlman, Ehrenreich, Stamm)	**Magnolia**	**3**	**10**	**war**	**81**
Symposium	**Longitudinal Outcomes of Childhood Maltreatment** (Pelcovitz)	**Grand Ballroom B**	**1**	**1**	**assess**	**81**
	Methodological Issues in Longitudinal Studies of Maltreated Children (Sunday)					
	Predictors of Resilience in Abused and Neglected Children Grown Up (Widom)					
	Longitudinal Studies of Maltreated Youth: Mental Health Problems (Kaplan)					
Symposium	**Refugee Children: Innovative Approaches to Complex Problems** (Chew, Holland)	**Jasperwood**	**3**	**3**	**child**	**82**
	Transforming War-Exposed Youth into "Leaders of Tomorrow" (Heiges)					
	Meeting the Complex Needs of Traumatized West African Children (Campbell)					
Symposium	**Interpersonal Violence and Women's Health: Part II** (Taft, Schnurr)	**Hilton Exhibition Center C**	**2**	**4**	**clin res**	**82**
	The Effect of PTSD Treatment on Reported Health Symptoms (Resick)					
	PTSD and Physical Health Among Help-Seeking Battered Women (Taft)					
	Alcohol Use and Health in Female Domestic Violence Victims (Kaysen)					
	MST and Avoidance of Gynecological Health Care Among Female Veterans (Weitlauf)					
Symposium	**Innovative Approaches to Injury Research** (O'Donnell, Schnyder)	**Elmwood**	**3**	**4**	**clin res**	**83**
	Outcomes Following Injury: Impact of Acute Psychological Response (O'Donnell)					
	Effective Early Intervention for Injury Survivors: A Randomized Trial (Zatzick)					
	Understanding Mechanisms of Parent Impact on Child Recovery (Kassam-Adams, Winston)					
Symposium	**Measuring State Symptoms in Biological Symptom Provocation Research** (Hopper, Pitman)	**Oak Alley**	**3**	**5**	**commun**	**83**
	Development of the Responses to Script-Driven Imagery Scale (RSDI) (Hopper)					
	Reliving and Dissociative Brain Activations in PTSD: Symptom Correlates (Lanius)					
	Psychological and Psychophysiological Reactions to Script Imagery (Sack)					
Symposium	**Complicated and Traumatic Grief** (Litz, Bonanno)	**Grand Ballroom A**	**1**	**7**	**practice**	**84**
	Impact of Spousal Care Dependency on Spousal Bereavement (Gray)					
	Traumatic Loss and Psychopathology Following September 11 Attacks (Neria)					
	Traumatic Grief and Perinatal Loss: Symptom course and Early Intervention (Bennett)					
	Predictors of Traumatic Grief Resulting from Loss on 9-11-01 (Maguen)					
Symposium	**Assessing Gender-Based Violence in Conflict-Affected Settings** (Ward, Hynes)	**Melrose**	**3**	**8**	**disaster**	**85**
	Liberian Refugee Women in Sierra Leone: Mental Health and Gender-Based Violence (Benton)					
	Gender-Based Violence and Mental Health Among East Timorese Women (Balaban)					
	Gender-Based Violence and Mental Health Among Colombian Women (Murad)					
Symposium	**Lessons on Trauma from the Great War 1914-1918** (McFarlane)	**Hilton Exhibition Center B**	**2**	**10**	**war**	**86**
	Trauma Related Dissociative Amnesia in World War I Combat Soldiers (van der Hart)					
	Shell Shock and the First World War (van Bergen)					
	Nothing New to Medical Science — British and Australian Psychiatric Practices WW1-WW2 (Raftery)					
Posters	**Poster Session 3**	**Napoleon Ballroom**	**3**	**10**	**war**	**87-93**

Monday, November 15, 5:30 p.m. – 7:00 p.m.

Media	**"Between Heaven and Earth"** (Dubrow)	**Grand Ballroom A**	**1**			**94**
Media	**"Should I Cry?"** (De Jong, K.)	**Hilton Exhibition Center A**	**2**			**94**
Media	**"Survival from Domestic Violence: Stories of Hope and Healing"** (Panos)	**Hilton Exhibition Center B**	**2**			**94**
Media	**"Survivor Stories: Journeys of the Continuum of Care"** (Munroe)	**Hilton Exhibition Center C**	**2**			**94**
SIG	**Research Methodology**	**Grand Ballroom B**	**1**			
SIG	**Early Interventions**	**Versailles Ballroom**	**3**			
SIG	**Human Rights and Social Policy**	**Elmwood**	**3**			
SIG	**Creative, Body, Energy Therapies**	**Oak Alley**	**3**			
SIG	**Physiology, Pharmacology and Neuroscience**	**Jasperwood**	**3**			
SIG	**Primary Care and Trauma**	**Melrose**	**3**			
SIG	**Criminal Justice**	**Rosedown**	**3**			
SIG	**Internet and Technology**	**Magnolia**	**3**			

Monday, November 15, 6:30 p.m. – 7:30 p.m.

6:30 p.m. – 7:30 p.m.	**Reception for VA and DOD employees hosted by the National Center for PTSD**	**Marlborough A–B**	**2**			

Daily Schedule: Tuesday

Tuesday, November 16

		Room Name	Floor #	Track # / Abbreviation	Page #
7:30 a.m. – 8:30 a.m.	Coffee and Tea	Court Assembly Foyer	3		
7:30 a.m. – 4:00 p.m.	Exhibits/Tape Desk Open	Court Assembly Foyer	3		
7:30 a.m. – 4:00 p.m.	Bookstore	Belle Chasse	3		
8:00 a.m. – 5:30 p.m.	Registration	Court Assembly Foyer	3		

Tuesday, November 16, 8:30 a.m. – 9:45 a.m.

Panel	**Research Issues in a Sociocultural Context** (de Jong, J., Osterman, Komproe)	Rosedown	3	4	clin res	95
Featured Panel	**Terrorism, the US Experience: Questions Answered, Questions Raised** (Danieli, Galea, Greiger, Cohen Silver, Friedman)	Magnolia	3	8	disaster	95
Panel	**Psychiatric Care for the American Soldier Back from War** (Mason, Waldrep, Gary-Stephens, Keller)	Melrose	3	10	war	95
Symposium	**Methods for Examining Temporal Dynamics Among PTSD Symptom Clusters** (Niles, King) The Prospective Influence of Hyperarousal on Other PTSD Symptoms (Schell) Temporal Relationships Among Symptom Clusters in Chronic PTSD (Doron-LaMarca)	Bridge	Riverside Building	1	assess	95
Symposium	**Effects of Treatment of PTSD on Psychobiological Measures** (Olff) Biological Changes in Arousal and Cortisol Following PTSD Treatment (van der Kolk) Effects of Psychotherapy on Hormones, Heart Rate and Hippocampus (Olff) Effects of Long-Term Treatment with SSRI on Stress Reactivity in PTSD (Vermetten)	Hilton Exhibition Center C	2	2	biomed	96
Symposium	**Neuroimaging Developments in Posttraumatic Stress Disorder** (Bryant) Integrated Neuroscience Method to Working Memory Abnormalities in PTSD (McFarlane) Corticolimbic Activity to Conscious and Unconscious Fear Faces in PTSD (Felmingham) Structural MRI Results in Identical Twins Discordant for Combat (Pitman) Comparison of Dissociative and Reliving Responses in PTSD: An fMRI Study (Lanius)	Grand Ballroom B	1	2	biomed	96
Symposium	**Beyond RCT Research: Evaluating Common and New Treatment Components** (Maercker, Gersons) First Do No Harm: Worsening or Improvement After Prolonged Exposure (Cahill) Interapy: An Internet-Based Treatment Trial of CBT of Traumatic Stress (Maercker) Why Talking Is Not Enough: About Essentials in the Treatment of PTSD (Gersons) Posttraumatic Growth as Outcome of CBT with Accident Victims (Zoellner, T.)	Grand Ballroom A	1	4	clin res	97
Symposium	**Providing Services After Disasters and Terrorism: Three Case Studies** (Norris) The Oklahoma City Bombing (Hamblen) World Trade Center Disaster, September 11, 2001 (Watson) A Case Study of Rural North Carolina's Response to Hurricane Floyd (Gibson)	Versailles Ballroom	3	8	disaster	98
Symposium	**Psychological Experiences and Adjustments of the Military** (Osofsky, Holloway) Psychological Experiences in the United States Military (Noji) Psychological Experiences in the Norwegian Military (Weisaeth) Psychological Adjustments in United Kingdom Armed Forces (Wessely)	Hilton Exhibition Center B	2	10	war	98
Symposium	**Challenges and Innovations in Providing Services to Refugee Children** (Benson) Challenges of Psychiatric Services for Traumatized Refugee Children (Tsai) National Survey of Mental Health Services for Refugee Children (Benson) Mental Health Interventions with Refugee Children (Birman)	Hilton Exhibition Center A	2	10	war	99
Workshop	**Screening of Psychological Distress in Refugee and Migrant Adolescents** (Mooren, Derluyn, Bean)	Steering	Riverside Building	3	child	99
Workshop	**How Can We Better Spread Best Practices in Child Trauma Treatment?** (Wilson, Saunders)	Jasperwood	3	3	child	100
Workshop	**Abuse Risk Reduction in Children with Developmental Disabilities** (Shuman, Ayres)	Compass	Riverside Building	5	commun	100
Workshop	**Culturally Competent Care: Can We Train People to Provide It?** (De Jong, K., Etherington)	Oak Alley	3	6	culture	100
Workshop	**The Inner Actions of War: Traumatization as an Internal War Zone** (Van der Hart, Steele, Ogden)	Elmwood	3	7	practice	100
Posters	**Poster Session 4**	Napoleon Ballroom	3	4	clin res	101-113

Daily Schedule: Tuesday (continued)

Tuesday, November 16, 10:00 a.m. – 11:15 a.m.

		Room Name	Floor #	Track # / Abbreviation		Page #
Parallel Plenary	**Military Psychiatry, Then and Now** (Friedman, Holloway, Litz, Solomon)	**Grand Ballroom A**	**1**	**10**	**war**	**113**
Parallel Plenary	**Warfare, Human Rights and Recovery** (Turner, Friedman, Bloom)	**Grand Ballroom B**	**1**	**10**	**war**	**113**

Tuesday, November 16, 1:00 p.m. – 2:15 p.m.

Master	**Traumatic Grief Treatment** (Shear)	**Grand Ballroom B**	**1**	**7**	**practice**	**114**
Panel	**Response and Recovery After the California Wildfires** (Brymer, Schreiber, Clark, Jones, Steinberg)	**Melrose**	**3**	**8**	**disaster**	**114**
Featured **Panel**	**International Perspectives on Recognizing and Treating Effects of War** (Kutter, de Jong, Stevens J., Shalev, Wain, Watson)	**Hilton Exhibition Center A**	**2**	**10**	**war**	**114**
Symposium	**Maternal Factors Impacting Children's Response to Domestic Violence** (Schechter, Zeanah) Maternal Factors Impacting Child Outcome After Domestic Violence (Schechter) Mediation of PTSD Course in Young Children by Parental Responsivity (Scheeringa) Treating Preschoolers Who Witnessed Marital Violence (Lieberman)	**Compass**	**Riverside Building**	**3**	**child**	**114**
Symposium	**The Reach of Child Trauma Experience into Adulthood** (Hobfoll) Impact of Terrorism on Mother-Child Dyads: Lessons for Trauma Theory (Chemtob) Childhood Trauma and Adult Vulnerability: Mechanisms and Predictions (Carlson) Childhood Trauma, Resource Loss, and Adult Vulnerability Among Women (Hobfoll) Trauma History, Initial Physiological Responses, and PTSD (Delahanty)	**Hilton Exhibition Center B**	**2**	**4**	**clin res**	**115**
Symposium	**Managing Mental Health Issues in Peacekeeper Populations** (Creamer) Treating Peacekeepers: A Clinical Perspective (Richardson) PTSD in Australian Peacekeepers: Presentation and Treatment Outcome (Forbes) A Prospective Study of the Canadian Peacekeeping Mission to Eritrea (Jetly) Peacekeepers' Health Status and Use of Medical Services (Hawthorne)	**Rosedown**	**3**	**4**	**clin res**	**115**
Symposium	**Engaging Refugees Living with War into Mental Health Services** (Buwalda) Engaging African Refugees into Mental Health Services (SongaSonga) Engaging Refugees Living with War into Mental Health Services (Buwalda) Engaging European Refugees into Mental Health Services (Ovcina)	**Elmwood**	**3**	**5**	**commun**	**116**
Symposium	**Advocacy in Work with Human Rights Abuse Survivors** (Okawa) The Interaction Between Therapy and Human Rights Advocacy (Fabri) I'm on Your Side: What Does This Really Mean? (Winston) The Treatment of War Trauma and Torture: Clinical Advocacy (Okawa)	**Oak Alley**	**3**	**7**	**practice**	**117**
Symposium	**Dissemination of Exposure Therapy for PTSD: Challenges and Successes** (Cahill) Prolonged Exposure for PTSD in a Rape Counseling Center (Foa) Prolonged Exposure in Israel: Veterans and Terror Attack Survivors (Nacasch) Dissemination of Exposure for PTSD: Is There a Specific Problem? (Becker) Prolonged Exposure and Sertraline for PTSD: Move Toward Effectiveness (Feeny)	**Hilton Exhibition Center C**	**2**	**7**	**practice**	**117**
Symposium	**Evidence-Based Trauma Services in "Real World" Settings: Post-Disaster** (Murray, Hoagwood) Outcome Data from a Post-9/11 Study (Rodriguez) A Closer Look at NYC Youth Post-9/11 (Murray) The Process of Post-Disaster Engagement and Outreach Strategies (Legerski)	**Versailles Ballroom**	**3**	**8**	**disaster**	**118**
Symposium	**American Women in the Military: From the Vietnam Era to the Present** (Stellman, Buechler) Gender Differences in Stress and Performance Among Active-Duty Military (Hourani) Deployment Stressors, Gender and Functional Status (Vogt) Military-Related Sexual Harassment Among Female Reservists (Street) Military Experiences and Long-Term Functioning Among Vietnam Era Nurses (Koenen)	**Grand Ballroom A**	**1**	**10**	**war**	**118**
Workshop	**Palestinian Children: Living in a War Zone** (Dubrow, Flefal, Jouda, Aref)	**Jasperwood**	**3**	**3**	**child**	**119**
Workshop	**Nah We Yone, Inc.: Creating Hope, Support and Safety Out of Chaos** (Akinsulure-Smith, Smith, Rogers)	**Magnolia**	**3**	**5**	**commun**	**119**
Workshop	**Disaster Recovery in Native American Communities** (Gathman, Selzler, Patton)	**Steering**	**Riverside Building**	**6**	**culture**	**120**
Workshop	**Resilient Serbian Adolescents: Preventing Becoming Depressed Adults** (Osofsky, Wessely, Vulevic, Despotovic)	**Bridge**	**Riverside Building**	**10**	**war**	**120**
Posters	**Poster Session 5**	**Napoleon Ballroom**	**3**	**1**	**assess**	**121-129**

Tuesday, November 16, 2:30 p.m. – 3:45 p.m.

		Room Name	Floor #	Track # / Abbreviation		Page #
Consultation	**Cognitive-Behavioral Treatment for Acute Stress Disorders** (Bryant)	**Rosedown**	**3**	**7**	**practice**	**130**
Panel	**Ongoing Conflict in the Democratic Republic of the Congo** (Osofsky, Mampunza, Mvula)	**Versailles Ballroom**	**3**	**3**	**child**	**130**
Panel	**Media Coverage of Children and Trauma: Implications and Discussion** (Franks, Simpson, DeCesare)	**Hilton Exhibiton Center C**	**2**	**9**	**train**	**130**
Symposium	**Studies on Trauma and Memory** (van der Kolk) Forgetting Trauma Stimuli In and Out of the Lab (DePrince) The Influence of Encoding on the Development of Trauma Memories (Brewin) Treatment Integration of Traumatic Memories vs. Suppression of Distress (van der Kolk) The Treatment Implications of Manipulating Acetylcholine Function in PTSD (McFarlane) The Role of Acetylcholine in the Working Memory Abnormalities in PTSD (Goble)	**Grand Ballroom A**	**1**	**1**	**assess**	**130**
Featured **Symposium**	**The Impact of Traumatic Disaster and War: Looking Across Cultures** (Hobfoll) Trauma and Culture (de Jong, J.) Terrorism in Israel: Impact on PTSD and Democracy (Hobfoll) Natural and Human-Induced Disasters or Social Catastrophes? (Kaniasty)	**Grand Ballroom B**	**1**	**8**	**disaster**	**131**
Symposium	**Acute Predictors of PTSD in Child Trauma Victims** (Delahanty) Acute Heart Rate as a Predictor of PTSD in Injured Children (Kassam-Adams) Parent and Child Psychophysiological Responses to a Child's Trauma (Ostrowski) Moderation of Acute Psychophysiological Predictors of PTSD in Children (Nugent) Risk Factors for PTSD in Children with Burn and Non-Burn Injuries (Saxe)	**Melrose**	**3**	**3**	**child**	**131**
Symposium	**Innovations in the Treatment of PTSD and Related Problems** (Wagner, Ruzek) A Targeted Intervention for Shame: Pilot Findings and Implications for the Development of PTSD (Rizvi) Cognitive-Behavioral Couple's Treatment for PTSD: Initial Findings (Monson) Acceptance and Commitment Therapy: Innovative Treatment for PTSD (Walser) Behavioral Activation for Physically Injured Trauma Survivors (Wagner)	**Magnolia**	**3**	**4**	**clin res**	**132**
Featured **Symposium**	**ISTSS Working with the UN: Armed Conflict, Trauma and Mental Health** (Schnyder) ISTSS and the UN: Work on Victims' Rights and Care (Danieli) ISTSS Work with ECOSOC Commissions and NGO Committees (Braak) Mental Health, Trauma and the UN World Summit on Information Society (Carll) Trauma Interventions in War and Peace: A UN/ISTSS Collaboration (Green)	**Hilton Exhibition Center B**	**2**	**6**	**culture**	**133**
Symposium	**Conceptualization, Measurement, and Treatment of Childhood Traumatic Grief** (Layne, Mannarino) Results of Controlled Randomized Trial of a Treatment Protocol of CTG (Brown) Conceptualization and Measurement of Childhood Traumatic Grief (Layne) Clinical Case Conceptualization of CTG: What to Treat and How (Goodman) Results: A pilot Open Trial of Treatment for Childhood Traumatic Grief (Cohen)	**Hilton Exhibition Center A**	**2**	**7**	**practice**	**134**
Symposium	**Presenting Symptoms of War Trauma: Cognitive and Somatization Processes** (Mooren) The Impact of War in Bosnia and Herzegovina: Devastated Trust (Mooren) Cognitive Reactions to War Trauma—How Universal Are They? (Smith) Somatization in Refugees with Traumatic Experiences (Rohlof)	**Elmwood**	**3**	**10**	**war**	**134**
Workshop	**Children of War: The Play and the Training Video** (Chew, Hunt, Amirsehi)	**Jasperwood**	**3**	**3**	**child**	**135**
Workshop	**Gaining Strength After Trauma: Treatment for War Veterans with PTSD** (Franklin, Thompson, Beer)	**Oak Alley**	**3**	**7**	**practice**	**135**
Workshop	**Psychological Aftermath of 9/11: A POPPA Experience and CISD Revisited** (Scurfield, Viola, Platoni (LTC), Colon)	**Compass**	**Riverside Building**	**7**	**practice**	**135**
Workshop	**Cognitive-Behavioral Therapy for Insomnia in Trauma Survivors** (Zayfert, DeViva)	**Steering**	**Riverside Building**	**7**	**practice**	**136**

Daily Schedule: Tuesday (continued)

Tuesday, November 16, 4:00 p.m. – 5:15 p.m.

		Room Name	Floor #	Track # / Abbreviation		Page #
Panel	**Conceptual Frameworks in Formulation of Complex Child Trauma** (Spinazzola, Pynoos, Ford, Briere, Blaustein)	**Grand Ballroom B**	**1**	**3**	**child**	**136**
Panel	**Mobilizing Child Trauma Resources Through Public Policy Transformation** (Gerrity, Harris, Putnam, Fairbank)	**Hilton Exhibition Center C**	**2**	**6**	**culture**	**136**
Panel	**Searching for, Confronting, and Being the Other** (Kudler, Fried, Albeck)	**Rosedown**	**3**	**7**	**practice**	**137**
Symposium	**PTSD, Smoking and Nicotine Dependence: Causal Pathways and Mechanisms** (Koenen) Immediate Antecedents of Cigarette Smoking and PTSD Status (Beckham) The Relationship Between Nicotine Dependence and PTSD in Men (Koenen) Effects of Nicotine on Trauma Cue Arousal: A Placebo Controlled Trial (Buckley) PTSD and Stages of Smoking: Testing Causal Relationships (Niaura)	**Hilton Exhibition Center B**	**2**	**2**	**biomed**	**137**
Symposium	**Disasters and War: Multidimensional Assessment of Course of Recovery** (Goenjian) Group Therapy and Factors Related to Outcome in War-Exposed Adolescents (Layne) Post Earthquake Moderating and Mediating Variables of PTSD Symptoms (Roussos) Postdisaster PTSD, Adversities, Depression and Conscience Functioning (Steinberg) PTSD and Depressive Reactions Among Orphans (Goenjian)	**Grand Ballroom A**	**1**	**3**	**child**	**137**
Symposium	**Anxiety Caused by the Nagasaki Atomic Bomb and Tokai Accident** (Kim, Konishi) Traumatic Fear Among Those Who Witnessed the Atomic Bomb in Nagasaki (Kim) Mental Health Status of Residents Affected by the "Tokaimura" Accident (Minoshita) The Acute Psychological Responses in the Tokaimura Nuclear Accident (Nakajima)	**Magnolia**	**3**	**8**	**disaster**	**138**
Symposium	**Children and Women Exposed to War Trauma: Mental Health and Abuse Outcomes** (Williams, Brown) Children Facing the Wall (Shalhoub-Kevorkian) Violence Against Women in Families Exposed to Terrorism and War Trauma (Williams) Reactions to 9/11 and the Iraq War by Children in Navy Families (Saunders)	**Versailles Ballroom**	**3**	**10**	**war**	**139**
Symposium	**Living with War Trauma** (Fabri) Finding Meaning for Survival (Boskailo) Life After Loss: Adjustment for Women and Children in the Congo (Songasonga) The Impact of War on a Family: A Personal Testimony (Kabengele)	**Japserwood**	**3**	**10**	**war**	**139**
Symposium	**Mental Health in Post-War Afghanistan** (Scholte) Mental Health and Risk Factors in Eastern Afghanistan (Scholte) Mental Health and Disability in Postwar Afghanistan (Lopes Cardozo) Locus of Control and Help Seeking Behavior in Afhanistan (Olff) Integration of Mental Health in Primary Health Care in Afghanistan (Ventevogel)	**Elmwood**	**3**	**10**	**war**	**140**
Symposium	**Longitudinal Course of Cortisol in Normal, PTSD & Remitted Individuals** (Brunet) Longitudinal Investigation of Salivary Cortisol in ER Patients (Brunet) Urinary Cortisol Levels in PTSD-CSA Before and After Treatment (Friedman) The Impact of Personality Variables on the Cortisol Stress Response (Pruessner) Biological Correlates Associated with Symptom Change Following 9/11 (Yehuda)	**Steering**	**Riverside Building**	**2**	**bio med**	**141**
Symposium	**The Impact of the Gulf War on Veterans and the Civilians of Kuwait** (McFarlane) Post-Traumatic Stress Disorder in War Injured Survivors (Al-Hammadi) PTSD Among Kuwaiti Military Personnel Post Iraqi Invasion (Al-Turkait) Psychological Consequence of Trauma: Enduring Effects (Behbehani)	**Hilton Exhibition Center A**	**2**	**10**	**war**	**141**
Workshop	**Publishing Empirical and Clinical Articles in Academic Journals** (Kimerling, Ullman, King)	**Melrose**	**3**	**4**	**clin res**	**142**
Workshop	**Keep It REAL©: Psychological Preparedness and Active Coping Group** (Panzer, Abramovitz, Paula)	**Bridge**	**Riverside Building**	**5**	**commun**	**142**
Workshop	**Issues of Presentation and Treatment in Male Military Sexual Trauma** (Rhodes, Tichenor, Domenici, Lin)	**Oak Alley**	**3**	**7**	**practice**	**142**
Workshop	**Therapeutic Strategies for Survivor Guilt, Denial and Memory Loss** (Scurfield, Powch, Perkal, Daniels)	**Compass**	**Riverside Building**	**10**	**war**	**143**
Posters	**Poster Session 6**	**Napoleon Ballroom**	**3**	**5 6 9**	**commun culture train**	**144-152**

Tuesday, November 16, 6:30 p.m. – 9:30 p.m.

6:30 p.m. – 7:30 p.m.	**Awards Ceremony**	**Grand Ballroom A**	**1**
7:30 p.m. – 9:30 p.m.	**Awards Reception**	**Versailles Ballroom**	**3**

Wednesday, November 17

		Room Name	Floor #	Track # / Abbreviation	Page #
7:30 a.m. – 8:30 a.m.	Coffee and Tea	Court Assembly Foyer	3		
8:00 a.m. – 2:00 p.m.	Registration	Court Assembly Foyer	3		

Post-Meeting Institutes hosted by ISTSS

Wednesday, November 17, 8:30 a.m. – 12:00 p.m.

PMI 14	**Implementing EBTs for Traumatized Children in Community Settings** (Cohen, Murray, Berliner)	Versailles Ballroom	3	3	child	153
PMI 15	**Ethics in Trauma Treatment, Instruction and Research** (Davis, Newman, Courtois, Turner)	Hilton Exhibition Center A	2	7	practice	153
PMI 16	**Complex PTSD with Combat Veterans: Practical Clinical Skills** (Munroe, Fisher, Quinn, Pearlman, Ford, Davison)	Magnolia	3	7	practice	153
PMI 17	**The Ravages of War: Creativity and Embodiment in Trauma Treatment** (Johnson, Gray, Macy, R., Macy, D.)	Elmwood	3	10	war	154
PMI 18	**Contextual Models for Treating Survivors of Complex Trauma** (Gold, Dalenberg, Brown)	Rosedown	3	7	practice	154

Wednesday, November 17, 8:30 a.m. – 12:00 p.m. and 1:30 p.m. – 5:00 p.m.

PMI 19	**Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)** (Jaycox, Stein, Langley)	Jasperwood	3	3	child	154
PMI 20	**Nightmare Therapy: A Missing Peace from War Trauma** (Daniels, Donovan, Padin-Rivera, Forbes, Scurfield, Phelps)	Melrose	3	7	practice	154
PMI 21	**How to Implement Prolonged Exposure for Chronic PTSD** (Foa, Riggs, Cahill)	Grand Ballroom B	1	7	practice	155
PMI 22	**Working with Action and Bodily States in the Treatment of Trauma** (van der Kolk, Ogden, Spinazola)	Hilton Exhibition Center B	2	7	practice	155
PMI 23	**You Can Write It, but Can They Use It?** (Power, Saltzman, DeRosa, Cohen, Van Horn)	Grand Ballroom A	1	9	train	155
PMI 24	**Group Therapy Interventions: Applications to War and Terrorism Trauma** (Niles, Wattenberg, Glynn, Unger, McKeever)	Hilton Exhibition Center C	2	10	war	155

Wednesday, November 17, 1:30 p.m. – 5:00 p.m.

PMI 25	**Identifying and Serving Trauma-Exposed Children in Medical Settings** (Kassam-Adams, Rains, Ryan, Saxe, Zatzick)	Rosedown	3	3	child	156
PMI 26	**What Every Trauma Therapist Should Know About Panic, Phobias, and OCD** (Winston)	Hilton Exhibition Center A	2	7	practice	156
PMI 27	**Tools for Safely Restoring Autobiographical Memory After Violence** (Ford, Berger)	Versailles Ballroom	3	7	practice	156

Post-Meeting Institutes hosted by AABT
Wednesday, November 17, 8:30 a.m. – 12:00 p.m. and 1:30 p.m. – 5:00 p.m.

Please check at the AABT registration desk (1st floor registration centers North and South) for specific room locations.

Clinical Intervention 1	**Cognitive Therapy: Basics and Beyond** (Beck) (continues on Thursday)	157
Clinical Intervention 2	**Cognitive Behavioral Treatment in the Anxiety of Children and Adolescents: Moving Beyond the Basics** (Albano)	157
Clinical Intervention 3	**Using Motivational Interviewing with Substance Use and Comorbid Disorders** (Sobell)	157

Daily Schedule: Thursday

		Room Name	Floor #	Track # / Abbreviation		Page #
Thursday, November 18						
8:00 a.m. – 2:00 p.m.	**Registration**	**Hilton Exhibition Center**	**2**			
Thursday, November 18, 8:30 a.m. – 12:00 p.m. Post-Meeting Institutes hosted by ISTSS						
PMI 28	**Acceptance and Commitment Therapy in Treating PTSD: Theory and Practice** (Walser, Westrup, Gregg, Loew, Rogers)	**Rosedown**	**3**	**4**	**clin res**	**157**
Thursday, November 18, 8:30 a.m. – 12:00 p.m. and 1:30 p.m. – 5:00 p.m.						
PMI 29	**Children Affected by Domestic Violence: Current Changes** (McAlister Groves, Acker, Van Horn, Gaba, Epstein, Osofsky)	**Grand Salon 4**	**1**	**3**	**child**	**158**
PMI 30	**Overcoming Treatment Roadblocks and Failures with Trauma Victims** (Grunert, Smucker, Weis)	**Magnolia**	**3**	**7**	**practice**	**158**
Thursday, November 18, 1:30 p.m. – 5:00 p.m.						
PMI 31	**How to Use Cognitive Processing Therapy for Sexual Abuse in Practice** (Chard)	**Rosedown**	**3**	**7**	**practice**	**158**

Thursday, November 18, 8:30 a.m. – 12:00 p.m. and 1:30 p.m. – 5:00 p.m. Post-Meeting Institutes hosted by AABT

Please check at the AABT registration desk (1st floor registration centers North and South) for specific room locations.

Clinical Intervention 1	**Cognitive Therapy: Basics and Beyond** (continued from Wednesday) (Beck)	**159**
Clinical Intervention 4	**The ABZs of DBT: Dialectical Behavior Therapy: Basics and Beyond** (Linehan, Korslund)	**159**
Institute 1	**The Assessment and Treatment of Anger Disorders** (DiGiuseppe)	**159**
Institute 2	**Acceptance and Commitment Therapy and Comorbidity: Using ACT in the Treatment of Clinical Complexity** (Wilson, Merwin)	**159**
Institute 3	**Beginning-Level Training for the Cognitive Behavioral Analysis System of Psychotherapy** (McCullough, Spiro, Penberthy)	**159**
Institute 4	**Treating Comorbid Psychopathology and Relationship Distress in Couple Therapy** (Baucom, Kirby)	**159**
Institute 5	**Bio-Behavioral Treatment of Children and Adolescents with Complex Obsessive-Compulsive Spectrum Disorders** (Neziroglu, Yaryura-Tobias, McVey-Noble)	**160**
Institute 6	**Emotion Regulation and Interpersonal Skills Training for Chronic PTSD Related to Childhood Abuse and Multiple Traumatizations** (Cloitre)	**160**
Institute 7	**New Advances in Schema Therapy for Personality Disorders** (Young)	**160**

Pre- and Post-Meeting Institutes

Sunday, November 14
Wednesday, November 17
Thursday, November 18

Due to the popularity of PMIs, ISTSS is offering Pre- and Post-Meeting Institutes. In addition to the ISTSS Pre-Meeting Institutes that will be held Sunday, November 14, ISTSS and AABT have collaborated to present Post-Meeting Institutes on Wednesday, November 17 and Thursday, November 18.

To register for an institute hosted by ISTSS held on November 14, 17 or 18, visit the ISTSS registration desk on the 3rd floor. A completed full registration form must accompany your Pre- and Post-Meeting Institutes Selection Form. Only those holding tickets for a specific session will be admitted. Discounts are available if you register for more than one ISTSS Pre- and Post-Meeting Institute. You may attend and register for up to five half-day sessions, with each full day institute counting as two-half day sessions.

To register for an institute hosted by AABT on November 17 and/or 18, visit the AABT registration desk. You **cannot** register for AABT events through ISTSS. Members of ISTSS are allowed to register for AABT Institutes at the AABT membership rate.

Pre-Meeting Institutes Hosted by ISTSS

Sunday, November 14

Half-Day
8:30 a.m. – 12:00 p.m.

1 **PSYCHOPHYSIOLOGY 101: INTRODUCTION TO MEASURES AND METHODS**

Grand Salon 24, 1st Floor

TRACK: (1) Assessment, Diagnosis, Psychometrics and Research Methods

TECHNICAL LEVEL: Basic

Orr, Scott, PhD, Department of Veterans Affairs and Harvard Medical School; Metzger, Linda PhD, Department of Veterans Affairs and Harvard Medical School; Sussman, Daniel, PhD, Coulbourn Inc.; Croteau, Heike; Pole, Nnamdi, PhD, University of Michigan

This Pre-Meeting Institute is intended for individuals who are interested in using psychophysiological measures and methods in their research, but have little or no background in psychophysiology. The institute also will be helpful to individuals with limited experience in psychophysiological assessment and who wish to further develop their skills. It is not the intent of this institute to provide comprehensive or advanced psychophysiological training. Rather, the aims of the institute are to 1) help individuals decide whether psychological assessment is something they might like to pursue further; 2) provide guidance and exposure to generally accepted psychophysiological methods; and 3) help participants avoid some of the common mistakes and misconceptions encountered in psychophysiologic research. Participants will be introduced to two methodologies (acoustic startle and script-driven imagery) and three psychophysiological measures (skin conductance, heart rate, and facial electromyogram) that have been commonly used for the study of posttraumatic stress disorder (PTSD). These methodologies and measures have proven to be useful in the study of PTSD and for discriminating between trauma-exposed individuals with and without the disorder. A primary focus of the institute will be on the demonstration of proper recording techniques and providing participants with an opportunity to gain hands-on experience with these techniques. For example, participants will be shown proper placement of recording electrodes, as well as skin preparation procedures. Basic issues related to the scoring and analysis of psychophysiological data also will be addressed. Finally, participants will learn to identify and correct problems that may compromise the accuracy or integrity of physiological recordings. Several computer-based psychophysiological recording systems (Coulbourn Instruments) will be available for use. Participants will be familiarized with setup of the psychophysiologic laboratory including the software applications and hardware used for startle and script-driven imagery psychophysiological assessments. There will be an opportunity to develop and test specific startle or script-driven imagery protocols, in addition to learning the proper recording techniques for these procedures. At the conclusion of this institute, it is expected that participants will be more familiar with some of the basic procedures, terminology and technology used in psychophysiologic research.

2 **RESILIENT CONCEPTS AND INTERVENTIONS FOR TRAUMATIC STRESS**

Hilton Exhibition Center C, 2nd Floor

TRACK: (7) Clinical Practice, Issues and Interventions

TECHNICAL LEVEL: Intermediate

Richardson, Glenn, PhD, University of Utah

Since the emergence of the first wave of resiliency inquiry that identified human assets or protective factors of a resilient person, there has been a dramatic evolution of the understanding of resilience and the resiliency process in the wake of the postmodern revolution. Following a brief review of the three waves of resiliency inquiry, this program will focus on the practical applications of resiliency as the process of accessing the resilient qualities. It will help participants reframe disruptions (traumatic stress) and resulting emotional states into opportunities to access biopsychospiritual strengths and capacities beyond existent levels of consciousness. The program will provide an overview of interdisciplinary findings that spawned the 3rd wave of resiliency inquiry—resilience. Resilience is the force that drives people to pursue optimal health, self actualization, healing and harmony with a spiritual source of strength. Significant time in this session will be devoted to understanding both the nature of and fulfillment of the

resilient drives of spirituality. It is resilience that provides sufferers of traumatic stress the power to not only recover but to become stronger in the wake of trauma (s). The specific steps for resilience training/counseling and representative experiences will be presented in this session. Requisite to teaching/counseling for resilience is that the helping professionals are resilient themselves to be effective. Therefore, the program will be devoted to resilience principles and personal experiences for the attendees and the afternoon will focus on methods that can be used to professionally facilitate resilience in clients. Specifically, participants will personally experience the varied means to identify, assess and connect with the three sources of spiritual strength, the progressive resilient drives, methods to connect with the spiritual sources, and skills associated with receiving and recognizing spiritual infusions. These and other resilient skills provide the foundation to incorporate resilient counseling/teaching methods into their professional repertoire.

3 IMAGES OF HEALING: SPECT IMAGES OF PTSD AND RECOVERY IN POLICE OFFICERS

Grand Salon 19, 1st Floor

TRACK: (4) Clinical and Interventions Research
TECHNICAL LEVEL: Basic
Lansing, Karen, MA, Private Practice

The effects of "lethal contact" (i.e., close range firefights) in both the military and law enforcement populations can render long-standing psychological impairment. In this study we evaluated the effectiveness and physiological effects of EMDR in police officers involved with on-duty shootings who had delayed PTSD. Method: Six police officers involved with on-duty shootings and subsequent delayed-onset PTSD were evaluated with standard measures, the Posttraumatic Stress Diagnostic Scale and high-resolution brain SPECT imaging, before and after treatment. Results: All police officers showed clinical improvement and marked reductions in the PDS (mean reduction from scores of 43.2 pre EMDR to 5.2 post EMDR). In addition, there were decreases in the left and right occipital lobe, left parietal lobe and right precentral frontal lobe, as well as significant increased perfusion (>0.001) in the left inferior frontal gyrus. Conclusions: In our study EMDR was an effective treatment for PTSD in this police officer group, showing both clinical and brain imaging changes. This multimedia presentation integrates selected case reviews including the dispatch recordings of the officer's actual shooting incident/s, follow-up "check-in" messages documenting the officer's reactions upon return to duty as well as pre- and post-treatment brain images. Brief selections of video also are used to further illustrate key principals. Clinical methodologies that were used with this group of subjects also will be discussed.

Participant Alert: *EMDR is a stepwise protocol designed to facilitate the re-experiencing of "trauma based" memories in order to assist the client in reformatting them into a non-disturbing / more "normalized" memory. During this protocol highly charged/upsetting images, feelings or experiences can arise for the client.*

4 COGNITIVE-BEHAVIORAL COUPLE'S TREATMENT FOR PTSD

Grand Salon 16, 1st Floor

TRACK: (4) Clinical and Interventions Research
TECHNICAL LEVEL: Intermediate
Monson, Candice, PhD, VA National Center for PTSD & Dartmouth Medical School; Stevens, Susan, PsyD, VA National Center for PTSD; Guthrie, Karen, MSW, White River Junction VAM & ROC

Intimate relationship functioning is one of the most robust predictors of the development and course of posttraumatic stress disorder (PTSD). Moreover, relationship discord, divorce, intimate aggression, and deleterious partner effects have been associated with PTSD. A number of authors have promoted the inclusion of partners in PTSD treatment; however, there have been few empirical studies that have investigated the effectiveness of conjoint treatment for PTSD. The overall purpose of this Post Meeting Institute is to provide an overview of Cognitive-Behavioral Couple's Therapy (CBCT) for PTSD. The theoretical underpinnings of CBCT for PTSD and major treatment principles will be presented. An overview of the 15 sessions of the treatment will be provided, and videotapes from treatment cases will be shown to illustrate the interventions. Hands-on training, including role-plays and hypothetically completing assignments, also will be used. Preliminary data supporting the efficacy of the treatment will be briefly presented. A discussion of special issues to consider when treating PTSD within the couple's context and future directions for treatment and research will conclude the institute.

5 THE CONTAINING DOUBLE: AN EXPERIENTIAL INTERVENTION FOR PTSD

Grand Salon 22, 1st Floor

TRACK: (5) Community Programs and Interventions
TECHNICAL LEVEL: Basic
Cox, Maryann, Therapeutic Spiral International; Saury, Rachel, MA, PhD, University of Virginia; Alexander, John, MA, University of Virginia; Culbertson, Roberta, PhD, Virginia Foundation for the Humanities

This half-day intensive training in experiential methods of change using the Therapeutic Spiral Model teaches participants the Containing Double (Hudgins, in press, 2002, 2000), an advanced intervention module that provides containment for people with PTSD. The Containing Double (CD) has been research tested (Hudgins, in press: Hudgins, Drucker & Metcalf, 1999), demonstrating a significant decrease in dissociation (DEScale) and general trauma symptoms after three individual therapy sessions. Drawing on recent advances in neurobiology showing that experiential methods are the treatment of choice for people with stress induced problems (Sykes, 2004; van der Kolk, 2002), this workshop demonstrates an action intervention that helps bridge the gap between the right and left capacities of the brain. An Action Trauma Team from Therapeutic Spiral International, a nonprofit agency providing training, education and direct services to trauma survivors will demonstrate the three easy steps of the Containing Double and provide live supervised practice for transfer of skills into your practice settings. The workshop begins with a brief didactic presentation anchoring the Containing Double into its theoretical foundations of neurobiology, clinical psychology, and experiential methods of change. The Therapeutic Spiral Model is a clinical system of experiential change that draws on the key concepts of classical psychodrama and modifies basic interventions for safety with trauma survivors. The CD is one of 14 operationalized experiential intervention modules that are currently being used with sexual abuse, domestic violence, addiction, war trauma, dislocation, torture and imprisonment in both clinical and community settings in seven different countries. The CD provides psychological containment for experiential methods of change by teaching the person to balance thinking and feeling to be able to achieve and maintain a state of conscious awareness, so that unprocessed nonverbal, sensorimotor memories held in the right brain can be accurately identified and labeled for integration into narrative memory. Applications in both clinical and community settings are discussed, including work in China, Northern Ireland and South Africa.

6 DEVELOPING CULTURAL COMPETENCE IN WORKING WITH TRAUMA SURVIVORS

Hilton Exhibition Center B, 2nd Floor

TRACK: (6) Culture, Diversity, Social Issues and Public Policy
TECHNICAL LEVEL: Intermediate
Brown, Laura, PhD, Argosy University Seattle; Antuna, Claudette, MSW, Argosy University Seattle; Underwood, Beverly, MSW, Argosy University Seattle

The experience of being traumatized intersects with a survivor's other life experiences, which can frequently include being a member of a target group. Target groups are those groups that historically have been the targets of discrimination and/or unfair treatment at the hands of dominant groups; frequently target group membership increases risk for certain types of interpersonal trauma such as sexual assault and hate crimes. Although trauma specialists are frequently aware of target group memberships of their clients or research participants, they may be unaware of how to proceed in a culturally competent manner, thus blunting the effectiveness of an intervention or reducing the usefulness of data obtained. This workshop will introduce participants to a model for the development of cultural competence through the acquisition of an epistemology of human diversity. Participants will have the opportunity to practice skills at integration of cultural awareness into trauma work. The emphasis will be on acquiring a broad strategy for culturally competent practice rather than skills in working with any one target group.

7 DEVELOPING GUIDELINES FOR PSYCHOSOCIAL CARE FOLLOWING DISASTER

Hilton Exhibition Center A, 2nd Floor

TRACK: (8) Disaster, Mass Trauma, Prevention and Early Intervention
TECHNICAL LEVEL: Intermediate
Bisson, Jonathan, DM, Cardiff & Vale NHS Trust; Kitchiner, Neil, MSc, Cardiff & Vale NHS Trust; Roberts, Neil, PhD, Cardiff & Vale NHS Trust; Macho, Gavin, BA, Cardiff & Vale of Glamorgan Emergency Planning Unit

It is generally accepted that a well coordinated, pre-planned response is necessary to cater for individuals' needs following traumatic events. At present it is impossible to develop a totally evidence-based plan, but it is possible to develop a plan based on the best evidence available. In Cardiff and the Vale of Glamorgan, a multiagency steering group has developed guidelines, consulted widely on them and tested them in an exercise. The main focus of social and psychological care activity in the initial stage of the response will be on providing support to those involved. Social services will assume the lead role at this stage in the response with assistance from the health service, local authority education service and the non-statutory sector. Key tasks that will be carried out at this stage include providing comfort; recording personal details; the creation of a database; obtaining and providing information; immediate practical help; specialist care of elderly people and children; and support to relatives. Mental health professionals will provide liaison and supervision but will only become directly involved in the initial stages if individuals develop extreme responses that are felt to be pathological. As time progresses key tasks will include reassuring victims that their emotional reactions are understandable given the abnormal experience they have had; listening to, and absorbing, people's accounts of the incident as well as helping to piece together the experience of the disaster; giving information on how to deal with problems arising from the incident—e.g., family difficulties, travel fears, insomnia and work problems; working with grief and emotional issues precipitated by the disaster; creation of an emotional support telephone helpline; identifying those at highest risk and assessing their need for more formal intervention; providing evidence-based interventions for those with specific needs through adequately trained and supervised counselors/clinicians; facilitating mutual support groups and encouraging self-help; and planning of longer term provision. The guidelines and the process of developing them will be presented during the institute.

8 COGNITIVE-BEHAVIORAL TREATMENT FOR VICTIMS OF TYPE II TRAUMA

Rosedown, 3rd Floor

TRACK: (7) Clinical Practice, Issues and Interventions
TECHNICAL LEVEL: Intermediate
Smucker, Mervin, PhD, Medical College of Wisconsin; Mueller, Julia, PhD, University of Zurich

Victims of Type II childhood traumas typically manifest not only chronic PTSD symptoms, but struggle with numerous maladaptive core beliefs (schemas) relating to negatively distorted perceptions of threat, vulnerability, powerlessness, and self-efficacy. Because Type II trauma memories and associated beliefs often are encoded visually and sensomotorically—and are not accessible by verbal techniques alone—imagery-based interventions have been increasingly applied in the treatment of PTSD where the distressing affect is directly linked to the victim's intrusive images and associated meanings. In this workshop, the presenters will offer an integrated CBT treatment model for Type II trauma victims that involves: (1) transforming the affectively-charged traumatic imagery into narrative language; (2) replacing victimization imagery with mastery/coping imagery; and (3) facilitating emotional self-regulation through the development of self-calming and self-soothing imagery. Through instructional video demonstrations, experiential exercises, case examples, lecture and discussion, this workshop will demonstrate the use of imagery as a primary therapeutic agent to access, challenge, and modify trauma-related cognitions, intrusive images, and schemas. Participants will learn how the application of imaginal exposure, mastery imagery and self-nurturing imagery—combined with secondary cognitive processing and schema modification—can be applied to decrease physiological arousal, eliminate intrusive memories, replace victimization imagery with mastery imagery, modify trauma-beliefs, create more adaptive schemas and develop an enhanced capacity to self-nurture and self-calm.

9 PHARMACOTHERAPY OF PTSD: TRAUMA AND NEUROTRANSMITTERS ACROSS THE LIFESPAN

Versailles Ballroom, 3rd Floor

TRACK: (7) Clinical Practice, Issues and Interventions
TECHNICAL LEVEL: Intermediate
Tucker, Phebe, MD, Department of Psychiatry, University of Oklahoma HSC; Davis, Lori, MD, University of Alabama at Birmingham; Cohen, Judith, MD, MCP-Hahnemann University School of Medicine, Drexel University College of Medicine

An overview of pharmacotherapy of Posttraumatic Stress Disorder will describe agents effective in monotherapy, adjunctive therapy, and treatment of comorbid psychiatric conditions. Antidepressants have been the mainstay of PTSD treatment, and include selective serotonin and serotonin-norepinephrine reuptake-inhibitors, tricyclic antidepressants, and monoamine oxidase inhibitors. Studies have assessed effects of SSRI treatment of PTSD on neurobiological parameters, including physiologic reactivity and neuroendocrine and neuroimmine measures. We plan to review the current preclinical and clinical knowledge concerning the role of amino acid neurotransmitters, gamma-aminobutyric acid (GABA) and glutamate, in the pathophysiology and treatment of PTSD. Specifically with regard to stress, GABA and glutamate are neurotransmitters that modulate the hypothalamic-pituitary-adrenal axis and limbic systems. These systems play major roles in controlling the emotional states of "freeze-flight-or-fight." Recent results of trials of anticonvulsants, namely divalproex, topiramate, lamotrigine, will be reviewed in detail. Our research shows significant reduction in PTSD symptomatology in an open-labeled 8-week trial of divalproex and a placebo-controlled study is ongoing. Other investigators have shown positive results with lamotrigine and topiramate, suggesting that use of anticonvulsants in treating PTSD is promising and warrants additional research. The role of atypical antipsychotics, adrenergic blockers, antihistamines, opioid antagonists and other anxiolytics will be discussed. Future pharmacotherapy may include more targeted drugs and better integration of psychotherapies. Case studies will illustrate the use of flexible, individualized treatments in chronic PTSD resulting from terrorism (Oklahoma City bombing). Pharmacologic treatment for traumatized children has received little empirical evaluation; almost all of the available information is either anecdotal or derived from open clinical trials. These have included the use of SSRI's, mood stabilizers, novel antipsychotics and adrenergic blocking agents. These studies will be described briefly. An ongoing randomized controlled treatment trial is testing the impact of adding sertraline to an evidence-based psychosocial treatment for childhood trauma, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Preliminary results suggest that the addition of an SSRI to TF-CBT may produce added benefits. Clinical cases describing treatments of childhood PTSD will be presented for audience discussion.

Participant Alert: *Mild distress may arise in participants from hearing case presentations of survivors of terrorism or from viewing a few slides demonstrating disaster response efforts (but not severe injuries or death) after terrorism.*

10 POSTTRAUMA EVALUATION AND TREATMENT OF DISASTER RELIEF WORKERS

Grand Salon 18, 1st Floor

TRACK: (8) Disaster, Mass Trauma, Prevention and Early Intervention
TECHNICAL LEVEL: Intermediate
Difede, JoAnn, PhD, Weill Medical College of Cornell University; Roberts, Jennifer, PhD, Weill Medical College of Cornell University; Leck, Pam, PhD, Weill Medical College of Cornell University; Jayasinghe, Nimali, PhD, Weill Medical College of Cornell University

In this workshop we share what we have learned from our experience establishing both clinical and research programs targeted toward two groups of disaster relief workers (DRWs) in New York City following the September 11 attacks. These two distinct groups that were called upon, by profession, to respond to the devastation were employees of Consolidated Edison (Con Edison), the utility company responsible for providing New York City with electric, gas and steam, and the New York City Fire Department (FDNY). We will begin our workshop with a review of the extant literature on DRWs. and then present our empirical findings from our evaluation of 3,800 Con Edison employees. We will include some discussion on the challenges and considerations specific to setting up a large screening program within an occupational health department, including the decision-making process regarding which self-report and interview measures to utilize. We will then share our experience treating more than 200 Con Edison

and FDNY employees. A discussion of the treatment of these workers will be based on a review of the literature on the treatment of PTSD. We began treating people utilizing a 12-session treatment protocol that was under development via an NIMH treatment protocol development grant. This treatment manual was based on first line therapies for PTSD and included three main components: imaginal and in vivo exposure, cognitive restructuring and anxiety management techniques. However, as we began treating these populations we found that modifications to the treatment protocol, therapeutic stance and recruitment methods were necessary. Modifications were based on qualities specific to the DRW cultures and ongoing community events regarding the trauma. We will discuss the similarities and differences in modifications for each population, i.e., utility workers and firefighters. This Pre-Meeting Institute also will include more in depth exploration of specific aspects of the treatment. It will further address the public health issues involved in the assessment and treatment of DRWs as well as suggestions about the educational programs that might be offered as a routine part of the training of DRWs to better prepare them to cope with the psychological consequences of terrorism and other disasters.

***Participant Alert**: This presentation focuses on the treatment of trauma-related problems. Participants will be warned at the beginning of the workshop, as well as at pertinent moments, that they will be hearing about, and possibly viewing, material that is traumatic in nature.*

11 A COMMUNITY-FOCUSED MASS DISASTER RESPONSE INITIATIVE

Melrose, 3rd Floor

TRACK: (8) Disaster, Mass Trauma, Prevention and Early Intervention
TECHNICAL LEVEL: Intermediate
Miller, Madelyn, CSW, Private Practice; Cohen, Randi, CSW, Private Practice

In response to the changing realities of our world following 9/11 and subsequent unprecedented terrorism, enduring uncertainty and potential recurrence, disaster preparedness planning through volunteer readiness has become an essential consideration. This Post-Meeting Institute introduces participants to a mass disaster response initiative, uniquely focused on clinician engagement with the community-at-large in the unfolding aftermath of catastrophic tragedy. Active engagement of clinicians in the conceptualization, planning and ongoing participation before, during and after disaster is presented. Underlining the essential role of continuing learning and support for clinicians, a two-team model is proposed for disaster-informed clinicians. Participants may become a provider resource team in the more traditional role as disaster mental health volunteer, to respond to those acutely traumatized or deeply bereaved, at a site of devastation or elsewhere; and participants may volunteer across their communities at subway stations, houses of worship, and in buildings and residences where they are located to offer support, encourage engagement with social supports, or provide links to other disaster service centers. Teams will meet for support, connection, community and a shared development of meaning and hope.
Attention will be given to the inevitable impact of direct and indirect trauma on the clinician, and the compounded challenges of shared experiences of trauma, loss and traumatic loss parallel to community members. The experience of being exposed to disaster while providing services, and the intersection of both living and working in the midst of mass violence, will be acknowledged.

***Participant Alert**: This presentation includes discussion of disaster preparedness planning, post-mass disaster realities, including practice considerations for clinicians following potential bio/chem/radiological agents; attention is given to the inevitable impact of this work on the clinician.*

12 GESTALT AND EMOTION-FOCUSED APPROACHES TO POSTTRAUMA THERAPY

Grand Salon 21, 1st Floor

TRACK: (10) Theme: War Trauma
TECHNICAL LEVEL: Intermediate
Powch, Irene, PhD, Portland Veterans Affairs Medical Center; Scurfield, Ray DSW, ACSW, University of Southern Mississippi; Daniels, Lori, PhD, Hawaii Pacific University; Perkal, Allan, MA, National Center for PTSD; Huwe, Jennifer, PsyD, Portland Veterans Affairs Medical Center

Emerging research on the neurobiology of trauma gives cause for trauma therapists to consider that current CBT approaches that focus on thinking and beliefs, through such strategies as cognitive restructuring and meaning-making, may not sufficiently access the brain structures and processes involved in fight/flight/freeze reactions. Approaches that access emotion, and body-centered approaches, are emerging as alternative or complementary therapeutic interventions to access and change trauma-affected neuropathways. Gestalt trauma focused group therapy is an existential and emotion focused therapy that integrates access to traumatic emotion with present-centered body awareness; and creates new cognitive and emotional experience via body-centered dramatization techniques such as enhancing in-the-moment awareness of physiological manifestations of emotions, and the "empty chair." In this Pre-Meeting Institute the faculty will follow a brief presentation on Gestalt and emotion focused therapy with illustrations of key interventions and therapeutic shifts using videotaped Gestalt trauma focused group therapy interventions with combat veterans, and videotaped and live role-play demonstrations of Gestalt and emotion focused interventions with individuals and couples. The faculty will place emphasis on making explicit the therapeutic choice-points that Gestalt and emotion-focused clinicians use "in the here-and-now moment" in making decisions about timing and structuring of an intervention and encouraging course participants to offer alternative therapeutic choice-points. The use of video-tape in facilitating awareness and integration of therapeutic learning also will be discussed. Finally, there will be a discussion of the type of posttraumatic presentation that appears most likely to benefit from Gestalt and emotion-focused interventions.

13 PREVENTING PSYCHOLOGICAL AND MORAL INJURY IN MILITARY SERVICE

Grand Salon 15, 1st Floor

TRACK: (10) Theme: War Trauma
TECHNICAL LEVEL: Intermediate
Shay, Jonathan, MD, PhD, Department of Veterans Affairs; Stokes, James, MD, US Army Medical Corps; March, Cameron, Royal Marines; Kudler, Harold, MD, US Department of Veterans Affairs; Ritchie, Elspeth, MD, US Army Medical Corps; Fairbank, John, PhD, Duke University Medical Center

An informal, unofficial international exchange among military and mental health professionals on prevention and early treatment of psychological and moral injury in military service. None will speak officially for their services or for their governments. Their remarks are their own. Attendees agree not to publish or circulate attributed quotations, without permission of the person quoted; participation does not imply endorsement of remarks by other presenters. An occupational health framework provides structure: PRIMARY prevention: eliminate war; SECONDARY: redesign culture, policies and practices to prevent and reduce injury to troops; TERTIARY: early, expert and far-forward detection, assessment and treatment of exposures and injuries as they happen, but still within the military institutions; QUATERNARY: early, effective engagement and treatment of veterans as they return to the civilian population. This year we shall devote part of the session to role-playing a Congressional hearing in which the reality of psychological injury in military service, the motives of veterans claiming such injuries, and of those diagnosing them are disputed. Attendees will role-play as members of Congress, with presenters role-playing various points of view and interest groups. The specific allocation of time among specific levels of prevention, and to specific practices, policies, research overviews and needs for research, will be shaped by the mix of interests brought to the session by attendees. The presenters come to learn as well as to teach.

***Participant Alert**: Participants will be role-playing a Congressional hearing. In addition, recognition that powerful governmental officials may hold world views that are contrary to or hostile to world-views of mental health professionals, may be frightening or otherwise distressing.*

Opening Plenary Session
Sunday, November 14
1:00 p.m. – 2:15 p.m.

Abstract #2086

War Is a Force That Gives Us Meaning

Plenary (war) **Grand Ballroom A–B, 1st Floor**

Hedges, Chris, The New York Times

Drawing on the literature of combat, from Homer and Shakespeare to Erich Maria Remarque and Michael Herr, Hedges shows how human beings are conditioned to embrace what he calls "the myth of war"—the idea that combat is noble, selfless and glorious. Yet if human history is any guide, nations and imperiums have stumbled and even fallen when they believed the myths peddled about war and about themselves. The reality of war, which Hedges knows first-hand, is about the destruction of culture, the perversion of human desire, and the embrace, ultimately, of death over life. A former seminary student, Hedges is a longtime war correspondent for *The New York Times* who has seen enough of death and killing. He has seen many governments use the same manipulation of facts to generate support for war and quash dissent. However, he also has experienced the intoxication of battle. From El Salvador to Iraq to Bosnia, Hedges tells how war gives an immediacy and purpose to people's lives. It is this heady |brew that provides the ultimate contradiction of war—that something so horrible could be so alluring. The themes throughout this excellent survey of why peoples and governments go to war will be explored in this keynote presentation.

Concurrent Sessions – 1
Sunday, November 14
2:30 p.m. – 3:45 p.m.

Abstract #2080

Developmental Psychopathology and Treatment of Child Traumatic Stress

Consultation (practice) **Grand Salon 21, 1st Floor**

Pynoos, Robert, MD, MPH, National Center for Child Traumatic Stress, University of California

Dr. Pynoos will discuss from a developmental perspective the impact of traumatic exposures on children, adolescents and families. He also will address the implications for the development, dissemination, adoption and adaptation of evidence-based intervention strategies and the introduction of core skill training. He also will provide information about the National Child Traumatic Stress Network and its efforts to increase the standard of care and access to services of traumatized children and their families within the United States.

Participant Alert: *Some clinical case material may be distressing to participants.*

Abstract #2076

Application of Dialectical Behavior Therapy to Trauma-Related Problems

Master (practice) **Napoleon Ballroom, 3rd Floor**

Wagner, Amy D., PhD, University of Washington Harborview Medical Center; Rizvi, Shireen L. PhD, Boston VAHCS

This session will demonstrate the use of key DBT principles and strategies in the assessment and intervention for trauma related problems. DBT was originally designed to treat borderline personality disorder and has since shown efficacy in the treatment of a range of problems and disorders that relate to emotion dysregulation more generally. Use of behavioral analysis, validation, skill training, informal exposure and dialectical strategies will be highlighted in this role-play of a client with dissociative behavior, shame and intrusive memories of childhood abuse.

Abstract #1685

The Challenge of Advocacy in Trauma Treatment and Research

Panel (culture) **Grand Salon 15, 1st Floor**

Stone, Andrew, MD, VA Medical Center, Philadelphia, and University of Pennsylvania; Bishop, Gene, MD, Pennsylvania Hospital; Mason, Patience, BA, Patience Press; Weine, Stevan, MD, International Center on Responses to Catastrophes, University of Illinois at Chicago

In this panel, we will explore the place of public and individual advocacy in trauma work. Its diverse potential effects will be shown in the contexts of treatment and research, for professionals and laypersons. In the work of trauma treatment, both therapists and patients have at times embraced the role of advocate. The concept of testimony psychotherapy is built on this dual function, where part of the work of treatment is directed toward a future application of the testimony in the search for justice. We will present and give examples of the role of advocacy in addressing some of the key injuries created by traumatic stress, including a loss of the capacity for trust, a sense that the world is a uniformly hostile environment, and a loss of belief in one's own agency or power to influence events. The experience of a lay advocate will demonstrate the relation of the overlapping roles of client, family, citizen and interest group, through the example of education and information as a means of empowerment. For physicians, recent initiatives on medical professionalism seek to affirm guiding principles of patient welfare, patient autonomy, and social justice. Advocacy will be shown to be an integral component of meeting these professional responsibilities. Researchers also, notably Robert Lifton, have envisioned a place for advocacy research, which ultimately hopes to change the world that it is studying. Discussion will link the uses of advocacy in different settings and review the advantages and disadvantages it may confer.

Abstract #2065

Improving Access to Quality Military Care for Posttraumatic Stress

Symposium (war) **Hilton Exhibition Center B, 2nd Floor**

Featured Symposium

Engel, Charles, MD, MPH, Department of Psychiatry, Uniformed Services University of the Health Sciences; Zatzick, Doug, MD, Department of Psychiatry, University of Washington School of Medicine

Efforts to improve care starts with equity and access to services. Several military efforts to study and foster access to posttraumatic stress care are presented. These include studies of trauma care barriers for military women and recent SW Asia veterans, and lessons from piloting of guided Internet traumatic stress self-help.

Combat Duty in Iraq and Afghanistan and the Prevalence of Mental Health Problems, Treatment Need, and Barriers to Care

Hoge, Charles, MD, Department of Psychiatry and Behavioral Sciences, Division of Neuropsychiatry, Walter Reed Army Institute of Research; Castro, Carl, PhD, Division of Neuropsychiatry, Walter Reed Army Institute of Research

To present preliminary findings from a large study of the mental health impact of military operations in Iraq and Afghanistan. Methods: Soldiers were surveyed 3 and 6 months after returning from Iraq or Afghanistan (n>4,000), compared with pre-deployment, using the Patient Health Questionnaire (PHQ) and PTSD checklist (PCL). Results: Overall, 11.0% of soldiers returning from Afghanistan screened positive for depression, generalized anxiety, or PTSD and reported significant functional impairment or high symptom severity, compared with 9% pre-deployment. Data from the Iraq will also be presented. There was a low likelihood of using mental health services. Among soldiers who screened positive, 44% expressed interest in receiving help, but only 24% accessed any services (including chaplains) within the past year. Significant stigma/barriers were reported, particularly for those most in need; 61% of soldiers who screened positive perceived that seeking mental health services would harm their career. Conclusions: A significant proportion of combat soldiers involved in deployments to Afghanistan met screening criteria for a mental disorder. Data from Iraq deployment will also be presented. Important barriers to using mental health services were identified, which speaks to the need to reassess ways in which services can be delivered to soldiers in non-stigmatizing ways.

Post-Traumatic Health Care Needs: What Do Military Women Say?

Gonzalez, Denise, MSW, Deployment Health Clinical Center, Walter Reed Army Medical Center; Meyer, Nancy, MSW, Deployment Health Clinical Center, Walter Reed Army Medical Center; Gore, Kristie, MA, Deployment Health Clinical Center, Walter Reed Army Medical Center; DeDeyn, Judy, MA, Deployment Health Clinical Center, Walter Reed Army Medical Center; Bruner, Victoria, RN, MS, Deployment Health Clinical Center, Walter Reed Army Medical Center

Recent military operations in Iraq and Afghanistan have highlighted the need for a coordinated Department of Defense system of health care delivery for women with traumatic stress concerns. During two years of participation as a site in a large multi-center randomized trial for military and veteran women with PTSD, we have met with nearly a hundred candidates for the study. Enrollment has been slow, at least in part due to perceived barriers and distractions to care for these women. Sexual assault is a frequent source of trauma, and most often these women want and need immediate, accessible, and confidential mental health assistance that will not damage their military career. Their stories often speak to the need for specific training for military health care providers regarding the issue of traumatic stress in military women, especially in the area of sexual assault. This presentation will use examples and vignettes (appropriately veiled to preserve the women's privacy and confidentiality) to illustrate women's needs and existing health-care system deficiencies. A coordinated care model is proposed to better recognize and meet the needs of military women with traumatic stress-related concerns.

A Therapist-Guided Internet-based Self-management Approach to Post-traumatic Stress After Military Events

Bruner, Victoria, RN, LCSW, BCETS, Deployment Health Clinical Center, Walter Reed Army Medical Center; Gore, Kristie, MA, Deployment Health Clinical Center, Walter Reed Army Medical Center; DeDeyn, Judy, MA, Deployment Health Clinical Center, Walter Reed Army Medical Center; Jaffer, Ambereen, MPH, Deployment Health Clinical Center, Walter Reed Army Medical Center; Litz, Brett, PhD, Department of Psychology, Boston University and Boston VA Medical Center; Bryant, Richard, PhD, Department of Psychology, University of New South Wales, Australia

September 11, 2001 and the subsequent global war on terrorism created the urgent need for effective, practical, non-stigmatizing and widely available interventions for people exposed to a military trauma. To meet these goals, we developed Project DE-STRESS, a therapist guided Internet-based self-management approach to reducing symptoms of post-traumatic stress, an approach with potential primary care applications. A National Capital Area randomized controlled trial is underway to test the intervention for patients with military trauma-related post-traumatic stress symptoms. The study compares computer assisted Stress Inoculation Training to computer assisted Supportive Counseling. Face-to-face patient assessment and training sessions are followed by 8 weeks of education and homework regarding self-management activities delivered via a secure web site with phone and email access to therapists. Early findings suggest the DE-STRESS method is feasible, reduces stigma associated with seeking care for post-traumatic stress symptoms, and may be effective in reducing current distress and chronic sequelae of military and other trauma. Several practical lessons have emerged regarding the implementation of Internet-based interventions and their utility within a military.

Abstract #1545

Innovative Methods: Assessing Trauma Survivors with Handheld Computers

Symposium (assess) **Grand Salon 24, 1st Floor**

Carlson, Eve, PhD, National Center for Posttraumatic Stress Disorder, Department of Veterans Affairs

The use of handheld computers to measure trauma responses allows study of temporal relationships of moods, cognitions, experiences and behaviors in survivors' natural environments. Frequent assessments permit examination of group and individual responses. Three researchers will present initial findings from diverse survivor groups using diverse hardware, software and procedures.

Assessment of Sleep and PTSD Using Handheld Computers in Crime Victims

Germain, Anne, PhD, Department of Psychiatry, University of Pittsburgh School of Medicine; Buysse, Daniel, MD, Department of Psychiatry, University of Pittsburgh School of Medicine; Katherine, Shear, MD, Department of Psychiatry, University of Pittsburgh School of Medicine; Hall, Martica, PhD, Department of Psychiatry, University of Pittsburgh School of Medicine

The goal of this study was to assess the feasibility of using handheld computers to assess sleep, PTSD symptoms, and affect in adult crime victims with PTSD. Adult victims of violent crimes with chronic PTSD (M age = 33, SD = 7; 5 women) provided written consent. All used a handheld computer to assess sleep, PTSD symptoms, and affect daily for 7 to 14 days (M = 9 days). Upon awakening and at bedtime, participants completed the Pittsburgh Sleep Diary, and two scales assessing affect (e.g., sadness, irritability), and PTSD symptoms (e.g., intrusions, numbness, anxiety). These two scales were also completed at 12:00 pm, and 6:00 pm to assess circadian variations in PTSD symptoms and affect. Data was lost for one participant. On average, the 8 remaining participants completed 85% of the morning and evening sections of the sleep diary (range 45%-100%), and completed 71% of the all scheduled mood scales (range 30% - 100%). No participants reported exacerbation of PTSD symptoms or worsening of psychological distress associated with the study procedures. Assessments of sleep, PTSD symptoms, and affect can be conducted using handheld computers in crime victims with PTSD, while inducing minimal psychological distress. Training and follow-up can enhance data completeness.

Pilot Study Findings on Ecological Proximal Assessment

Carlson, Eve, PhD, National Center for PTSD, Palo Alto VA Health Care System; Ruzek, Josef, PhD, National Center for PTSD, Palo Alto VA Health Care System; Field, Nigel, PhD, Pacific Graduate School of Psychology; Spain, David, MD, Department of Surgery, Stanford University School of Medicine

Ecological Proximal Assessment (EPA) is an innovative approach to measurement of trauma responses that involves frequent self-reports using hand-held computers of trauma responses in survivors' natural environments. The nature of the data collected using EPA allows use of multilevel data analysis models to study chronological direction of variable relationships in groups and individuals. Ultimately, EPA methods may help clinicians identify recent trauma survivors who are at risk for the development of posttraumatic disorder or depression and may allow tailoring of interventions to individual needs. We will present findings on 10 pilot study participants who were patients of the Stanford University Hospital Trauma Service or family members who were exposed to severe traumatic stressors. Participants recruited between 2 and 7 days post-event completed assessments of mood, posttraumatic symptoms, trauma-related behaviors and cognitions, social support, and coping on hand-held computers four times per day (in reference to the past four hours). Factor analyses of moods and of PTSD symptoms show strong evidence of construct validity of these assessments. An examination of total PTSD symptoms per day in the 12 days following the event shows a gradual decline over time in most, but not all, participants.

The Effect of Environmental Demands on Mood and Cortisol in PTSD

Putnam, Katherine, PhD, Boston VA Healthcare System/Boston University Medical School; Williams, Lawrence, BA, Boston VA Healthcare System; Norris, Rebecca, BA, Boston VA Healthcare System; Litz, Brett, PhD, Boston VA Healthcare System/Boston University Medical School

Reports on the relationship between PTSD and cortisol have been discrepant, which may be partially due to the effects of changing environmental demands on cortisol levels. Data suggests a sensitization of the HPA axis in PTSD (Yehuda, 1997), and this is consistent with the finding that there is unusual stress responsivity in PTSD. Therefore, while basal cortisol levels may be lower in PTSD, stress hormones may be hyper-reactive to perceived environmental demands. The finding that PTSD patients tend to show more pronounced cortisol fluctuations strengthens this hypothesis (Yehuda et al., 1996). There are few reports regarding the relationship between environmental demands and cortisol in PTSD. The current study aims to study diurnal variation in cortisol, mood, and environmental demands using methodology that allows for repeated measurements over time: Ecological Momentary Assessment. Vietnam and Persian Gulf War veterans with PTSD will carry handheld computers for one week that will collect behavioral data and signal the participant to leave saliva samples. Participants will complete a brief questionnaire 10X/day and saliva sampling will occur 6X/day for 2 days. Results will be analyzed using a hierarchical mixed model and the relationships among measures of self-reported mood, environmental demands, and cortisol will be examined.

Abstract #1547

Does Initial Heart Rate Predict PTSD?

Symposium (biomed) **Hilton Exhibition Center C, 2nd Floor**

Schnyder, Ulrich, MD, Department of Psychiatry, University Hospital Zurich, Switzerland; Pitman, Roger, MD, Massachusetts General Hospital/Harvard Medical School

A few years ago, initial heart rate, measured upon referral to the emergency room shortly after a traumatic event, was identified as a predictor of PTSD. In the meantime, a number of studies have explored this issue in greater depth, so that we can now get a more differentiated picture.

Resting Heart Rate and PTSD After Severe Traumatic Brain Injury

Bryant, Richard, PhD, University of New South Wales

This study indexed the relationship between resting heart rates after injury and subsequent posttraumatic stress disorder (PTSD) in patients who sustained severe traumatic brain injury. Patients who sustained a severe traumatic brain injury (N = 68) had their resting heart rate assessed 1 week and 1 month after injury, and were assessed for PTSD 6 months after injury with the PTSD Interview, a structured clinical interview based on DSM-III-R criteria. PTSD patients was diagnosed in 23% of patients. PTSD participants who developed PTSD had higher heart rates at 1 week, but not 1 month, after trauma than no-PTSD participants. This difference remained significant when the effect of posttraumatic amnesia was controlled but not significant when the effect of Glasgow Coma Scale was controlled. These findings accord with the proposal that fear conditioning can occur outside the level of awareness and contribute to PTSD development.

Multiple Heart Rate Measures: Predictors of PTSD in Accident Victims?

Schnyder, Ulrich, MD, Department of Psychiatry, University Hospital; Moergeli, Hanspeter, PhD, Department of Psychiatry, University Hospital, Zurich, Switzerland

This study aimed at investigating the relationship between resting heart rate during the first days post trauma and ASD/PTSD in accidentally injured patients. We collected a sample of 323 accident victims (all types of accidents, mean Injury Severity Score ISS=11.7, 67% males, mean age 41 years) who were hospitalized at the department of trauma surgery of the University Hospital Zurich. Measures included pretrauma variables, PRIME-MD, PDEQ, CAPS, accident- and recovery-related cognitions. Resting heart rates were recorded daily throughout the hospitalization. Initial interviews were conducted 5 days (SD 3.9) after the traumatic event; follow-up assessments (N=255) took place 6 months later. Initial heart rates showed the strongest correlation with trauma-related psychopathology. Patients with initial resting HR≥85 showed higher ASD and PTSD symptom levels. We found statistically significant, but only week to moderate positive bivariate correlations (r = .14 to .26) between HR and both ASD and PTSD symptom levels. However, in multiple regression analysis using ISS, gender, pre-traumatic psychiatric morbidity, ASD symptom level, sense of death threat, and the subjective appraisal of injury severity as independent variables (R=0.55, adjusted R2=0.28, p<0.001), initial heart rate did not contribute significantly to the prediction of PTSD.

Emergency Department HR and PTSD: A Public Health Approach

Zatzick, Douglas, MD, Department of Psychiatry, Harborview Medical Center; Russo, Joan, PhD, Department of Psychiatry, Harborview Medical Center; Pitman, Roger, MD, Department of Psychiatry, Massachusetts General Hospital & Harvard Medical School; Rivara, Fredrick, MD, MPH, Department of Pediatrics, Harborview Medical Center; Jurkovich, Gregory, MD, Department of Surgery, Harborview Medical Center; Roy-Byrne, Peter, MD, Department of Psychiatry, Harborview Medical Center

Some preliminary investigations suggest an association between elevated emergency department (ED) heart rate (HR) and the subsequent development of PTSD, yet other studies find no association. We conducted a prospective cohort study of a representative sample of 161 injury survivors, ages > 13, hospitalized at two level I trauma centers. HR was assessed upon initial presentation to the ED. PTSD symptoms were assessed at baseline and 1, 4-6, and 12-months post-injury. Random-coefficient regression and ANCOVA were used to determine if patients with ED HR>95 versus HR<95 manifested different patterns of symptom change over time. Age, gender, injury type/severity, medical comorbidity, prior trauma, site, and alcohol, opiate, and stimulant toxicology results were included as covariates in all analyses. We found a significant HR group X time interaction effect for PTSD (p=0.02). ED HR^{3}95 was independently associated with PTSD symptoms at the 4-6 month (p<0.01), and 12-month (p=0.05) assessments. Thus, we found a robust association between elevated ED HR and the development of PTSD in a representative sample of acute care patients. Translational investigations that incorporate clinical epidemiological methods in the study of biological parameters in real world settings have the potential to improve the quality of care for injured trauma survivors.

Abstract #1648

Mental Health Approaches to Mass Graves: Trauma and Missing Persons

Symposium (commun) **Versailles Ballroom, 3rd Floor**

Samuels, Margaret, MSW, Yale University

Findings from programmatic approaches involving mental health collaborations with forensic staff and local communities will be presented as strategies for addressing the psychological impact of missing/deceased persons due to war/conflict. Outcomes highlight the complexity of service delivery and follow-up and therapeutic contributions of international first responders in crisis situations.

Iraq: Assessment-Based Planning for Collaborative Intervention

Samuels, Magaret, MSW, Yale University

In Iraq, families and communities are suffering the effects of cumulative trauma. In the past 25 years, the Iraqi population has lived through three major wars, the threat of execution, religious and cultural repression and various other threats. In conjunction with PHR's forensic assessment, in June 2003, a mental health assessment of needs in light of the mass grave findings and review of the existing mental health infrastructure and delivery services was conducted. As a result of this assessment, PHR a developed a training for mental health professionals, paraprofessionals, community leaders and other NGOs committed to working with families affected by missing persons and mass graves in Iraq. Ongoing needs assessment has been encouraged and outlined for identifying mental health strategies to deal with missing persons issues. Local and international professionals are also at risk of secondary trauma. PHR will assist in training these professionals in the signs and symptoms of this type of trauma and the best ways for people to care of themselves.

Years of Waiting. Challenges to Intervention in Cyprus

Kahn-Singer, Sara, MSW, MPH, International Institute of New Jersey

In an unusual forensic intervention, teams were invited to Cyprus to exhume bodies buried in haste—some misidentified, some never identified at all—in the chaotic aftermath of the 1974 war. Twenty-five years later, families were desperate for information on their missing and dead loved ones, having lived in a "frozen grief" for a quarter of a century. The complexities addressed were staggering: some families had believed their missing loved one was buried at a particular site, and had worshiped at the gravesite for years. Other families had knowledge that their loved one had been killed in the war, but had never seen a body. Still others believed their missing were still alive. The exhumations would provide information that would set the whole population reeling. Physicians for Human Rights conducted an extensive needs assessment with the families and Cypriot mental health professionals to offer the Cypriot Government strategies for supporting the community during this challenging time in their history.

Mental Health Responses to 9/11

Samuels, Margaret, MSW, Yale University; Kahn-Singer, Sara, MSW, MPH, International Institute of New Jersey

In the events of September 11, 2001, although distinct from an international armed conflict, the effects of the terrorist attacks mirrored the trauma and aftermath of populations in a wartime setting. The acute response of the various groups including Safe Horizon, a New York City-based not-for-profit, and the International Institute of New Jersey, will be highlighted. The follow-up clinical work engaged in by these organizations will be discussed in case examples focusing on immigrant and asylum seeker reactions to 9/11 and the survivors and families of the WTC disaster faced with issues of missing persons; identification; terror and trauma.

Models of Community Intervention: Strategies in Bosnia

Keough, Mary Ellen, MPH, University of Massachusetts; Kahn-Singer, Sara, MSW, MPH, International Institute of New Jersey; Samuels, Margaret, MSW, Yale University

One of the most complex challenges in postconflict situations is addressing the needs of those traumatized by events that have resulted in large numbers of missing persons and the discovery and exhumation of mass graves. Physicians for Human Rights developed psychosocial training protocols for families and responders. ("Psychosocial Professional and Family Guides to the Exhumation, Identification and Missing Persons Processes in Kosovo"). As forensic experts and human rights commissions are the first to participate in the inspection of mass gravesites, they may serve as collaborators with mental health providers to implement interventions to traumatized populations. Psychosocial and public health experts can be integrated into forensic teams exhuming mass graves. In Bosnia, mental health and public health professionals teamed with Bosnian outreach workers and provided support and services to families with missing persons, instituted community meetings to discuss the process of recovery and identification of remains, and addressed coping with the emotional reactions of providing antemortem data. Follow-up data were collected to assess the effects on families of participating in the antemortem data collection process. Keough, Kahn, Andrejevic, "Disclosing the Truth: Informed Participation in the Antemortem Database Project for Survivors of Srebrenica," Health and Human Right, Vol. 5 No. 1, 2000.

Strategies of Intervention in Kosovo

Keough, Mary Ellen, MPH, University of Massachusetts; Samuels, Margaret, MSW, Yale University

In the aftermath of the 1999 NATO military action against the former Yugoslavia and the resulting investigations into war crimes/abuses committed in the former Yugoslavia, Physicians for Human Rights (PHR) drew upon its experience in Bosnia and expanded its family support program into the province of Kosovo. The PHR family support team collaborated with the Federal Bureau of Investigation and other international forensic teams charged with investigating war crimes, to provide support to families with missing persons and to assist families attending exhumations of mass graves. This team, operating in a crisis intervention mode, identified, hired and trained local professionals to assist in this work, using established protocols. The PHR team also assessed local mental health service capacity, and forensic capacity to continue this work in the long term. The team provided additional training to these professionals using a three-pronged approach: (1) support for the families confronted by the missing persons' identification process; (2) forensic training in recovery and identification of remains; (3) and ante mortem data collection. Keough, Samuels "Kosovo Family Support Project: Model of Psychosocial Support for Families with Missing Persons." Social Work: Journal of the National Association of Social Workers (In press).

Abstract #1570

Exploring Clinical Consequences of Childhood Trauma

Symposium (practice) — Grand Salon 22, 1st Floor

Sar, Vedat, MD, Istanbul University, Istanbul Medical Faculty

The relationship between childhood trauma, complex PTSD and borderline personality disorder will be examined. Results of several studies involving traumatized women from community and clinic samples, college students with borderline personality disorder and chronically traumatized women in specialized clinic will be presented. Relevance to clinical management will also be explored.

Complex PTSD—The Unrecognized Syndrome on Psychiatric Inpatient Units

Whitney, Diane, MD, University of Toronto and University of Western Ontario

Often the constellation of symptoms that are captured by the diagnosis of Complex PTSD are unrecognized on psychiatric inpatients units. Those patients with histories of trauma are typically given multiple diagnoses including, for example, recurrent major depression, bipolar disorder, schizoaffective disorder, severe anxiety disorders, and borderline personality disorder. At the same time, within the clinical setting, symptoms of affect dysregulation; dissociation, somatization and interpersonal difficulties are seldom explored, even if a history of childhood trauma is known. With many symptoms and possible syndromes, there is the risk of multiple and potentially conflicting treatment and therapeutic approaches. This is of particular importance in patients with a history of childhood abuse whose ability to form adult attachments is significantly impaired and this may be more relevant with multiple therapeutic relationships. This presentation presents a comprehensive staged treatment approach where the importance of safety, symptom stabilization and healthy attachment to caregivers in an inpatient setting are essential. Finally the transition to outpatient care where the client begins the moves to higher functioning and developing healthy relationships will be highlighted.

Intersection of Borderline Personality Disorder, PTSD and Dissociation

Pain, Clare, MD, University of Toronto and University of Western Ontario

The Traumatic Stress Service outpatient program was initiated three years ago in London, Ontario, Canada. Since its inception, 300 women have been assessed, and 150 have received or are currently receiving treatment. Clinical assessments have been initiated to describe this chronically traumatized population. Standardized clinical pre-post testing has been designed to evaluate the treatment program. This presentation will examine the differentiation of Borderline Personality Disorder, Posttraumatic Stress Disorder with comorbidity and chronic complex PTSD considered.

Childhood Trauma, Complex PTSD and Alexithymia in Community and Clinic

McLean, Linda, PhD, Department of Psychiatry, University of Ontario

Objective: This study examined the strength of association between trauma variables, complex posttraumatic stress disorder (complex PTSD) and alexithymia in women with early-onset sexual abuse treated in community-based private or clinic outpatient settings. The strength of the relationships between affect dysregulation, dissociation, somatization and alexithymia were determined. Method: Seventy women were administered The Toronto Alexithymia Scale-20 and the Psychological Trauma Assessment Program. The participants responded to flyers posted in outpatient clinics or to a community newspaper advertisement. Results: The clinic sample met diagnostic criteria for lifetime and current complex PTSD significantly more often as compared to the community sample among whom lifetime diagnosis was more common. Current affect dysregulation, dissociation, and somatization correlated significantly with alexithymia in the clinic sample although this was not the case in the community sample. Alexithymia was significantly higher in the clinic sample than in the community sample. Paternal incest and bi-parental neglect were significant predictors of alexithymia in the clinic sample; bi-parental neglect was the sole significant predictor in the community sample. Conclusions: The clinic sample continued to experience current forms of suffering, and vulnerability associated with early-onset sexual trauma. The community sample showed a reduction in current symptoms and resilience in their lifetime.

Dissociative Disorder Comorbidity of Borderline Personality Disorder

Sar, Vedat, MD, Istanbul University, Istanbul Medical Faculty; Akyuz, Gamze, MD, Cumhuriyet University Medical Faculty, Sivas,Turkey; Ozturk, Erdinc, PhD, Istanbul University, Istanbul Medical Faculty

Objective: This study was to examine the Axis-I dissociative disorder comorbidity of borderline personality disorder in a nonclinical population. Method: A sample of 1,301 college students (554 women, 42.6%) from Sivas University (age range = 18.0-29.0) were screened for DSM-IV borderline personality disorder (BPD) using the related section of the SCID-II. Childhood Trauma Questionnaire, Traumatic Experiences Questionnaire, PTSD module of the SCID-I, and self-rating version of SCID-D were also administered. The prevalence of BPD was 8.6% (N = 112). Using the clinician administered SCID-D, 80 of them and 80 non-borderline controls matched for age and gender were evaluated by an interviewer who was blind to the initial data collected. Results: There was not any gender difference between BPD'ies (36 women; 45.0 %) and non-BPD'ies in the overall sample. Subjects with BPD had significantly higher reported childhood trauma scores except for physical abuse. 72.5 % (N = 58) of the BPD group had a dissociative disorder (DD) diagnosis on Axis I, whereas this rate was 15.0 % (N = 12) for controls ($x2$ = 53.74 df = 1 $p<0.001$). Axis-I dissociative disorder diagnosis among BPD'ies was not related to gender and childhood trauma reports. However, BPD'ies without a dissociative disorder had significantly higher "false report" scores of a perfect family environment during childhood. Conclusions: Clinicians should not overlook the Axis-I dissociative disorder diagnosis among subject with BPD and, from the perspective of false memory controversies, they should be aware that this comorbidity does not impair the accuracy of childhood trauma reports among patients with BPD, whereas subjects with BPD without a DD tend to deny their childhood traumata.

Abstract #1514

New Approaches to Early Interventions

Symposium (disaster) **Hilton Exhibition Center A, 2nd Floor**

Olff, Miranda, PhD, Academic Medical Center/De Meren, Department of Psychiatry, University of Amsterdam; Gist, Richard, PhD, Kansas City, Missouri Fire Department and University of Missouri-Kansas City

Early interventions are frequently offered to victims in the acute phase after trauma. Recent studies have shown that most single-session early interventions do not prevent and can even increase the risk for the development of symptoms of PTSD, anxiety or depression. Attention has therefore focused on promising new interventions for trauma victims that are thought to be at risk for developing PTSD, such as brief early CBT, and structured writing assignments. The goal of this symposium is to present the latest information on the content and efficacy of different types of currently applied as well as new early interventions.

Developing an Evidence-Based Early Intervention Model

Bisson, Jonathan, DM, Cardiff and Vale NHS Trust

Given the current evidence base, a stepped care approach is an appropriate way to cater for individuals' needs following traumatic events. Initial help with outstanding practical, physical and social issues supplemented by empathic support and information provision are the priorities. A few weeks after the trauma individuals may be helped by routine screening to detect the presence of symptoms, and, if these are present, a brief cognitive-behavioral or other evidence-based intervention. High rates of spontaneous recovery in individuals who develop symptoms of PTSD following traumatic events suggest that it is not necessary to treat all symptomatic individuals at a very early timepoint and that delaying intervention for a few months would allow more spontaneous recovery. However, this could result in some individuals developing more established and potentially more difficult to treat disorders than those present one month after the trauma. An alternative model would be one of stratified care where more complex interventions are provided earlier to symptomatic individuals who are unlikely to improve. The stepped and stratified care approaches will be discussed.

CBT and Structured Writing Therapy in Preventing Chronic PTSD (RCT)

van Emmerik, Arnold, MA, Department of Clinical and Health Psychology, Leiden University; Kamphuis, Jan Henk, PhD, Department of Clinical Psychology, University of Amsterdam; Emmelkamp, Paul, PhD, Department of Clinical Psychology, University of Amsterdam

INTRODUCTION: Several studies have provided evidence for the efficacy of brief manualized CBT in preventing chronic PTSD. As an alternative intervention, writing assignments have been shown to beneficially influence existing PTSD symptoms. To date, writing assignments have been administered exclusively as separate manipulations and have not been combined to form a comprehensive manualized treatment. Also, their potential as a preventive intervention is currently unclear. To fill this gap, the present randomized controlled trial directly compared brief manualized CBT with manualized writing assignments in the secondary prevention of chronic PTSD. METHOD: Participants were referred by GPs, company medical officers, victim assistance services, and emergency room personnel. Inclusion criteria were (1) having experienced a traumatic event within the past three months, (2) fulfilling DSM-IV diagnostic criteria for Acute Stress Disorder or acute PTSD, (3) 16 years of age or older, and (4) sufficient fluency in Dutch or English to complete treatment and research procedures. Exclusion criteria included (1) severe psychiatric symptoms other than PTSD (e.g., dementia, psychotic symptoms, substance abuse), (2) receiving concurrent psychotherapy elsewhere. Following a comprehensive assessment, participants were randomly assigned to five weekly individual one hour sessions of either (1) CBT, (2) structured writing therapy, or (3) waitlist control. Participants were subsequently reassessed two weeks and six months following their treatment. Measures included the Structured Clinical Interview for DSM-IV Axis I, Impact of Event Scale, Beck Depression Inventory, State-Trait Anxiety Inventory, and Dissociative Experiences Scale. RESULTS: Participant groups did not differ at baseline on demographic or personality characteristics, symptom severity, or trauma-related variables. Participants reported significantly less PTSD, general anxiety and dissociative symptoms following both CBT and structured writing therapy, compared to waitlist (all $p<.05$). CONCLUSION: The present study underscores the efficacy of brief CBT as an effective intervention to prevent chronic PTSD. Also, it introduces manualized writing assignments as an effective alternative.

Preventing a Chronic Course of PTSD with Brief Early CBT

Sijbrandij, Marit, Academic Medical Center/De Meren; Olff, Miranda, Academic Medical Center/De Meren; Carlier, Ingrid, Altrecht Mental Health Care; Gersons, Berthold, MD, PhD, Academic Medical Center/De Meren

Recent studies have supported the use of brief cognitive behavioral therapy (CBT) in the treatment of Acute Stress Disorder or acute Posttraumatic Stress Disorder (PTSD) in victims of rape, traffic accidents, or assault. In the current study, we examined whether four sessions of CBT, consisting of education, relaxation, imaginary and in vivo exposure, and cognitive restructuring, were effective in reducing symptoms of PTSD, anxiety and depression in a Dutch sample of victims of various traumatic events. Participants were adult survivors of a recent traumatic event, diagnosed with acute PTSD ($n = 141$). Participants were randomly assigned to two conditions: CBT ($n = 78$) and control ($n = 63$). At one week and four months after the intervention PTSD, anxiety and depression were assessed using structured interview and self-report measures. Results of repeated measurements analyses showed that at one week after the intervention, participants in CBT had significantly fewer symptoms of PTSD, anxiety and depression than controls. At five months' follow-up, there were no significant differences between groups. Results from exploratory analyses on predictors for efficacy of the intervention will be presented during the symposium. Clinical significance of the results will be discussed.

Abstract #1655

Risk and Resilience in the Shadow of War: Perspectives on Coping

Symposium (war) **Grand Ballroom A–B, 1st Floor**

Brom, Danny, PhD, Israel Center for the Treatment of Psychotrauma, Herzog Hospital

As Israel society enters its fifth year of the war, where the civilian population has become the frontline in mass terror attacks, we examine the effects of this war at different stages of the life cycle: early childhood, adolescence and adults, highlighting risk-taking behaviors and the development of resilience.

PTSD, Adaptive and Maladaptive Coping in Adolescents Facing Terrorism

Pat-Horenczyk, Ruth, PhD, Israel Center for the Treatment of Psychotrauma, Herzog Hospital; Doppelt, Osnat, MA, Israel Center for the Treatment of Psychotrauma, Herzog Hospital; Meiron, Tomer, BA, Hebrew University; Baum, Naomi, PhD, Israel Center for the Treatment of Psychotrauma, Herzog Hospital; Brom, Danny, PhD, Israel Center for the Treatment of Psychotrauma, Herzog Hospital

This study focuses on the impact of exposure to terrorism-related trauma on posttraumatic symptoms, adaptive and maladaptive coping behaviors among adolescents in Israel. Exposure to trauma and subsequent development of posttraumatic symptoms are associated risk factors for increased maladaptive coping behaviors including risk-taking behaviors in adolescents and may be manifested in vandalism, assaults, carrying weapons, substance abuse, unsafe sex, etc. The participants ($n = 200$, age 12-18) completed self-report questionnaires on exposure to terrorism, posttraumatic symptoms, functional impairment, depression and coping strategies. Risk-taking behaviors were assessed with quantitative and qualitative measures. Subjects were asked about the type and rate of recent risk-taking behaviors (e.g., use of alcohol and drugs), and their attributions of possible reasons for these behaviors (e.g., belief in fatalism). A positive correlation was found between the severity of posttraumatic symptoms and a higher frequency of risk-taking behaviors ($r = 0.443$, $p< .001$). Adolescents reporting higher exposure to terrorism indicated more risk-taking behaviors than adolescents with lower exposure. The most frequent explanations for the risk-taking behaviors selected by respondents focused on the beliefs that "life is short" and "it will not happen to me." We will discuss the implications of this study on long-term development and building resilience in Israeli adolescents.

Cope and Hope: Gender Differences in Adolescents Exposed to Terrorism

Doppelt, Osnat, MA, Israel Center for the Treatment of Psychotrauma, Herzog Hospital; Pat-Horenczyk, Ruth, PhD, Israel Center for the Treatment of Psychotrauma, Herzog Hospital; Brom, Danny, PhD, Israel Center for the Treatment of Psychotrauma, Herzog Hospital

Girls tend to report more posttraumatic symptoms than boys; however, little is known about gender differences in coping strategies and hope, two elements that are central to the concept of resilience. This study examined

gender differences in coping strategies and hope among Israeli adolescents exposed to ongoing terrorism. 175 high school students (84 boys, 91 girls; ages 13-14, M = 13.2 years) from Jerusalem completed self-report questionnaires on exposure to terrorism, posttraumatic symptoms, coping strategies and hope. Girls tended to report a greater variety of coping strategies including frequent mention of self-distraction, instrumental support, emotional support, venting, acceptance and religion. Boys, on the other hand, cited using more humor as a coping strategy. Among the adolescents who were directly exposed to terrorism, girls expressed more frequent use of strategies of acceptance and boys reported more strategies of self-distraction, active coping, planning, humor and religion. No gender differences were found in the level of hope expressed by boys and girls whether they had been exposed to terrorism or not. Frequent use of coping strategies such as self-distraction, denial and behavioral disengagement were found to be related to lower levels of hope.

Narratives of Coping and Resilience: A Drama of Voices

Tuval-Mashiach, Rivka, PhD, Bar-Ilan University; Shalev, Arieh, MD, Hadassah Medical Center, Jerusalem

Trauma literature on coping focuses mainly on coping strategies and efficiency of coping styles. Most research thus far, has concentrated on reactions to single events or war zones, and measured coping using standard objective tools. The purpose of this paper is to describe coping and resilience as described subjectively by study participants. Using a narrative methodology, we collected 250 descriptions from people who were differentially exposed to trauma in Israel during the current war of terror. Exposure differed between those who were directly and highly exposed, and those who were occasionally and indirectly exposed. We believe that although coping is always a complex process that develops over time, it becomes even more complicated and multi-faceted process under circumstances of ongoing terrorism, not only because of recurrence of traumatic events, but also because of the unique aspects of terrorism. Participants described their coping relating to both practical behavior and belief systems. The practical behaviors related to different strategies used by participants to improve quality of life, and the belief systems uncovered deeper levels of meanings, beliefs, and moral stance toward the current situation in Israel. Most subjects perceived themselves as developing resilience over the course of living with terror.

Building Personal and Professional Resilience in the Face of Terror

Baum, Naomi, PhD, Israel Center for the Treatment of Psychotrauma, Herzog Hospital; Zohar-Sykes, Naava, MSW, Israel Center for the Treatment of Psychotrauma, Herzog Hospital, Jerusalem; Doppelt, Osnat, MA, Israel Center for the Treatment of Psychotrauma, Herzog Hospital, Jerusalem; Pat-Horenczyk, Ruth, PhD, Israel Center for the Treatment of Psychotrauma, Herzog Hospital, Jerusalem; Levanon, Talia, MSW, Israel Center for the Treatment of Psychotrauma, Herzog Hospital, Jerusalem; Brom, Danny, PhD, Israel Center for the Treatment of Psychotrauma, Herzog Hospital, Jerusalem

The ongoing war of terror in Israel has caused increased exposure to trauma, threat of trauma and long-term stress. Resilience has become a central concept in the educational system, in developing both theories and methods of coping for students and staff. Young children are particularly vulnerable to exposure to trauma and stress, but are often overlooked and underserved. The program, "Building Resilience for Teachers and Students" sought to empower preschool educators to help youngsters cope with elevated levels of exposure to trauma and stress. More than 300 preschool teachers and aides have participated in our program. The program emphasizes building personal resilience and developing skills to deal with children in the classroom who have been exposed either directly or indirectly to traumatic stress. One of the salient challenges has been that of simultaneously dealing with trauma on a personal level while working at the professional level in helping students cope with exposure to trauma. Preschool teachers participating in these workshops were followed over the course of these workshops, using pre-post questionnaires. An examination of the changes, both personal and professional will be presented with an emphasis on how these changes relate to the core concept of building resilience.

Abstract #1921

Trauma Systems Therapy:
Child Traumatic Stress in the System of Care

Workshop (child) **Grand Salon 16, 1st Floor**

Saxe, Glenn, MD, Boston University Medical Center/National Child Traumatic Stress Network; Ellis, Heidi, PhD, Boston University Medical Center/National Child Traumatic Stress Network; Kaplow, Julie, PhD, Boston University Medical Center/National Child Traumatic Stress Network

This workshop describes a practical approach to treating traumatic stress in children who live in challenging social environments. Many children with traumatic stress live in environments with such ongoing stresses as family and community violence, parental mental health and substance abuse, and poverty and homelessness. Further, these children have problems that cross the system of care and can involve the mental health, educational, social service and juvenile justice systems. Trauma Systems Therapy (TST) has been developed over the past five years to address these problems. This intervention model approaches traumatic stress from a systems perspective. According to this perspective, traumatic stress in children is related to two main elements: 1) a traumatized child who has difficulty regulating emotional states; and 2) a social environment and/or system of care that is not able to help the child regulate these emotional states. Depending on the degree of emotional dysregulation and social environmental instability, TST offers a series of clinic and community-based interventions to help the child regulate emotion and to help caregivers help the child regulate emotion. This workshop will introduce the principles of TST, its assessment and treatment planning approach and its practical clinic and community-based intervention modules.

Abstract #1772

Trauma-Focused and Additional Non-Verbal Group Therapy in Complex PTSD

Workshop (practice) **Rosedown, 3rd Floor**

Vermetten, Eric, MD, PhD, Central Military Hospital/University Medical Center; Unck, Ferdi, MD, Central Military Hospital; Meijer, Miranda, MSc, Central Military Hospital; Enderle, Jaap-Peter, Central Military Hospital

This workshop focuses on a Dutch group-treatment program for veterans with chronic, complex PTSD. We now have 10 years of experience with this treatment program and have successfully treated a number of patients from different deployments, in varying age ranges (n = 120). We are now able to present treatment results. The treatment program lasts 18 months on average, with sessions one full day per week. This program combines a tailored set of different therapeutic elements, including Trauma Focused Group-Psychotherapy (cognitive behavioral therapy and exposure therapy), non-verbal therapies (creative art therapy, psychomotor therapy, drama-therapy) and an opening and closing session facilitated by a casemanager. In committing to the program, the patient is challenged to set realistic goals, while learning to cope with the risk of periodic PTSD-symptom exacerbation. In this workshop, the applied psychotherapeutic treatment methods will be presented and discussed. The contents of the different non-verbal therapy sessions will be expounded in this workshop and some will be illustrated (video). Besides case examples and other treatment issues, other practical problems and limiting treatment conditions will be discussed.

Abstract #1896

Working with the Media to Raise Public Awareness About Traumatic Stress

Workshop (train) **Grand Salon 19, 1st Floor**

Franks, Robert, PhD, National Center for Child Traumatic Stress, Duke University; Newman, Elana, PhD, University of Tulsa and National Child Traumatic Stress Network; Cody, Patrick, BA, National Child Traumatic Stress Network and Cody Communications

Dr. Franks, director of the National Resource Center for Child Traumatic Stress, and Patrick Cody, communications consultant, will discuss the importance of media relations as a means to raise public and professional awareness and educate about the impact of traumatic stress, especially in times of war. In particular, they will point to lessons learned from their work with the National Child Traumatic Stress Network (NCTSN). Dr. Elana Newman, associate professor in Psychology at the University of Tulsa and consultant to the Dart Center for Journalism and Trauma, will discuss fostering long-term relationships with journalists and the benefits of engaging with media on their terms. The ways in which journalists and mental health

professionals' world views and perceptions about trauma are similar and different will be identified. Strategies will be suggested for developing common language and building bridges between these professions. Tips will be provided on the development of a comprehensive media plan and basic tools will be introduced for professionals talking to the media.

Abstract #1491

Trauma Risk Management: Managing Stress the Royal Marines Way

Workshop (war) **Melrose, 3rd Floor**

Sharpley, John, MD, Royal Navy (UK); Greenberg, Neil, MD, Royal Navy (UK); March, Cameron, MBE, Royal Marines

Traumatic events can lead to the development of psychological distress, lowered morale and organizational difficulty. Unfortunately most of the interventions studied to date have adopted a medical model with a mental health professional or counselor previously unknown to those involved delivering the intervention. In an attempt to address these issues, members of the Royal Marines have developed a traumatic stress management system known as Trauma Risk Management (TRiM). TRiM is a proactive post-traumatic peer group delivered management strategy that aims to keep employees of hierarchical organizations functioning after traumatic events, to provide support and education to those who require it and to identify those with difficulties that require more specialist input. TRiM training aims to equip nonmedically trained personnel to manage the psychological aftermath of a whole incident. The training covers a wide subject matter including psychological aspects of incident site management, how to plan for personnels' psychological needs after an event, how to conduct a semi-structured risk assessment interview and how to conduct basic psychoeducational briefings. Within the Marines it has been employed on a number of incidents including during the war in Iraq (2003). This workshop demonstrates the principles of TRiM.

Two Cases on Family Therapy: Cases from the Gaza Strip, Palestine and the Former Child Soldiers in Mozambique: A Life Outcome Study

Case Presentations (war) **Grand Salon 18, 1st Floor**

Abstract #1788

Two Family Therapy Cases from the Gaza Strip, Palestinian Territories

Michalik, Michael, PhD, Doctors Without Borders/Medecins Sans Frontieres (MSF)

Participants will learn skills related to assessment and short-term treatment of families who have experienced trauma symptoms associated with the occupation and intifada occurring in the Gaza Strip, Palestine. This situation is unique because the trauma is recurring. The violence includes incursions, shooting from tanks and watchtowers, destruction of homes with bulldozers occurring during the night with no warning, children witnessing death and injuries to adults and other children, including children being shot and killed in the classroom. Many families have been forced out of their homes which are located near the Egyptian border in Rafah and are living in another home, often in as dangerous an area since there is not housing available away from the border due to the shortage of homes because of the large number of homes that have been demolished. The children are exposed to repetitive violence and the loss of their neighborhood and friends and school. These losses compound the difficulty in attempting to cope with this dangerous situation.

Abstract #1610

Former Child Soldiers in Mozambique: A Life Outcome Study

Boothby, Neil, PhD, Columbia University, Center for Global Health and Economic Development; Crawford, Jennifer, MPH, Columbia University, Center for Global Health and Economic Development

This research investigates the adult outcomes of former child soldiers in Mozambique, paying particular attention to their psychological and social functioning. Undertaken by two practitioner and two academic partners, it represents the culmination of 15 years of collaborative work aimed at producing a unique longitudinal study of individuals, who, as children, participated in organized violence. The research was initiated in 1988 with a focus on 42 children who had been abducted by Renamo, trained and used as combatants. Psychosocial development data was collected on these former child soldiers, during their six-month stay at the Lhanguene Rehabilitation Center as well as for two years after they had returned to their communities. The study includes qualitative and quantitative data to assess the psychosocial health of these former child soldiers as adults. At a policy level, we will learn more about how such assistance helped and/or hindered child soldiers' reintegration into society. At a program level, we will learn more about the possibilities and limitations of integrating a psychosocial component into broader assessment, assistance and follow-up efforts.

Concurrent Sessions – 2
Sunday, November 14
4:00 p.m. – 5:15 p.m.

Abstract #1940

Developing a National Disaster Technical Assistance Center

Case Presentations (disaster) **Grand Salon 19, 1st Floor**

Gathman, Jennifer, BS, SAMHSA Disaster Technical Assistance Center (SAMHSA DTAC); Mosser, Christina, PhD, SAMHSA Disaster Technical Assistance Center (SAMHSA DTAC); Selzler, Bonnie, PhD, SAMHSA Disaster Technical Assistance Center (SAMHSA DTAC)

The unprecedented challenges to public health, safety, and emotional well-being presented by the threat of mass terrorism have fundamentally changed our nation. These events added to the stress the country has endured as a result of numerous natural disasters such as fires, floods and tornadoes, along with episodes of mass criminal victimization such as the sniper incidents in the D.C. metropolitan area. Enhancement of state and local capacity to plan and deliver disaster mental health and substance abuse services in the context of immediate emergency response and beyond is of utmost importance to the nation. The SAMHSA Disaster Technical Assistance Center has responded to these needs by providing services and support to the states and territories, as well as to the Emergency Mental Health and Traumatic Stress Services Branch of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. The presenter will discuss the development of SAMHSA DTAC, including state and local concerns and programmatic challenges and solutions.

Abstract #1863

Empowering Refugee Women in the Context of Chronic Social Trauma

Panel (commun) **Grand Salon 15, 1st Floor**

Ward, Jeanne, MSW, Reproductive Health Response in Conflict Consortium; Khalidi, Aziza, ScD, Association Najdeh; Chahine, Fatima, BA, Association Najdeh; Ali, Leila, BA, Association Najdeh; Saad, Buthaina, BA, Association Najdeh

Association Najdeh is a nongovernmental organization conceived in 1976 as a small project to respond to the emergent needs of the Palestinian refugees who were forcefully relocated during Lebanon's civil war and therefore suffered displacement even within their host country. Now among the largest Lebanese NGOs working in the area of women's empowerment, Association Najdeh has multiple relief and development programs targeting the needs of women refugees. In the panel presentation, representatives of Association Najdeh will review the major social, research, and training initiatives currently underway in ten Palestinian refugee camps throughout Lebanon. Presenters will further elucidate the complex social and psychological traumas of their beneficiary populations, particularly in light of increased vulnerabilities due to the current global and regional political climate. Presenters will conclude with a discussion of the challenges and methods of designing and implementing development efforts in the context of long-term social trauma.

Abstract #1720

Neuropsychological Impairment in PTSD

Symposium (assess) **Melrose, 3rd Floor**

Franklin, Kristin, PhD, San Francisco Veterans Affairs Medical Center, PTSD Research Program

Researchers of neuropsychological processes in PTSD will discuss recent advances in the field. Investigators will present data from studies of: neuropsychological functioning in identical twins discordant for combat exposure, attentional biases in veterans, learning and memory performance in Holocaust survivors and Vietnam veterans, and the interaction of alcoholism and PTSD.

Neurocognitive Function in Monozygotic Twins Discordant for PTSD

Gilbertson, Mark, PhD, Manchester VAMC/Harvard Medical School

Deficits in performance on standardized neuropsychological tests (e.g., IQ, verbal memory) have been reported among trauma survivors with posttraumatic stress disorder (PTSD). It is often assumed that these cognitive difficulties are toxic consequences of trauma exposure. Alternatively, they may reflect pre-existing characteristics that contribute to the likelihood of developing PTSD once exposed to a traumatic stressor. To address this possibility, cognitive performance was evaluated in monozygotic twin pairs discordant for combat exposure, i.e., one member served in combat whereas his identical co-twin did not. Twin pairs were grouped according to whether or not the combat-exposed brother developed chronic PTSD following his trauma exposure. Consistent with previous findings in the literature, combat veterans with chronic PTSD demonstrated poorer performance than non-PTSD combat veterans on a number of neuropsychological measures. Despite having neither combat exposure nor PTSD, however, the unexposed co-twins of combat veterans with PTSD largely displayed the same performance as their combat-exposed brothers, and were also more impaired than non-PTSD combat veterans and their brothers. The results support the notion that some aspects of cognitive function, including IQ, verbal memory, and mental flexibility, serve as premorbid risk factors in PTSD rather than as the toxic sequelae of trauma exposure.

Novelty Preference for Negative Emotion in PTSD

Vasterling, Jennifer, PhD, New Orleans Veterans Affairs Medical Center; Brailey, Kevin, PhD, VA Medical Center, New Orleans; Tomlin, Holly, MPH, Tulane University Health Sciences Center; Constans, Joseph, PhD, South Central MIRECC; Bachevalier, Jocelyne, PhD, University of Texas Medical School; Kotrla, Kathryn, MD, Texas A & M Health Sciences Center

The purpose of this study was to use a modified comparative neuropsychology task to examine processing of emotional facial stimuli in PTSD. The preferential looking paradigm is based on a tendency for healthy individuals to spend more time looking at novel stimuli. Novelty preference has been linked in monkeys to the amygdala, a structure thought to be specialized for fear and of significance to the neurobiology of PTSD. 25 Vietnam combat veterans with PTSD and 27 combat controls participated. The paradigm involves a 10-sec habituation to a single stimulus followed by a 5-sec presentation of two stimuli, one old and one new (comparison component). The dependent variable is proportion of time spent looking at the novel stimulus during the comparison component. Stimuli were neutral and emotional faces. Results of a 2 (group: PTSD, no-PTSD) x 2 (emotion: negative, non-negative) ANOVA revealed an interaction, $F(1, 50) = 5.76$, $p = .02$, in which, relative to controls, the PTSD group showed less novelty preference for non-negative (neutral, happy) faces and greater novelty preference for negative (fearful, angry) faces. Enhanced novelty preference for negative emotion in PTSD is consistent with hyperactivation of the amygdala and attentional bias to threat-relevant stimuli in PTSD.

Neuropsychology of Posttraumatic Stress Disorder and Alcohol Abuse

Franklin, Kristin, PhD, San Francisco Veterans Affairs Medical Center; Neylan, Thomas, MD, San Francisco Veterans Affairs Medical Center; Lenoci, Maryann, MA, San Francisco Veterans Affairs Medical Center; Rothlind, Johannes, PhD, San Francisco Veterans Affairs Medical Center; Metzler, Thomas, MA, San Francisco Veterans Affairs Medical Center; Choucroun, Gerard, MSW, San Francisco Veterans Affairs Medical Center; Marmar, Charles, MD, San Francisco Veterans Affairs Medical Center

Previous studies have suggested that PTSD is associated with deficits in memory, learning, and attention. Because individuals with PTSD often have comorbid alcohol abuse diagnoses, the extent to which the confounding effects of alcohol are responsible for these deficits is a growing concern for PTSD researchers. Our study controls for this potential confound by comparing neuropsychological testing scores from participants in four groups: current PTSD and a history of alcohol abuse in the past five years ($n = 30$), current PTSD without history of alcohol abuse ($n = 37$), no lifetime PTSD and with alcohol abuse ($n = 30$) and no lifetime PTSD or alcohol abuse ($n = 31$). After controlling for education and verbal comprehension ability, there was an overall main effect of PTSD on measures of verbal memory and attention, a main effect of alcohol on visual memory, but no interactive effect. Specifically, there were significant differences between individuals with and without PTSD on tasks of attention, list learning, and paragraph recall retention. Given these results, we can now more conclusively determine that deficits in verbal memory and attention in PTSD are indeed related to the disorder, and not to the confounding influence of alcohol abuse.

Learning and Memory in Aging Trauma Survivors with PTSD

Golier, Julia, MD, Mount Sinai School of Medicine; Yehuda, Rachel, PhD, Mount Sinai School of Medicine

In order to understand the implications of PTSD-related explicit memory deficits for the aging trauma survivor we examined performance on the California Verbal Learning Test (CVLT) in two parallel studies. In one, the

CVLT was administered to Holocaust survivors with (n = 36) and without PTSD (n = 26), and to demographically comparable individuals not exposed to the Holocaust (n = 40). In the other it was administered to aging combat veterans with (n = 31) and without PTSD (n = 20), and veterans unexposed to combat (n = 15). Holocaust survivors with PTSD showed greater impairments in learning and short-term recall, but not long-term recall, than comparison subjects. Older age was associated with poorer CVLT performance only in survivors with PTSD, raising the possibility of accelerated cognitive aging in PTSD. Combat veterans with PTSD showed many impairments compared with non-exposed veterans, but only long-delay free recall discriminated the PTSD+ group from combat-exposed subjects without PTSD. The relationship between age and CVLT performance did not differ between groups in the veteran study. In this presentation we will compare and contrast these neuropsychological profiles to address which aspects of memory impairment may be specific to the characteristics of the populations being studied and which are more generally related to PTSD, aging and their interaction.

Abstract #1691

Collaborative Police-Mental Health Domestic Violence Intervention

Symposium (child) — Grand Salon 18, 1st Floor

Berkowitz, Steven, MD, Yale University, School of Medicine Child Study Center

Symposium will discuss a law enforcement-mental collaboration intended to increase the psychological and physical safety of children and families after episodes of DV as a prerequisite to further intervention. The pilot research demonstrating that this community, home visiting model has reduced recidivism to police by 50% will be presented.

Pilot Data/Research Directions for a DV Home-Visit Intervention

Stover, Carla, PhD, Yale University School of Medicine Child Study Center

Preliminary pilot data for the CD-CP Domestic Violence Home-Visit Intervention Project indicate that families who have received the police-advocate intervention report significantly less incidents of violence to the police the year following the intervention. The intervention group experienced a 57% reduction in recidivism compared with the control group based on police reports. Satisfaction surveys have been completed by 108 women who received the home-visit intervention via phone interview (27% of home visit sample). Of those interviewed 76.9% were comfortable with the home visit with 94.2% comfortable talking with the officer. 79% of women reported that their children felt safer, and 50% reported that they felt safer following the intervention. 85% said they would call the police again in the event of another violent incident. Based on these data, a larger scale study designed to evaluate the intervention's effect on recidivism, service utilization, women and children's feelings of safety and mental health is being implemented. The study will include direct interviews with victims over the course of a year. Results of pilot data and the status of the larger intervention evaluation will be discussed in terms of their implications for public policy and intervention implementation in other communities.

Police Advocate Home Visit Program to Reduce Repeat Domestic Violence

Berkman, Miriam, JD, MSW, Yale University Medical School, Child Study Center; Redding, Stephanie, New Haven Department of Police Service

It is well documented that intimate partner violence presents substantial risks to women and their children. The Child Development-Community Policing Program (CD-CP), a partnership between the Yale Child Study Center and the New Haven Police Department, has implemented an innovative domestic violence intervention in response to the prevalence of violence and the need for new approaches to intervention. This unique approach combines enhanced law enforcement, safety planning, community based advocacy, psychological screening and support. The intervention is based on the hypothesis that personal contact between community police officers and domestic violence victims can increase immediate safety for battered women and their children, facilitate greater connection to other supportive and therapeutic services, and thus improve the health and well-being of women and children over the course of their development. The specific model of intervention will be discussed, along with case examples provided by police-advocate teams.

Abstract #1568

Impact of Distinct PTSD Symptoms on Psychosocial Risk and Adjustment

Symposium (clin res) — Grand Salon 24, 1st Floor

Krause, Elizabeth, PhD, Georgetown University; Courtois, Christine, PhD, The Center, Posttraumatic Disorders Program, Psychiatric Institute of Washington

This symposium focuses on the relationship between PTSD symptoms, including the separate clusters (hyperarousal, reexperiencing, avoidance, and numbing), and psychosocial outcomes, including social adjustment, adult attachment, problem drinking, and revictimization risk. Retrospective and prospective methods will explore these issues among a variety of trauma populations, including child abuse survivors, victims of intimate partner violence, and peacekeepers.

PTSD and Attachment Organization in Treatment-Seeking Women

Stovall-McClough, Chase, PhD, NYU School of Medicine; Cloitre, Marylene, PhD, NYU School of Medicine

The strongest predictor of parenting behavior and parent-infant attachment quality is a parent's attachment classification derived from the Adult Attachment Interview (AAI). This study examined the association between the diagnosis of childhood abuse-related PTSD in adults and the specific classification of Unresolved Trauma on the AAI. The link between an unresolved attachment classification and PTSD is important because studies demonstrate that adults who are classified as "unresolved" on the AAI are likely to be frightened of and/or frightening to their children and tend to develop disorganized attachment relationships with their infants (van Ijzendoorn et al., 1995). Disorganized attachment in infancy, in turn, predicts behavioral and dissociative disorders in childhood and adolescence. In the first study, we examined rates of unresolved attachment among treatment-seeking women with histories of childhood abuse with PTSD, borderline personality disorder and neither disorder. Data indicate that women with PTSD and BPD can be distinguished from women without trauma-related diagnoses on the basis of their classifications on the AAI. In the second study, we present preliminary data on the change in Unresolved attachment following two cognitive-behavioral treatments for PTSD (skills training versus exposure).

Role of Distinct PTSD Symptoms in Revictimization: A Prospective Study

Krause, Elizabeth, PhD, Georgetown University; Dutton, Mary Ann, PhD, Georgetown University

Evidence for the role of PTSD in the link between trauma exposure and risk for future victimization has been mixed. It may be that certain PTSD symptoms, such as numbing, increase risk for revictimization, while others, such as avoidance, act as protective factors (see Arata, 2002). The current study examined prospectively the differential impact of separate PTSD symptoms (i.e., hyperarousal, reexperiencing, numbing and avoidance) on revictimization among a sample of women exposed to intimate partner violence. Analyses indicated that numbing and arousal symptoms at baseline significantly predicted likelihood of revictimization by the index partner over a one-year period. In contrast, avoidance and intrusive symptoms were unrelated to revictimization. These findings held even when controlling for severity of previous violence exposure and childhood abuse history. Impact of the separate symptoms on future victimization by someone other than the index partner was also examined. While all four symptom constellations increased likelihood of victimization over the year, arousal and numbing evidenced higher likelihood ratios than intrusive and avoidance symptoms. Findings provide conceptual and empirical support for examining the impact of PTSD symptom clusters separately and for separating the avoidance and numbing symptoms of Cluster C. In addition, they suggest that the relationship between PTSD symptoms and future victimization risk may differ depending on the type of perpetrator involved.

The Relationship Between PTSD Subclusters and Functional Impairment

Maguen, Shira, PhD, VA Boston Healthcare System; Litz, Brett, PhD, VA Boston Healthcare System

Peacekeepers deployed to Kosovo (n = 203) were evaluated prospectively, before the mission and at post-deployment, on a number of mental health and functional impact variables. We examined the association between PTSD symptom sub-clusters and three indicators of functional impairment using hierarchical regression analyses, controlling for PTSD symptoms before the mission and history of prior trauma. In the first model (R-

squared = .31), emotional numbing (EN) and hyperarousal symptoms uniquely predicted a conglomerate of functional impact outcomes (e.g., employment, family relationships, social functioning). In the second model (R-squared = .31), EN was the only significant predictor of aggressive behavior problems. In the third model (R-squared = .30), re-experiencing symptoms were the only significant predictor of alcohol abuse problems. Overall, EN was the most consistent predictor of functional impact. This suggests that difficulties experiencing and expressing emotion are implicated in the development of behavior problems after exposure to stress. Treatment implications will be discussed.

The Burdens of Daily Living Among the Chronically Traumatized

Cloitre, Marylene, PhD, Institute for Trauma and Stress, NYU Child Study Center; Stovall-McClough, Chase, PhD, Institute for Trauma and Stress, NYU Child Study Center

Patients with a history of chronic trauma often come to treatment to resolve problems in day-to-day living such as dissatisfaction in personal relationships and difficulty maintaining employment. While reports of PTSD symptomatology appear ubiquitous, patients do not always seem to identify these symptoms as critical to the impaired functioning that drives them into treatment. This study sought to determine the relative contribution of emotion regulation and interpersonal problems compared to PTSD symptoms in predicting functional impairment among women with childhood abuse and multiple trauma histories. In a sample of 164 treatment-seeking women, severity of PTSD symptoms was a significant predictor of functional impairment accounting for 15% of the variance. After controlling for the effects of PTSD symptomatology, emotion regulation and interpersonal problems were both significant predictors and together made contributions to functional impairment equal to that of PTSD symptoms (21%). These data suggest that treatments intent on optimizing daily life functioning, may wish to consider directing attention to disturbances in emotion modulation and interpersonal relatedness.

Abstract #1543

The Impacts of Gender on Trauma and Recovery Experiences

Symposium (culture) — Rosedown, 3rd Floor

Quina, Kathryn, PhD, University of Rhode Island; Brown, Laura, PhD, Argosy University Seattle

Community-based empirical studies illuminate the impact of gender on the experience of trauma. Findings are that traumas experienced by women are more likely to include betrayals by someone close, and recovery is made more difficult by other's reactions of blame, stigma, and disbelief.

Social Reactions and PTSD Symptoms in Adult Female Rape Victims

Ullman, Sarah, PhD, University of Illinois at Chicago; Filipas, Henrietta, MA, University of Illinois at Chicago; Townsend, Stephanie, MA, University of Illinois at Chicago; Starzynski, Laura, MA, University of Illinois at Chicago

This presentation tests several path analytic models of the relationships of social reactions to PTSD symptom severity in a diverse, cross-sectional sample of approximately 700 adult female rape survivors who previously had disclosed sexual assault. Multivariate analyses are used to test a contextual model of rape recovery with data from women completing a mail survey recruited from the community, college campus, and mental health agency clients. Both negative and positive social reactions received by survivors disclosing their assaults to others were assessed with a standardized measure, the Social Reactions Questionnaire (Ullman, 2000). Other standardized measures were used to assess other mediating variables of coping strategies, attributions of blame and perceptions of control related to the assault. As hypothesized, negative social reactions of blame, stigma, and disbelief have both direct and indirect associations with PTSD symptom severity. Part of the association of negative reactions with PTSD symptoms is mediated by the degree of avoidance coping, self-blame, and perceived control. Models adjust for women's histories of stressful and traumatic life events and demographic characteristics. Implications for clinical work with survivors and interventions with social network members are highlighted.

Gender Differences in Exposure to Betrayal Trauma

Freyd, Jennifer, PhD, University of Oregon; Goldberg, Lewis, PhD, Oregon Research Institute

A new survey of potentially disturbing kinds of events was administered to a large community sample on two occasions separated by a three-year interval. In contrast to previous surveys, this one included separate items for events that involve mistreatment by someone close, mistreatment by someone not so close, and non-interpersonal events. For both kinds of interpersonal events, separate items focused on physical, sexual and emotional types of potential abuse. For each event, respondents indicated separately the extent of their exposure prior to and after age 18. Substantial differences between men and women were found for many of the reported events on both occasions. These large gender differences relate to the amount of betrayal inherent in the event: men report more traumas with lower betrayal (e.g., assault by someone not close to the boy or man) and women report more trauma with higher betrayal (e.g., assault by someone close to the girl or woman). We were able to rule out at least one response bias explanation for our results (that men and women interpreted the word "close" differently). We discuss the implications of these large gender differences in self-reported exposure to betrayal trauma versus other traumas.

Abstract #1904

Response to Disaster: New Research, Ageless Wisdom, and Efficacy

Symposium (disaster) — Hilton Exhibition Center C, 2nd Floor

Gist, Richard, PhD, University of Missouri-Kansas City and Kansas City, Missouri Fire Department

Much contemporary disaster response has been grounded in assumptions that, while widely accepted, haven't always reflected systematic empirical study of how normal persons and their communities seek resolution. Established researchers in this arena pool viewpoints to show how blending sound research and ageless wisdom may lead toward more efficacious strategies.

Bursting into Action: Immediate Responses in Disaster Aftermath

Kaniasty, Krys, PhD, Indiana University of Pennsylvania and Opole University (Poland)

It has long been accepted that threats and losses elicit strong and rapid physiological, emotional and social responses. Individual and public responses to natural disasters are excellent examples of an alarm reaction and mobilization of resources. When faced with the wrath of a natural disaster, there is neither need nor time to debate the brutal nature of the stressor and thus the appraisal is swift and clear. The victims "burst into action" as they find themselves in the middle of rescue and recovery efforts, often times in the leading roles with no time for their fears and the horror to render them inapt. These are times of fight not flight, and mass panic, chaotic disorganization or paralyzing stupor are not frequently reported following natural disasters. Disaster victims do not exhibit irrational and self-destructive behavior nor do they become helpless and dependent. While some are killed or injured, most victims are not. They become resources. The victims quickly regain a collective sense of determination and hurriedly plunge into action to save and help each another. If they physically can, the victims are doers—in the aftermath of a hurricane, flood or earthquake, there is no room for bystanders.

Resilience vs. Recovery: The Flexibility Factor

Bonanno, George, PhD, Teachers' College, Columbia University

This presentation reviews a range of empirical data regarding response to loss and trauma that suggest that (a) resilience represents a distinct trajectory in trauma reactivity, and differs in material ways from various concepts of "recovery"; (b) resilience is in fact the modal trajectory, even when exposure is to violent or life-threatening events; and (c) paths to resilience are multiple and sometimes counterintuitive. Data will also be presented which suggest that successful adaptation may depend more on the capacity to flexibly enhance or suppress emotional expression in accord with situational demands than on any choice between such predilections. These data may help to shed light on reported inefficacies and paradoxical impacts respecting several widely utilized approaches to victims of disaster, loss, and trauma, and may argue as well toward a broader conceptualization of stress responding. Potential implications for refinement of both methods and objectives in offering aid will also be considered.

A Nationwide Longitudinal Study of Response to the 9/11 Attacks

Silver, Roxane, PhD, University of California, Irvine; Holman, E. Alison, FNP, PhD, University of California, Irvine; McIntosh, Daniel, PhD, University of Denver; Poulin, Michael, University of California, Irvine; Gil-Rivas, Virginia, PhD, University of North Carolina, Charlotte; Pizarro, Judith, MA, University of California, Irvine

Since September 11, 2001, we have conducted a longitudinal investigation of emotional, cognitive, and social responses to the terrorist attacks across the U.S. Data have been collected on a national probability sample of adults

six times: at 2 weeks, and at 2, 6, 12, 18 and 24 months post-9/11. We also oversampled from each of four cities that have experienced community-based trauma (New York, New York, Oklahoma City, Oklahoma, Littleton, Colorado, and Miami, Florida). Pre-September 11 mental and physical health histories and health care utilization data are available on most of our respondents, and follow-up health data were collected at one and two years post-9/11. This presentation will report the national mental and physical health consequences of the 9/11 attacks, the time course of these effects, and will discuss the predictors of traumatic stress symptoms, distress, positive affect and well-being over time. Several myths of adjustment to trauma will also be considered, including the assumption that direct exposure was a necessary precondition for high levels of acute and posttraumatic stress symptoms, and that acute and posttraumatic stress symptomatology was proportional to the degree of exposure, amount of loss or proximity to trauma (i.e., as "objective" trauma increased, so did distress).

Integrating Research and Practice to Foster Community Resilience

Gist, Richard, PhD, University of Missouri-Kansas City and Kansas City, Missouri Fire Department; Jackson, Christina, University of Missouri-Kansas City; Song, Justin, University of Missouri-Kansas City

Empirical studies of the efficacy of currently utilized interventions—particularly those commonly applied as prophylaxes following disaster—have raised serious questions regarding the assumptions from which many disaster response protocols have been constructed. Careful reconsideration of such basic elements as client relationships, intervention objectives, role and scope for those offering assistance, and outcome specification and measurement can often suggest approaches that prove both more reflective of established help-seeking patterns and more conducive to the enhancement of resilient response. This presentation reviews these fundamental issues and provides a range of exemplars and illustrations covering both daily emergencies that face every community and crises that would challenge any community on the basis of magnitude, nature, or demand. Systematic approaches to consistent and effective response in the routine are argued to provide the foundation for adaptive and efficient response to the catastrophic, while careful assessment of a range of empirical findings is demonstrated to be essential in ensuring that our efforts are able to realize our intentions.

Abstract #1589

Trauma Journalism and ISTSS: Recent History; Near-Term Future

Symposium (train) — Hilton Exhibition Center A, 2nd Floor

Ochberg, Frank, MD, The Dart Center; Figley, Charles, PhD, Greencross

A relatively new field, trauma journalism, is coming of age. Whether embedded in companies of combatants or freelancing in uncharted danger zones, reporters and photographers are defining their roles in new ways, acknowledging emotional as well as physical risk. Moreover, they are learning the language of trauma science and seeking stories of survivors. The movement to advance and support trauma journalism deserves understanding within ISTSS. Without a media that "gets the message" there is no public appreciation of the emotional impact of crime, war and cruelty. And within ISTSS there a growing connection to those leaders in journalism who have become kindred spirits. This symposium will explore the autobiographical reflection of the leaders of trauma journalism in America, the United Kingdom and Australia. It will present a forum for analysis and comparison of strategies to advance coverage of trauma themes in these three nations. Discussion will be led by the field director of the Dart Center and the founding president of ISTSS.

Dismantling the Trauma Taboos: A Journalist Turns Therapist and Trainer

Brayne, Mark, UKCP, Dart Centre Europe

Mark Brayne served as foreign correspondent for Reuters and the BBC through 20 critical years of late communism, working from Moscow, East and West Berlin, from Central Europe and China, and witnessing among other stories the rise of political dissent in the Soviet Union, the uprising in China and overthrow of Ceausescu in Romania. He saw violence both explicit and structural and learned first-hand the exhilaration and rewards—and also the distress, confusion and relationship breakdowns—of the journalistic frontline. Returned to England, Brayne retrained through the 1990s as a transpersonal psychotherapist. Leaving daily journalism, he campaigned within the BBC and British journalism for a new and pioneering programme of trauma training and support. That programme is now well established, with important support from the Dart Centre, and Mark Brayne will talk both personally and professionally at the symposium about what he has learned on his own and the BBC's journey toward a new understanding of trauma and how it is experienced and reported by the news profession. He will also outline the work of the Dart Centre's still new programmes in Europe to raise journalistic awareness of trauma, and Dart Europe's close cooperation with the European Society for Traumatic Stress Studies.

Trauma in the Tropic of Capricorn: Reporting War and Catastrophe

Hippocrates, Cratis, PhD, Dart Center Australia; McMahon, Cait, MA, Dart Center Australia

Dr. Hippocrates will describe being a young journalist working in Papua, New Guinea, and seeing people hacked to death in front of his eyes and the impact of that as a formative experience; how that influenced him when editing newspapers years later, assigning young journalists to cover murders; how the marriage of psychology and journalism in Australia came through his collaboration with Professor Gary Embelton and later with Cait McMahon; how the first anecdotal evidence of journalists suffering from PTSD symptoms came to both Hippocrates and McMahon; how journalism as a profession did not deal with it; how they eventually were able to prepare war correspondents in self-care issues prior to going onto the frontlines; how this led to innovative programs in peer support at The Age, The Sydney Morning Herald and other leading newspapers in Australia; and how this activity currently brings journalists, educators and therapists together as Dart Center Australia.

Journalism and Trauma: A Long Overdue Conjunction

Simpson, Roger, PhD, University of Washington; Newman, Elana, PhD, University of Tulsa, Department of Psychology

Good reporting on violence and its social and personal effects depends on journalists trained in covering victims and prepared with a vocabulary on trauma. This need is being served in journalism schools, as they respond to obligations to prepare students for covering violence; in an award that honors outstanding reporting on victims of traumatic violence; in training programs in newsrooms; and in new, fruitful relationships with major media companies, professional journalism organizations, and individual journalism leaders. This talk will show how the Center gained its present global reach in its first five years and describe the challenges we face. The perspective is that of a former journalist who moved to trauma education after a critical examination of the ethics of news reporting. I will examine the dynamics of a millennial awakening to the matter of traumatic injury in an industry that thrives on covering trauma-inducing events.

Abstract #1595

Mental Health of War-Affected Youth Within Four Cultural Groups

Symposium (war) — Grand Ballroom A–B, 1st Floor

Ellis, B. Heidi, PhD, Boston University Medical Center/Boston Medical Center

Little is known about the effects of war on children's mental health, and how these effects differ from one culture to another. Studies examining mental health, risk and protective factors for war-affected youth from four different cultures will be presented. Cultural groups include Somali adolescents refugees in the US, Bosnian adolescents within Bosnia, Sudanese unaccompanied minors in the US, and Kunama refugee children and families in Ethiopia. Each presentation will provide empirical data on the mental health of one cultural group, and examine various risk and protective factors in relation to the development of mental health symptoms.

Mental Health of Somali Adolescent Refugees: Risks and Resiliencies

Ellis, B. Heidi, PhD, Boston University Medical Center/Boston Medical Center

This paper will describe preliminary results of an ongoing NIMH-funded study examining mental health of Somali refugee adolescents. Participants are Somali adolescents age 12-19, living in Boston. Descriptive information will be presented on the rates of depression and PTSD within this community sample, as well as correlations and multiple regressions examining risk and protective factors. Risk factors include trauma exposure and post-resettlement stressors and discrimination. Protective factors include social support and cultural identity. Preliminary results (n = 7) show high rates of both PTSD and depression, with 43% scoring "likely full PTSD" using the UCLA-PTSD Reaction Index and 29% scoring above the cutoff for major depression on the Depression Self Rating Scale. All adolescents endorsed experiencing traumatic events using a modified version of the War Trauma Screening Scale, with a mean of 10 traumas per adolescent. PTSD and

depression severity scores are highly correlated with number of traumas experienced, r =.76 (p<.05) and r =.91 (p<.01) respectively. Using a Behavioral Acculturation scale, greater participation in US culture was associated with less PTSD and depressive symptomatology, r = -.75 (p = .05) and r = -.82 (p<.05) respectively. Discussion will focus on the role of post-resettlement factors in mental health and resilience.

Child and Caregiver Mental Health in Eritrean Kunama Refugees

Betancourt, Theresa, ScD, MA, Boston University Medical Center/Boston Medical Center

The primary objective of this study was to explore the relationship between caregiver and child mental health in Eritrean Kunama refugees living in a displacement camp following the Ethiopia-Eritrea conflict in 2001. The data were collected in two waves (2001 and 2002). The sample included 250 children and adolescents age 11-18 years (168 Eritrean Kunama refugees and 82 Ethiopian Kunama non-refugees as a comparison group) and 240 caregivers (158 refugees and 82 non-refugee caregivers in the comparison group). The child data contained measures of basic demographics, information on family separations and other stressors, daily activities of youth, and a self-report measure of emotional and behavioral functioning (The Achenbach Youth Self Report). Caregiver data included parent reports of child/adolescent emotional and behavioral functioning (The Child Behavior Checklist) as well as additional information on caregiver mental health functioning (Hopkins Symptom Checklist, SF-25) and a number of demographic factors. Important relationships were observed between child and caregiver mental health. The programmatic and policy implications of these findings will be discussed.

Mental and Physical Health in Sudanese Unaccompanied Minors

Grant-Knight, Wanda, PhD, The Rehabilitation Institute of Chicago; Geltman, Paul, MD, Boston University School of Medicine

This presentation will investigate the relation between traumatic events and resettlement adjustment issues on mental and physical health symptoms in a sample of unaccompanied Sudanese adolescents recently relocated to the United States. Many of these youth experienced significant traumatic events in their flight from their war-torn country. Many also experienced difficult adjustment issues in their resettlement in the United States. This presentation will examine how these factors, as well as level of social support received before and after resettlement, affected the youths' report of their posttraumatic symptoms and general health status. This presentation also will examine the influence of youths' coping styles on their symptomatology and adaptation.

Risk and Resilience in Bosnian Adolescents

Benson, Molly, PhD, Boston Medical Center/Boston University School of Medicine; Layne, Christopher, PhD, Brigham Young University

This prospective study examines mental health symptoms in a sample of Bosnian adolescents (n = 555) living in post-war Sarajevo. Posttraumatic stress, internalizing, and externalizing symptoms are examined in relationship to variables contributing to risk and resilience in this population. Rates of internalizing and externalizing symptoms are strongly related to PTSD, but less elevated than PTSD symptoms. Path analyses suggest a role for post-war reminders and family stressors, as well as specific types of coping responses in mediating the relationship between war trauma and symptom outcomes. This relationship will be further explored through prospective analyses over a six-month period. Specific areas of risk related to gender and identified post-war stressors will be discussed. Similarly, pathways to resilience related to responses to stress will be identified. Discussion will include the implications for intervention and promotion of resilience in child survivors of armed conflict living in post-war societies.

Abstract #1735

Implementation of Motivation Enhancement in Treatment of War Trauma

Symposium (war) **Versailles Ballroom, 3rd Floor**

Murphy, Ronald, PhD, Dillard University

The treatment of combat-related PTSD is frequently compromised by veterans' perceptions that some of their targeted symptoms are adaptive methods for ensuring their emotional and physical safety. The presentations in this symposium describe three different approaches to using ME to increase PTSD treatment effectiveness and early findings on patient response to these methods.

Motivational Enhancement (ME) in an Inpatient PTSD Program

Bennett, Bruce, MHS, PA-C, Northampton Department of Veterans Affairs Medical Center

The Specialized Inpatient Posttraumatic Stress Disorder Unit (SIPU) at the Northampton (Massachusetts) VA Medical Center is unusual yet, paradoxically, a representative "real-world" treatment setting: (a) 22+ year longevity as a "24/7" trauma treatment facility, 25 beds, one of only four SIPUs remaining in the VA system; (b) median "on-unit" longevity of our clinical staff—17 years; (c) strict severity-of-illness criteria; (d) extremely high intensity-of-service; (e) strong "sanctuary/family" milieu; (f) "bottom-up" structure, with decisions by consensus; (g) "home-grown" evolutionary approach to trauma treatment, informed most by direct clinical observations and feedback from veterans and their families. The primary impediments to recovery, we find, are burdens of childhood trauma. We had never used manualized PTSD therapies prior to adopting Motivational Enhancement (ME). ME directly addresses our treatment failure dilemmas, and it promises our complex PTSD clients a powerful and attractive tool for self-improvement through a fresh look at one's own life experience. We began ME in February 2004 as a six-session course during the first three weeks of each six-week program cycle. Our first eight months of experience will be reviewed and discussed.

PTSD Growth Group: ME to Activate Social Re-Engagement

Powch, Irene, PhD, Portland Veterans Affairs Medical Center; Huwe, Jennifer, PsyD, Portland Veterans Affairs Medical Center

Veterans who complete PTSD group treatment programs designed to promote symptom management typically remain socially isolated and fail to establish meaningful relationships outside the treatment setting. The PTSD Growth Group, based on the Stages of Change, Motivational Enhancement approaches, and Snyder's Agency and Pathways model of Hope, is a group intervention designed to encourage veterans' advancement from the Contemplation to the Action stage with respect to social re-engagement. The objective of this group, in addition to assisting veterans in their abilities to recognize a problem and accept a course of action as the best solution to that problem, is to facilitate additional steps necessary to move from contemplation to action: (1) the proposed course of action (action plan) must be perceived as a realistic pathway for the individual contemplating the action; (2) perceived obstacles must be identified and addressed; and (3) motivation enhancing feedback must be available after each small step in the action plan is taken. The presenters will briefly describe key interventions and present early outcome findings in the form of videotaped segments from therapy sessions and a posttreatment reunion, pre-post treatment measures of quality of life, and monthly changes in a PTSD Growth Group Action Checklist.

The PTSD ME Group in a Randomized Trial

Murphy, Ronald, PhD, Dillard University; Thompson, Karin, PhD, New Orleans VA Medical Center and Tulane University School of Medicine; Rainey, Quaneecia, Dillard University; Murray, Marsheena, Dillard University

Recent findings indicate that veterans in PTSD treatment are frequently unaware of or ambivalent about the need to change significant PTSD symptoms and related problems. The PTSD Motivation Enhancement (PME) Group, based on the Stages of Change and Motivational Interviewing approaches, is a brief intervention designed to increase awareness of the need to change PTSD-related problems. The rationale for the group is that increased problem recognition will lead to better treatment adherence and post-treatment functioning because patients will perceive treatment as more relevant to them. This presentation describes an ongoing VA-funded randomized control trial of the PME Group integrated into a VA outpatient PTSD program. The presenters will briefly review: 1) structure of the PTSD ME Group, now in a four-session module; 2) modifications made to the group that aim to increase its effectiveness (e.g., addressing responsibility-taking for problem resolution; and 3) early findings (n = 40) that treatment and controls significantly differ in perception of treatment relevance and attitudes toward responsibility-taking.

Concurrent Sessions – 2

Abstract #1885

Two Short-Term Group Treatment Models for War Trauma Survivors

Workshop (practice) **Grand Salon 22, 1st Floor**

Akinsulure-Smith, Adeyinka, PhD, Bellevue/NYU Program for Survivors of Torture; Porterfield, Katherine, PhD, Bellevue/NYU Program for Survivors of Torture

This workshop will describe two short-term group treatment models for use with individuals traumatized by war. The presenters will provide the rationale for the use of group intervention with those traumatized by war violence. The first group model focuses on refugees and asylum seekers retraumatized by the 9/11 terrorist attacks in New York City. This clinical intervention provides a format that can be used with survivors of previous trauma in the event of further traumatization. The second group focuses on cognitive-behavioral techniques for addressing PTSD and depression in war and torture survivors. Specific clinical techniques/activities that each group leader utilized (e.g., visualization, psychoeducation, breathing retraining, writing exercises, progressive relaxation) will be presented, as well as specific clinical considerations when applying these techniques to war trauma survivors.

Abstract #1979

Computer-Aided CBT Clinics for Anxiety and Depression: PTSD Applications

Workshop (practice) **Grand Salon 16, 1st Floor**

Stuhlmiller, Cynthia, PhD, Flinders University, Adelaide, Australia; Stuhlmiller, Cynthia, doctorate, Flinders University, Adelaide Australia; Tolchard, Barry, MS, University of Essex UK

The aim of this presentation is to introduce computer-aided CBT as a clinician extender for treatment of the PTSD symptoms of fear, anxiety, and depression. Live demonstration of varying computerized programs and their applications for adult populations will be offered to participants. Research studies that compare computer-aided therapy against other CBT modalities according to clinical efficacy, clinical outcomes, client preference, treatment availability and accessibility, and cost effectiveness will be discussed. The presentation will conclude with an opportunity for participants to debate the relative merits and shortcomings of computerized treatment approaches.

Abstract #1776

Psychosocial Skill Preparedness for National Guard and State Police

Workshop (disaster) **Grand Salon 21, 1st Floor**

Osofsky, Howard, MD, LSU Health Sciences Center; Norwood, Ann, MD, Department of Health and Human Services; McMorris, Mickey, Louisiana State Police; Dabadie, Stephen, Louisiana National Guard; Morse, Edward, PhD, Tulane University

With a grant from the Bureau of Justice Assistance, LSUHSC Department of Psychiatry, Louisiana National Guard and Louisiana State Police are developing training models to enhance postterrorist incident psychosocial skill preparedness. Components to be presented in the workshop include: expected and acceptable coping mechanisms in a crisis situation; what to say when you don't know the answers; how to keep your own family safe; family worries during a dangerous incident—how to communicate and deal with them effectively; how to connect families with a caring system of support; how to effectively communicate with children of different ages and give adolescents appropriate responsibilities; individual community reactions that are abnormal and require referral or consultation; what to do when you can't get help; how to prevent or handle your own reactions; and how to prevent or deal with family problems. From our experience, participants can be expected to feel relief in having issues of concern raised in the workshop. Some may be reminded of experiences they may have had and the panelist will be sensitive to discuss their occurrence among state police and National Guard. The panelists will also be prepared to answer questions of concern, and provide appropriate sources of referral.

Abstract #1494

The Effects of the Perpetration of Atrocities on Those Who Commit Them

Case Presentations (practice) **Hilton Exhibition Center B, 2nd Floor**

Fisher, Lisa, PhD, VA Boston Healthcare System-National Center for PTSD; Munroe, James, PhD, VA Boston Healthcare System; Steven, Quinn, PhD, VA Boston Healthcare System-National Center for PTSD; Salois, Phillip, MS, B, VA Boston Healthcare System

The effect of committing atrocities is profound and far-reaching. Clearly the victims of atrocities, their families and communities carry these effects. So too do the perpetrators, their families and communities. It is hard for us all to acknowledge the potential for atrocities inside ourselves and therefore to treat it in our clients. The three case studies presented will examine the role of atrocities in the lives perpetrators and that of their families. The cases are presented by three experienced trauma clinicians. They explore the effects of perpetrating atrocities on the lives of war veterans. The cases examine various elements of the perpetration of atrocities from commission to sanctions. They explore the spiraling effects of the atrocities on the perpetrator, their families and the communities in which they live as well as on the therapists who treat them. The types of treatments the perpetrators received and outcomes associated with them are discussed. In addition, the discussant will address the far-reaching spiritual impact that the commission of atrocities engenders. Attending clinician participation is encouraged.

Media Presentations/Concurrent Sessions – 3

Media Presentations
Sunday, November 14
5:30 p.m. – 7:00 p.m.

Each media presentation will be shown both Sunday and Monday evening starting at 5:30 p.m., running concurrently in four different rooms. Presentations vary in length and may not last the full 1.5 hours. These sessions do not offer CE or CME credit.

Abstract #1834

Between Heaven and Earth

Media — **Grand Ballroom A–B, 1st Floor**

Dubrow, Nancy, PhD, Taylor Institute

"Between Heaven and Earth" is a 2003 production of the Palestine Red Crescent Society (PRCS). It documents the physical and psychological trauma experienced by individual members of the PRCS Emergency Medical Teams (EMTS) in the course of assisting injured people during the current conflict in the West Bank and Gaza. Interviews with the injured personnel and their family members offer an inside look into the trauma of these humanitarian workers—humanitarian workers who should be afforded all protection under international conventions and agreements. In fact, the film documents how the EMTs work under siege on a daily basis.

Abstract #1506

Should I Cry?

Media — **Hilton Exhibition Center A, 2nd Floor**

De Jong, Kaz, MA, Psy, Doctors Without Borders, Medecins Sans Frontieres (MSF); Wester Keegstra, Moniek, Film Director

After 10 years of civil war, a large part of the population of Sierra Leone is suffering from stress and psychological trauma. MSF-Holland (the Holland section of the organization) has started a mental health program to support people in their process of coping with past and present experiences. This video shows a variety of MSF counseling activities to help people regain control of their lives. Both victims and perpetrators share their problems and suffering.

Abstract #1889

Survival from Domestic Violence: Stories of Hope and Healing

Media — **Hilton Exhibition Center B, 2nd Floor**

Panos, Angelea, PhD, Gift from Within

This film presents stories of women who transformed their lives after living through domestic violence. The steps they took to create safety, build a support system and find independence are described. Through their first-hand accounts they give other victims hope that healing and recovery is possible.

Abstract #1728

Survivor Stories: Journeys of the Continuum of Care

Media — **Hilton Exhibition Center C, 2nd Floor**

Munroe, James, EdD, Boston VA Outpatient Clinic

This documentary was created to provide a voice for survivors of trauma to describe their experience to professionals who respond to them. It presents five first-person accounts to illustrate the survivor's experience from the initial impact of trauma through the journey of healing and recovery. The survivors who are interviewed suffered a variety of traumas including workplace violence, domestic violence, street violence and terrorism. They speak from perspectives of a few, to many years after their initial trauma. Along the path to healing and recovery, victims enter into a series of relationships with a variety of caregivers and service providers. The survivors speak of their good and bad experiences with media personnel, EMS members, firefighters, police officers, clergy, mental health workers, hospital personnel and the criminal justice system. The film offers a unique opportunity to hear from a survivor's perspective what works and what doesn't, what has meaning and what causes additional trauma. Discussion of the 35-minute film will include the content and significance of the survivor stories and also the process of creating the documentary so that it would become part of their healing process rather than a re-traumatization.

Concurrent Sessions – 3
Monday, November 15
8:30 a.m. – 9:45 a.m.

Abstract #1511

Early Intervention Special Interest Group Panel Discussion

Panel (clin res) — **Hilton Exhibition Center C, 2nd Floor**

Zatzick, Douglas, MD, University of Washington School of Medicine; Bryant, Richard, PhD, University of New South Wales, School of Psychology; Foa, Edna, PhD, University of Pennsylvania; Litz, Brett, PhD, National Center for PTSD, Behavioral Science Division; Pitman, Roger, MD, Harvard University; Ruzek, Josef, PhD, National Center for PTSD; Shalev, Arieh, MD, Hadassah University Hospital

The intent of this panel discussion is to facilitate interchange between frontline clinicians, investigators, and educators involved in the delivery of early interventions. All attendees are invited to participate in the discussion and ask questions that relate to early intervention practice, research, and dissemination. A panel of experts in early intervention research and education will be available to answer questions and provide commentary. The group discussion will necessarily emphasize a broader dialogue across early intervention topics of interest rather than extensive presentations or discussion of a single issue. This format and focus grows out of previous discussions in the International Society of Traumatic Stress Studies Early Intervention Special Interest Group that have encouraged greater interchange between group members from diverse clinical and academic backgrounds.

Abstract #2037

The Trauma of Terrorism: Sharing Knowledge and Shared Care

Panel (commun) — **Grand Ballroom B, 1st Floor**

Featured

Brom, Danny, PhD, Israel Center for the Treatment of Psychotrauma, Herzog Hospital; Raphael, Beverley, PhD, Centre for Mental Health, New South Wales Health Department, Sydney, Australia; Cairns, Ed, PhD, School of Psychology, University of Ulster, Coleraine, Northern Ireland; Levanon, Talia, MSW, Israel Center for the Treatment of Psychotrauma, Herzog Hospital, Jerusalem; Oren, Elisheva, MSW, UJA-Federation of New York, Israel Office, Jerusalem, Israel

Much is known about the psychosocial consequences of terrorism. Terrorism does not only affect the direct victims, but actually affects the whole population. The organization of services to counteract the deleterious consequences of terrorism requires an integrative view, based on knowledge of the fields of traumatic stress, social service delivery and interorganizational collaboration. In this panel both the consequences of terrorism and the delivery of a wide range of services will be discussed. We can discern three axes in the organization of services. Through the time dimension we can fit services to the changing consequences. The level of exposure of the target population for services determines the nature of the extended help. A third dimension is the aim of the intervention, which ranges from social outreach through well-being to mental health. In this panel experts from three parts of the world will discuss the organization of post-terrorism services. Colleagues from Australia, Ireland and Israel will present their respective service delivery systems for postviolence interventions.

Abstract #1558

Designing Prospective Studies in PTSD: Promises and Pitfalls

Symposium (assess) — **Melrose, 3rd Floor**

Vermetten, Eric, MD, PhD, Central Military Hospital/University Medical Center; Schnurr, Paula, PhD, National Center for PTSD and Dartmouth Medical School

Several populations are at risk for PTSD. In order to solve critical issues in PTSD prospective studies in these populations are essential. This symposium provides an overview of several prospective studies. These studies may gain insight in premorbid factors with predictive value when exposed to trauma.

Stress, Trauma, and Recovery: Early Stage Studies

Lanius, Ruth, MD, PhD, University of Western Ontario and Robarts Research Institute; Coupland, Nicholas, MD, University of Alberta; Hegadoren, Kathy, PhD, University of Alberta; Neufeld, Richard, PhD, University of Western Ontario; Rowe, Brian, MD, University of Alberta; Menon, Ravi, PhD, Robarts Research Institute

Research into posttraumatic stress disorder (PTSD) has identified multiple biological alterations: in autonomic and startle responses to trauma cues, in stress hormone regulation, in neurotransmitter systems and in neural responses to traumatic, emotional, cognitive and conditioned cues. However, research findings to date have tended to use a sample of subjects who are highly selected chronic patients, thus limiting the applicability of the results to the population of PTSD sufferers as a whole. The prospective research project discussed in this abstract will allow the correlation of psychological, neuroimaging and hormone measurement data, providing a greater understanding of the interrelationships of these factors in the development of PTSD, and of the way in which these factors affect an individual's risk of developing PTSD following exposure to a motor vehicle crash or workplace accident. We will use a script-driven imagery symptom provocation paradigm and measure the clinical, neurophysiological and hormonal responses of subjects to recall of their traumatic memory. Subjects will be tested at regular intervals posttrauma. This approach will provide insight into the changes that occur over time with recovery from trauma or development of PTSD and will contribute toward the development of a model of the etiology of PTSD.

Prospective Studies in Military Personnel; Predeployment Assessment

Vermetten, Eric, MD, PhD, Central Military Hospital/University Medical Center; de Kloet, Carien, MD, Central Military Hospital, Utrecht; Mertens, Joost, MD, Central Military Hospital, Utrecht; Unck, Ferdi, MD, Central Military Hospital, Utrecht

The promise of a prospective study lies in the fact that it tries to predict the occurrence of a specific disease or disorder. High risk groups for trauma are good study targets since they have increased probability for development of PTSD. The groups can be either selected by natural occurrence (motor vehicle accidents) or self-selected because of their profession (train drivers, military personnel, policemen). The groups are homogenous and the trauma well defined. One of the pitfalls however is that large groups are needed. In addition, groups need to be followed up for a long time because the disorder may have variable onset. A prospective study also needs to balance the burden on the participant with the benefit, and be targeted to parameters that are specific for the disorder. Once subject characteristics are defined, preventive measures can be considered. We designed a study to assess biological en psychological parameters in military personnel prior to deployment. We assess biological markers along the HPA-axis, and neuroimmunological parameters at baseline, and cortisol after 0.5 mg DST. We discuss whether combining psychometric data with these biological markers may provide a set of markers with predictive value if exposed to trauma.

Heart Rate Levels Following Trauma and Subsequent PTSD

Shalev, Arieh, MD, Hadassah University Hospital, Jerusalem, Israel; Freedman, Sara, MSc, Hadassah UniversityHadassah University Hospital, Jerusalem, Israel; Tuval, Rivka, PhD, Hadassah University Hospital, Jerusalem, Israel; Brandes, Dalia, PhD, Hadassah University Hospital, Jerusalem, Israel; Bargai, Neta, PhD, Hadassah University Hospital, Jerusalem, Israel

Drawing from several years of prospective studies, this presentation will demonstrate circumstance in which HR is predictive of PTSD and others where it did not predict PTSD. Most important, the underlying physiology of elevated HR deserves further work, such as looking into the involvement of sympathetic—versus vagal modulation of HR. Several studies now concur to show that PTSD is associated with elevated heart rate (HR) response to the traumatic event, while others have failed to replicate this finding. As any single dimension, recorded under very noisy circumstances, the replication of such finding, in different studies is quite surprising. Indeed, specific circumstances of the traumatic event (e.g., injury) and subsequent rescue (e.g., medication), as well as other confounds (e.g., noisy, bustling ER; secondary stress during the early aftermath of the event), may affect HR response. Thus, the finding of elevated HE on this background, might indeed attest to the robustness of the finding.

Predictors for PTSD in Train Drivers with Person Under Train Incidents

Schmahl, Christian, MD, Department of Psychosomatic Medicine, Central Institute of Mental Health; Steil, Regina, PhD, Department of Psychosomatic Medicine, Central Institute of Mental Health, Mannheim

Predictors of PTSD known from retrospective studies seem to have poor predictive value for the development of the disorder in prospective studies. In contrast, biological variables (lower cortisol, elevated heart rate) in the acute peritraumatic phase were shown to more accurately predict PTSD. The purpose of this study is to identify predictive psychological and biological risk factors for PTSD present at the time before exposure to traumatic stress in a high-risk civilian population of train drivers. About 3.3% of train drivers in Germany experience "person under train" (PUT) incidents (suicides, attempted suicides, accidents) each year. We will include 8,000 train drivers, approximately 260 of which will experience a PUT incident each year. These individuals will be reassessed as early as possible after the PUT events by self-report questionnaires, cortisol diurnal rhythms and heart rate. Of these, approximately 50 will develop PTSD each subsequent year. All survivors of PUT incidents will be reassessed 3 and 12 months posttrauma. We hypothesize the following psychological variables to predict later development of PTSD: (a) pretraumatic personality factors (elevated neuroticism, low self efficacy), b) elevated pretraumatic dissociation, c) elevated pretraumatic ruminative style). The following psychobiological variables are hypothesized to predict PTSD: (a) decreased basal cortisol levels, and (b) elevated pretraumatic heart rate.

Abstract #1692

The Impact of Highly Stressful Events on Accuracy of Human Memory

Symposium (assess) **Oak Alley, 3rd Floor**

Morgan, Charles III, MD, Yale University

Over the past decade, a large number of studies have examined and reported on memory in individuals exposed to traumatic stress. This session will address the effect of realistic, highly intense stress on several aspects of human memory in healthy military personnel. The presentations in this session will address accuracy of human eyewitness memory, auditory memory, and memory for objects or events directly related to personally relevant stress. Taken together, the results of these studies indicate that high levels of realistic, personally relevant stress reduce accuracy of memory in healthy subjects and that such reductions are unrelated to confidence measures. A more accurate understanding of the limits of human memory for highly stressful events is critical to clinical and forensic psychiatric work and may assist psychiatrists in making more appropriate clinical and forensic judgments where issues of trauma and memory are concerned.

Accuracy of Memory for Non-Personally Relevant Complex Figures

Hazlett, Gary, PhD, United States Army

This study was designed to assess whether human memory for non-personally relevant complex figures was significantly affected by high stress and whether accuracy of such memory was comparable to eyewitness memory. Cohorts of Military subjects participating in survival school training were administered the Rey Ostereith Complex Figure (ROCF) Drawing prior to, during, and after exposure to high stress. The ROCF is a standardized neuropsychiatric tack that is typically used to assess both organization and planning skills as well as working memory in humans. At baseline and at recovery, the copy task of the ROCF was normal. In contrast, the copy task was significantly altered during stress exposure. ROCF recall memory performance was significantly degraded by stress exposure. Subjects who experienced greater levels of dissociation during stress where those who exhibited the greatest deficits in ROCF performance. The neurobiological implications for brain functioning/information processing during acute stress will be discussed.

Accuracy of Memory for Personally Relevant Human Faces

Morgan, Charles III, MD, Yale University

This presentation will address the accuracy of eyewitness recognition for human faces related to persons encountered during exposure to personally relevant, acute stress. Active duty military personnel enrolled in survival school training attempted to identify the person they encountered during a high-stress compared with a low-stress interrogation. Recognition was assessed using three different techniques: live line-up; photo spreads; sequential photo presentation. Eyewitness accuracy rates were better for the low, compared with the high-stress condition. Neither subjective ratings of confidence nor ratings of stress-induced symptoms of dissociation were

significantly correlated with accuracy. The ability to recognize persons encountered during realistic, highly personal, threatening stress was poor in the majority of individuals. Additional research evaluating neurobiological contributions to accuracy may enhance our understanding as to why some individuals are accurate and others not.

Accuracy of Memory for Personally Relevant Human Actions

Southwick, Steven, MD, Yale University

This presentation will extend the findings of our previous research on human memory for faces and focus on the accuracy of human memory for specific actions observed during conditions of high stress. Active duty military personnel enrolled in survival school training were debriefed in an open ended manner and also given a structure interview regarding actions and events they observed during interrogation stress. The capacity to accurately remember actions taken by a person under conditions of high stress may differ from accuracy of facial identification of that person. Neurobiological and forensic implications of this will be addressed.

Accuracy of Memory for Personally Relevant Auditory Stimuli

Steffian, George, PhD, United States Navy

To date the bulk of memory research related to traumatic events has focused on eyewitness (visual) memory. This presentation will focus on the accuracy of auditory memory for stimuli (voices, sounds, etc) experienced during exposure to circumstances of high stress. Active duty military subjects participating in survival school training were exposed to interrogation stress. Twenty-four hours after stress exposure, subjects were presented voice recordings of a number of interrogators, only one of whom had interrogated them. In spite of high levels of confidence, accuracy of auditory memory was poor (20%) and lower than accuracy of eyewitness visual memory. Clinical and forensic implications will be discussed.

Abstract #1873

Comprehensive Care for Victims of Violence: Impact of a New Model

Symposium (commun) — Elmwood, 3rd Floor

Kelly, Vanessa, PsyD, University of California, San Francisco

Disadvantaged, inner-city residents are often victims of violence but can rarely access services to address the psychological, physical and economic sequelae of these traumas. This symposium describes a comprehensive model of acute, hospital-based care for victims of violence and presents early results from a randomized clinical trial evaluating its effectiveness.

Care for Victims of Violence: Interim Results of a Randomized Trial

Shumway, Martha, PhD, University of California, San Francisco; Boccellari, Alicia, PhD, University of California, San Francisco; Lam, Judy, PhD, University of California, San Francisco; Flores, Jennifer, MA, University of California, San Francisco; Okin, Robert, MD, University of California, San Francisco

This presentation will describe interim results of a randomized controlled trial comparing a new comprehensive care model for disadvantaged victims of violence to usual care. 459 victims of interpersonal violence have been recruited and randomized to services (289) or usual care (170) immediately following a violent event. Outcome data are collected in followup interviews conducted at randomization and 4, 8 and 12 months after randomization. 81% of participants completed 12 month follow-up interviews. Interim analyses of longitudinal data on the 245 participants eligible for 12 month follow-up interviews show that this is a highly symptomatic group with significant history of prior traumas. 48% met criteria for post-traumatic stress disorder and/or acute stress disorder at randomization and, on average, the sample had previously experienced five types of traumatic events. Over the 12 month follow-up period, comprehensive care clients were less likely than usual care clients to be homeless and more likely to use mental health services, apply for victim restitution funds, cooperate with law enforcement and return to work. These early results provide a promising indication that the new comprehensive model of care is superior to usual care in helping disadvantaged victims cope with the trauma of violence.

Outreach and Engagement:
Forgotten Aspects of Posttrauma Treatment

Merrill, Gregory, LCSW, University of California, San Francisco; Kelly, Vanessa, PsyD, University of California, San Francisco; Boccellari, Alicia, PhD, University of California, San Francisco; Okin, Robert, MD, University of California, San Francisco

This presentation will use clinical vignettes to illustrate how community outreach and clinical case management are utilized to engage acutely traumatized, multiply disadvantaged victims of violence in treatment. Because these victims have multiple current life stressors including homelessness and poverty, have suffered multiple past traumas, are prone to high rates of substance use and other unsafe and avoidant behaviors, and do not perceive psychotherapy as relevant to them, successful treatment involves an assertive and persistent approach that emphasizes client engagement. The vignettes will describe how assertive, psychologically minded outreach is used to engage prospective clients in services and how clinical case management is used to help clients deal with the immediate and long term effects of trauma through assistance in accessing victim compensation funds, support in cooperating with law enforcement agencies and linkage to housing, financial entitlement and other social service agencies. If the engagement is successful, many clients are eventually able to participate meaningfully in more traditional individual and group trauma-focused therapies.

Creating a New Model of Care for Disadvantaged Victims of Violence

Kelly, Vanessa, PsyD, University of California, San Francisco; Merrill, Gregory, LCSW, University of California, San Francisco; Boccellari, Alicia, PhD, University of California, San Francisco; Shumway, Martha, PhD, University of California, San Francisco; Lam, Judy, PhD, University of California, San Francisco; Flores, Jennifer, MA, University of California, San Francisco; Okin, Robert, MD, University of California, San Francisco

Disadvantaged, marginalized, inner city populations are frequently victims of violence, yet they are rarely able to access the mental health services and other resources they need to cope successfully with sequelae of these traumas. Vulnerable populations, such as ethnic and cultural minorities, the homeless, the seriously mentally ill and others living in poverty, typically lack awareness of and access to trauma-focused mental health care. Furthermore, shame, stigma and myriad psychosocial problems often keep victims from accessing services. Without timely and appropriate intervention, many traumatized persons suffer prolonged psychiatric and physical disability as well as considerable economic hardship. This presentation will describe a program initiated over two years ago to reduce barriers to care and provide mental health services tailored to meet to the special needs of disadvantaged victims of violence. This program is based in a Level 1 trauma center at a public general hospital and services are initiated immediately following a traumatic event. The program combines community outreach, clinical case management and trauma-focused psychotherapy and emphasizes integration of psychosocial, medical, legal and other human services. This presentation will describe the treatment model, the multidisciplinary treatment team and the characteristics of the 624 clients served since the program's inception.

Abstract #1707

Interpersonal Violence and Women's Health: Part I

Symposium (practice) — Hilton Exhibition Center B, 2nd Floor

Morland, Leslie, PsyD, National Center for PTSD-Pacific Island Division; Beckham, Jean, PhD, Durham VAMC

Research is only beginning to elucidate the relationship between PTSD and women's health. This SIG sponsored symposium is Part I of a two -part symposium series that will examine relationships among interpersonal trauma, PTSD and aspects of women's health including health status indicators, health care experience, utilization and health outcomes.

PTSD and Women's Health Status Indicators

Kimerling, Rachel, PhD, National Center for PTSD, Palo Alto VA Healthcare System; Baumrind, Nikki, PhD, Research and Evaluation Branch, California Department of Social Services

Purpose: Research is only beginning to elucidate the relationship between PTSD and health status. We present associations of PTSD with common indicators of women's health status in a diverse community sample of women, and explore potentially unique effects for intimate partner violence and sexual abuse/assault. Methods: A sample of 3,830 women aged of 18 and 44 and representative of California participated in a survey which included validated questionnaire items assessing child sexual and physical abuse, sexual assault, physical assault and detailed information regarding intimate partner violence in the past year. A screening instrument for PTSD was also administered. Results: PTSD was related to health status indicators, adjusting for the effects of ethnicity, marital status, education and poverty. PTSD was significantly associated with fair or poor health status, AOR = 3.1 (2.2, 4.3); a gap in health insurance coverage during the past year, AOR = 1.8 (1.2, 2.6); and failure to receive a routine check-up in the past year AOR = 1.7, (1.2, 2.2). PTSD was also linked to smoking, problem

drinking and a BMI beyond the healthy range. Some health indicators, such as hysterectomy and sexually transmitted disease were specifically associated with IPV or sexual violence, but not PTSD. Conclusions: PTSD is associated with poor health, access to care and health risk behaviors. IPV and sexual violence may be linked to specific outcomes due to behavioral alterations associated with these experiences.

Trauma, PTSD and Reproductive Health Outcomes

Morland, Leslie, PsyD, National Center for PTSD; Goebert, Deborah, DrPH, University of Hawaii School of Medicine; Frattarelli, LeighAnn, MD, University of Hawaii School of Medicine; Onoye, Jane, PhD, University of Hawaii School of Medicine; Matthew, Friedman, MD, PhD, National Center for PTSD-Executive Division

Research is just beginning to explore the relationship between PTSD and women's health. Few studies have examined the role of PTSD and associated psychosocial and behavioral risk factors in female reproductive health. This study examines the role of traumatic stress, PTSD and associated risk factors on prenatal health and pregnancy outcomes in an ethnically diverse community sample of women. A sample of 75 women between 18-35 years of age were interviewed during their first, second and third trimesters of pregnancy and at six weeks postpartum, as part of an ongoing longitudinal study. Prenatal health, labor and delivery information was obtained from the obstetrician following delivery. In addition to demographics, medical history and health behaviors, validated questionnaires assessing stress, PTSD, trauma exposure, anxiety, depression, social support, substance abuse, obstetric history, pregnancy health risk factors, perinatal complications, and pregnancy outcome variables were included. Preliminary analyses revealed significant associations between PTSD and pregnancy risk factors including STDs, ETOH and nicotine use before and during pregnancy, poor prenatal care utilization, depression during pregnancy and outcome of premature birth. Some specific outcomes were associated with trauma but not PTSD, such as preeclampsia, mode of delivery and birth weight. Preliminary findings suggest that trauma exposure and PTSD symptoms may play an important role with respect to prenatal health and pregnancy outcome.

Attachment and Health Care Experiences in Low-income Minority Women

Green, Bonnie, PhD, Department of Psychiatry, Georgetown University Medical School; Kaltman, Stacey, PhD, Department of Psychiatry, Georgetown University Medical School; Chung, Joyce, MD, Department of Psychiatry, Georgetown University Medical School; Dozier, Mary, PhD, Department of Psychology, University of Delaware

Few studies have examined health care experiences of low-income women with trauma who receive their health care in community systems serving those without private health insurance. We are studying the role that trauma, PTSD, and disturbed attachment relationships play in patient-provider relationships and women's experiences of satisfaction and appropriateness of care. This study describes structured qualitative interviews with approximately 23 low-income women recruited in primary care and social service settings. Each woman participated in a three-hour interview including the Adult Attachment Interview, the Stressful Life Events Screening Questionnaire (trauma history), questions about medical care, psychiatric symptoms, history of PTSD, and a Health Experiences interview covering positive and negative experiences with primary health care providers, including discussion of emotional issues, and women's suggestions for improving care and satisfaction. Among the first 20 women interviewed, the average age was 42, 80% were African American, 10% were married or cohabiting, most (90%) had completed high school, and 75% had Medicaid (25% uninsured). Lifetime PTSD was present in 35%, and about half were scored as unresolved with regard to attachment. The qualitative interviews are being scored for descriptions of relationships with providers; these will be linked to attachment type and presence of PTSD.

Abstract #1632

Building Resilience in Children and Adolescents

Symposium (disaster) **Grand Ballroom A, 1st Floor**

Gurwitch, Robin, PhD, University of Oklahoma Health Sciences Center; Osofsky, Howard, MD, PhD, Louisiana State University Health Sciences Center

Community resilience is critical for positive adjustment following disasters and terrorist events and can significantly impact mental health outcomes of children and families. The symposium will review the discussions of a recently convened multisectoral expert panel on this issue, including definitions, factors, and strategies for enhancing and sustaining community resilience.

Building Resilience in Children and Adolescents: An Overview

Gurwitch, Robin, PhD, University of Oklahoma Health Sciences Center; Steinberg, Alan, PhD, National Center for Child Traumatic Stress, University of California, LA, School of Medicine; Pfefferbaum, Betty, MD, JD, University of Oklahoma Health Sciences Center

Research from various disciplines have examined why some individuals are more vulnerable to traumatic stress than others. Those that appear to adapt well are often referred to as being resilient. However, a distinction between resilience and resistance is warranted to further explain the outcome after adversity impacts an individual or a system. Resilience can be defined as the capacity to implement early effective adjustment processes to alleviate strain and efficiently return to equilibrium. In the face of disasters and terrorist events, there are key factors associated with communities that can enhance resilience for children and adolescents, thus influencing adaptation and outcome. These factors include: 1) connectedness, commitment and shared values, 2) participation, 3) structure, roles, and responsibilities, 4) resources, 5) support and nurturance, 6) critical thinking and reflection, and 7) communication. A framework and recommendations generated from an experts' panel will be used to discuss a model of resilience and examine identified factors important to building resilience, particularly as related to children and families.

Building Resilience in Children and Adolescence: Role of the Community

Reissman, Dori, MD, MPH, CDC, National Center for Injury Prevention and Control

Communities are more than geographic locations. They extend to systems with common beliefs, values, and history. There are factors that may impact the resilience of a community in the aftermath of disasters and terrorist events. Factors include not only demographic factors, but also economic and social resources, connectedness with its members, and strength of leadership. Furthermore, the resilience of the entire community can be an important influence on the outcomes of its individual members. For children and adolescents, the overall community and subsystems within the community (family, schools, culture, etc.) can impact adaptive or maladaptive development and long-term adjustment. Recognizing the changing global environment, the Centers for Disease Control and Prevention in collaboration with the Terrorism and Disaster Branch of the National Center for Child Traumatic Stress convened a multisectoral expert panel to explore issues associated with community resilience in response to the mental health needs of children and families in the face of terrorism and disaster. Bringing together experts from diverse fields, the panel sought to identify challenges and solutions for building community resilience. This presentation will illustrate a conceptual framework and discuss recommendations deemed essential for enhancing resilience in children in the context of emergency public health preparedness.

Building Resilience in Children and Adolescents: Role of Primary Care

Schonfeld, David, MD, Yale University School of Medicine

The pediatric primary medical care system is the de facto mental health care system in the United States—children are most likely to receive treatment, including psychotropic medications, from primary care physicians for symptoms associated with mental disorders. After a terrorist event or disaster, when already limited mental health resources will be overwhelmed, primary care providers will be asked to assume an even greater role in the delivery of mental health services to children and families. In addition, most children will present first to their primary care providers with mental health concerns or with physical symptoms that may be related to underlying psychological distress. Pediatric primary care providers need to be able to detect somatization, screen for adjustment problems, perform timely and effective triage, provide guidance on how to promote resilience, offer brief supportive interventions, and make appropriate referrals for support and counseling. This presentation will examine the potential roles, and associated challenges, of primary pediatric healthcare providers in building child and family resilience in a community, drawing on recommendations generated by an expert panel on enhancing resilience in children and families in the aftermath of disasters and terrorist events.

Building Resilience in Children/Adolescents: Roles of Family and School

Kees, Michelle, PhD, University of Michigan Medical School; Gurwitch, Robin, PhD, University of Oklahoma Health Sciences Center

Research has historically focused on a deficit model in understanding the effects of adverse or traumatic experiences on children. For some children, the experience of traumatic situations such as abuse, violence, war, and disasters has indeed been associated with maladaptive outcomes, disruptions in functioning, or failure to reach expected developmental competencies. However, there are a substantial number of children who adjust, adapt, and show competencies despite exposure to traumatic events. A focus on these "resilient" children and identifying the key factors predictive of resilience has significant implications for prevention work prior to the occurrence of an adverse event (e.g., pre-divorce, in anticipation of disasters or terrorist events). Two portals for influencing child resilience within communities are families and schools. Research has delineated important characteristics within families that can promote adaptive outcomes for children following traumatic events. Similarly, attributes specific to the school community can also enhance resilience for children and adolescents. This presentation will identify factors that have empirically been found to augment resilience in children and adolescents within the family and school environments. The presentation will also offer a community resilience framework and recommendations generated by an expert panel for enhancing resilience in the aftermath of terrorism and disasters.

Building Resilience in Children and Adolescents: Role of Public Health

Montgomery, Juliann, MPH, University of Oklahoma Health Sciences Center; Robertson, Madeline, JD, MD, University of Oklahoma Health Sciences Center

The public health approach is intrinsic to our country's commitment to assuring the conditions in which people can be healthy. Since September 11, 2001, public health across the country has had to consider its ability to respond to a terrorist incident. Traditionally, public health has been responsible for disease surveillance and management but is now improving its capabilities to respond to acts of terrorism. Part of this new charge for public health has been to increase the capacity to respond to the mental health and psychosocial impact of such acts. Unfortunately, in the planning and response processes by public health, the mental health and resiliency needs of children and families are often overlooked. This presentation will examine the role of public health in building resilience in communities and how this may affect resilience in children and families following disasters and terrorist events. The challenges faced by public health professionals will be examined. Finally, recommendations generated by an experts' panel for overcoming these obstacles and enhancing public health efforts for building resilience in children and families in the aftermath of terrorist events and disasters will be discussed.

Abstract #1823

The Psychological Effects of the WTC Attack in Disaster Relief Workers

Symposium (disaster) **Versailles Ballroom, 3rd Floor**

Difede, JoAnn, PhD, Weill Medical College of Cornell University; Marmar, Charles, MD, University of California at San Francisco

This symposium intends to discuss the psychological effects of the WTC attacks among disaster relief workers. Our data highlights the public health significance of trauma in occupations at risk and the consequent need for establishing mandatory screening programs, and developing empirically validated treatments targeted to disaster relief workers.

Treatment Readiness in Disaster Workers Following the WTC Attacks

Jayasinghe, Nimali, PhD, Weill Medical College of Cornell University; Giosan, Cezar, PhD, Weill Medical College of Cornell University; Robin, Lisa, PhD, Weill Medical College of Cornell University; Difede, JoAnn, PhD, Weill Medical College of Cornell University

This study examined factors associated with treatment readiness in disaster workers following the WTC attacks. It addresses the perception that people enter psychotherapy out of self-indulgence rather than need—a perception reinforced in the disaster community by the view that workers thrive on stress. Four hundred and nineteen utility workers who had been deployed at the WTC in the aftermath of 9/11 and who were subsequently diagnosed with PTSD or related conditions were offered free psychotherapy. Forty seven percent accepted treatment, 29% considered treatment and 25% declined. The three groups did not differ on demographic variables. Chi-square analysis indicated that those who knew someone killed in the attacks were more likely to accept therapy than those who did not. ANCOVA indicated that participants who accepted treatment had longer clinical interviews than those who declined ($p < .001$). MANCOVA indicated that participants who accepted treatment had higher scores on both clinician-administered (CAPS) and self-report (PCL) measures of PTSD symptoms, and self-report measures of depression (BDI) and general distress (BSI), all significance levels $< .005$. The results suggest that participants who accepted psychotherapy did so based on genuine need and lend support to offering mental health services to workers following disaster work.

Self-Report vs. Clinical Assessment for PTSD in WTC Disaster Workers

Weathers, Frank, PhD, Auburn University; Jayasinghe, Nimali, PhD, Weill Medical College of Cornell University; Roberts, Jennifer, PhD, Weill Medical College of Cornell University; Leck, Pam, PhD, Weill Medical College of Cornell University; Cukor, Judith, PhD, Weill Medical College of Cornell University; Difede, JoAnn, PhD, Weill Medical College of Cornell University

This study presents data on the utility of structured clinical interviews as compared to self-report data in the assessment of PTSD among disaster relief workers (DRW's). Five hundred and nineteen utility workers who were deployed to the WTC site following the attacks of September 11, 2001 were assessed for PTSD symptoms through self-report with the Posttraumatic Stress Disorder Checklist (PCLC), and by interview with the Clinician Administered PTSD Scale (CAPS). Results showed similar prevalence estimates for a PTSD diagnosis, with an estimate of 9.6% for both the PCL and the CAPS. However, prevalence estimates of individual symptoms varied widely. Among Cluster B symptoms, the PCL yielded significantly higher prevalence than the CAPS for four of five symptoms ($p<.01$). For Cluster C, the PCL and the CAPS each yielded higher prevalence for three symptoms ($p<.05$). For Cluster D, the PCL and CAPS yielded similar prevalence estimates for all symptoms, with the exception of hypervigilance ($p<.001$). Our results suggest that both self-report and clinical measures yielded accurate clinical information. However, the use of the interview format allowed us to motivate the patient for treatment where appropriate. Thus, we conclude that the format chosen should be determined by the goal of the assessment.

Childhood Sexual Abuse as a Predictor of Symptoms following 9/11/01

Leck, Pam, PhD, Weill Medical College of Cornell University; Patt, Ivy, PhD, Weill Medical College of Cornell University; Giosan, Cezar, PhD, Weill Medical College of Cornell University; Difede, JoAnn, PhD, Weill Medical College of Cornell University

Recent research in the area of male childhood sexual abuse (CSA) suggests multiple long-term psychological sequelae. The current study examined the role of CSA in the symptomatology of utility workers deployed to the WTC site following the attacks of September 11th. The data presented includes 847 subjects screened with self-report as well as clinician interview measures. Variables included extent of exposure to the site, past and current psychiatric diagnoses, and self-reported history of CSA. Frequency of CSA was reported at a rate of 4.8%. A statistically significant relationship ($F(846) = 5.34$, $p<.05$) was found between high scores on the Beck Depression Inventory (BDI) and endorsement of CSA. However, no significant relationship ($F(344) = 1.8$, $p >.05$) was found between CSA and current posttraumatic stress disorder as measured on the Clinician Administered PTSD Scale (CAPS). These findings support previous research showing a significant relationship between CSA and depression throughout the life-span. The fact that a significant relationship was not found between PTSD and CSA is inconsistent with current literature. However, regression analysis revealed that CSA approached significance ($p = .072$) as a predictor of PTSD. Implications of these findings as well as further research into the effects of CSA in this population are discussed.

Prevalence of PTSD in Disaster Relief Workers Following the WTC Attack

Difede, JoAnn, PhD, Weill Medical College of Cornell University; Weathers, Frank, PhD, Auburn University; Jayasinghe, Niimali, PhD, Weill Medical College of Cornell University; Roberts, Jennifer, PhD, Weill Medical College of Cornell University; Leck, Pam, PhD, Weill Medical College of Cornell University; Cukor, Judith, PhD, Weill Medical College of Cornell University; Crane, Michael, MD, Consolidated Edison of New York

The goal of this study was to identify the prevalence of PTSD and related symptoms among utility workers following the September 11, 2001, terrorist attack. Participants were 3,333 Consolidated Edison employees who were deployed to the site. Interviews were conducted as part of a medical screening program from June 2002 and onward and included the Clinician

Administered PTSD Scale (CAPS), selected modules of the SCID, and the Trauma History Interview, as well as self-report measures, including the Beck Depression Inventory (BDI) and PTSD Check List (PCL). Using the full DSM-IV criteria, the CAPS yielded PTSD prevalence estimates of 8.4%. When only two of three Cluster C symptoms were required the prevalence was 12.3%, while prevalence for subsyndromal PTSD (defined as meeting criteria for 2/3 symptom clusters) was 18.9%. Six percent of the sample (6.5%) met the criteria for current depression, and 3.3% percent met the criteria for current GAD. Three percent (2.5%) also reported current panic attacks. These results suggest that PTSD is a significant public health problem in this population. Our results underscore the importance of establishing mandatory screening programs for disaster relief workers and conducting controlled clinical trials for the treatment of PTSD.

Abstract #1826

Ethical Issues in Research with War-Affected Populations

Symposium (war) **Hilton Exhibition Center A, 2nd Floor**

Betancourt, Theresa, ScD, MA, Boston University Medical Center/Boston Medical Center

The presentation will focus on ethical issues in research with war-affected populations, particularly the tension inherent in conducting research with traumatized populations for whom appropriate mental health services are not well-developed or available. The discussion will focus on ethical review of research, collaboration with local stakeholders and systems of care, participatory research methods and the balance between advocacy and good science.

Research and Responsibility: A Case Study from Sierra Leone

Betancourt, Theresa, ScD, MA, Boston University Medical Center/Boston Medical Center

What are the ethical boundaries and responsibilities of researchers working in disadvantaged populations highly traumatized by war? What ethical issues arise when children and adolescents are involved? This presentation will present ethical issues that arose in a study of community reintegration and psychosocial adjustment of child ex-combatants in Sierra Leone. The study sought to gather information on risk and protective factors in the mental health and social adjustment of this population to inform the policy and programmatic community. A number of ethical issues arose relating to the relationship between the research project and the non-governmental organization tasked with providing services to these children and in the use of data for advocacy with local governments and international organizations. Initial data indicated that war-affected children in Sierra Leone were suffering from a great deal of unmet health and mental health needs and that very basic protection issues dominated. The research team worked to develop better links to the existing system of care as well as providing advocacy and technical assistance to create new initiatives. The research, programmatic and policy implications of these findings will be discussed.

Ethical Research and Social Suffering

Weine, Stevan, MD, University of Illinois at Chicago

Situations of humanitarian interventions and refugee resettlement have increasingly become sites of trauma-related research. In presence of social suffering (Bourdieu and Kleinman) due to political violence, migration and poverty, research should be subject to an ethics suggested by the key term of "pragmatic solidarity" (Paul Farmer). I will present a framework of ethics for research with war-affected populations that is based upon meaningful collaboration, upholding human rights, access to services, family and community resilience, and scientific empiricism. Research with war-affected populations that falls short of ethical validity risks further contributing to social suffering. This framework will be illustrated with examples of several research initiatives observed in the field including our Kosovar Family Professional Education Collaborative and the Coffee and Families Education and Support project.

Ethics of Research in War-Torn Populations

de Jong, Joop, MD, PhD, Professor of Mental Health and Culture, Vrije Universiteit

A majority of the populations living in (post-) conflict and war-torn areas use cultural models of logic, meaning and causation that are different from the West. These differences have far reaching consequences for policy, practice and prevention, and for the ethics of research. Developers of instruments, whether epidemiological or psychometric, believe that cross cultural validation in some cultures entitles them to claim universal applicability resulting in non-valid categorization of diagnoses or psychological concepts. Similarly, psychotherapy researchers tend to believe that minor adaptations of therapies with proven efficacy in high-income countries are sufficient to apply them in cultures around the world. Scientific journals believe that data based on loosely translated instruments generate data that are worthwhile for publication while the validity of the data often can be disputed. While community based interventions are the preferred choice in post-conflict conditions, efficacy designs and randomized clinical trails exclude the effects of these community interventions while measuring the effects of individual or group therapies. Whereas research in high-income countries has become immensely complex, researchers in low-income countries struggle with data collection, data entry, statistics and quality of language required to publish. Qualitative data are mostly excluded from journals and culturally appropriate intervention models are hardly appreciated. If the scientific community feels it is important to accommodate colleagues from conflict ridden areas around the world into mainstream science, we need to change our agendas. I.e. invest in researchers form communities around the globe, support them in upgrading their knowledge, appreciate their cultural expertise, stimulate (cost-) effectiveness research and "quanltative" research, translate data into preventive interventions, adapt procedures of informed consent, deal with procedures related to war trauma, rape or family violence, and explore new forms of treatment based on local coping strategies and indigenous therapies or CAM instead of imposing the Procrustean bed of "Western" science.

Community Participatory Methods in Research with Somali Refugees

Ellis, B. Heidi, PhD, Boston University Medical Center/Boston Medical Center; Kia Keating, Maryam, EdD, Boston Medical Center/Boston University Medical Center

Conducting research with refugees living in the U.S. present a number of ethical challenges, including 1) the meaning of "informed consent" to individuals that may have experienced government sponsored torture; 2) the meaning of "confidentiality" in a close-knit community in which interpreters or interviewers are likely to know families; 3) the potential use or misuse of study information taken out of context; and 4) the conflict between methods that are deemed valid in a scientific community but may be ineffective or even disruptive to participants from another culture. This presentation will discuss the ethical challenges to an ongoing NIMH-funded study of Somali adolescents and their parents, and a model of community-participatory research used to help address these challenges. An iterative process moving between the cultures of science and Somalia will be described in developing the protocol for the study, selecting instruments and questions, and implementing recruitment strategies. The use of an advisory board of community leaders will be discussed in relation to the importance of gaining community informed consent as well as individual informed consent (Strauss et al., 2001).

Abstract #1515

Assessing Early Predictors of PTSD in Children and Parents

Symposium (child) **Jasperwood, 3rd Floor**

Kassam-Adams, Nancy, PhD, The Children's Hospital of Philadelphia

Using empirically grounded assessment techniques to predict PTSD in children and families exposed to acute trauma, including disasters and serious medical events, has received increasing interest. Early assessment may help identify those at greatest risk for developing PTSD. Assessment techniques and best predictors for children and families will be discussed.

Screening for PTSD in Injured Children

Saxe, Glenn, MD, Boston University Medical Center/National Child Traumatic Stress Network; Bosquet, Michelle, PhD, Boston University Medical Center/National Child Traumatic Stress Network; Stoddard, Frederick, MD, Shriners Burns Hospitals/Massachusetts General Hospital; Kassam-Adams, Nancy, PhD, Children's Hospital of Philadelphia

There is a great need to develop screening instruments for Posttraumatic Stress Disorder in children with injuries. This presentation reports on the development of a 30-item observer report screening instrument called the Child Stress Disorder Checklist (CSDC). This instrument was designed to screen for PTSD in hospitalized children and has excellent inter-rater and test-retest reliability and construct, concurrent, and discriminant validity. In order to increase the utility of the CSDC, a study was conducted to determine whether a very small number of CSDC items can screen for diagnoses of PTSD with high sensitivity and specificity. This presentation reports on the development of a 4-item screen for PTSD with solid psychometric prop-

erties and high sensitivity and specificity for diagnosis. This 4-item screen is given the mnemonic "PTSD": 1) Child has Physical symptoms when reminded of the trauma, 2) Child avoids Talking about the trauma, 3) Child Startles easily, and 4) Child becomes Distressed when reminded of the trauma. A psychometrically sound, 4-item screen for PTSD has great potential for clinical utility.

Measuring Traumatic Exposure to Assess Risk of Post-Disaster Distress

Vernberg, Eric, PhD, Clinical Child Psychology Program, University of Kansas; Jacobs, Anne, PhD, Clinical Child Psychology Program, University of Kansas; La Greca, Annette, PhD, Department of Psychology, University of Miami; Silverman, Wendy, PhD, Department of Psychology, Florida International University; Prinstein, Mitchell, PhD, Department of Psychology, Yale University

Systematic screening for longer term psychological distress in children following disasters is relatively rare. When such screenings occur, a subset of children typically show persistent disaster-related distress months after disaster events, and relatively few of these children are identified and treated prior to screening. A delicate balance exists between concerns that teachers and parents often underestimate children's persistent posttraumatic symptoms following disasters and fears of over-identifying children and misappropriating resources. This presentation evaluates sensitivity and specificity of a measure of traumatic exposure developed for a study of children's adjustment (n= 567) over a 10-month period following Hurricane Andrew. This new analytic approach uses Receiver Operating Characteristic (ROC) curve analyses, sensitivity, specificity, and factor analyses to evaluate sensitivity and specificity of individual items of the Hurricane Related Traumatic Exposure (HURTE) measure in predicting moderate to severe PTSD symptoms 3 months, 7 months, and 10 months following Hurricane Andrew. These analyses identify a subset of 10 of the original 30 items of the HURTE that could provide a brief, non-symptom oriented measure that identifies most children who show persistent adjustment difficulties and yields relatively few "false positives."

Predicting Posttraumatic Stress in the Pediatric Intensive Care Unit

Kassam-Adams, Nancy, PhD, The Children's Hospital of Philadelphia; Baxt, Chiara, PhD, Center for Pediatric Traumatic Stress, The Children's Hospital of Philadelphia; Kazak, Anne, PhD, Children's Hospital of Philadelphia; Balluffi, Andrew, MSW, Children's Hospital of Philadelphia; Helfaer, Mark, MD, Children's Hospital of Philadelphia

Increasingly, children are surviving life-threatening medical conditions, but both children and their parents may subsequently develop impairing psychological responses including PTSD. Clinicians desire methods to identify those at risk of PTSD so that appropriate preventive treatments can be implemented. Best practices include the use of empirically derived screening measures for early assessment after trauma exposure in order to predict who is at greatest risk for PTSD. The contributions of trauma exposure from the child's admission to the Pediatric Intensive Care Unit (PICU) and of early psychological responses to the development of PTSD symptoms were investigated in a prospective cohort study of parents (n=131) of children admitted to PICU for at least 48 hours. PTSD symptoms were significantly correlated with demographic characteristics (parent gender, race), subjective traumatic exposures (perceived child risk of death), and early psychological responses (ASD symptoms). A step-wise multiple linear regression model accounted for a small to moderate amount of the variability in parental PTSD symptoms. In the full model, only early avoidance and arousal symptoms were independently associated with greater PTSD severity. Current efforts to develop a screening tool (informed by the data presented) to identify parent and children at risk for PTSD will be discussed.

Abstract #1712

The Story You Need to Hear Now—Use of Expressive Modes in Trauma Work

Workshop (practice) **Rosedown, 3rd Floor**

Lahad, Mooli, PhD, Community Stress Prevention Center; Kaplansky, Nira, MA, Community Stress Prevention Center

In the treatment of PTSD clients, we have observed that some clients who have been in therapy for a while built trust and safety and shared some of their traumatic story suddenly are reluctant to share, re-tell or go further, sometimes stating their mistrust in the productivity of the process but mostly sharing depressive mood. They turn up for the sessions but sit silent and depleted for a few sessions. The method that was developed by us, to reactivate their ability to share, is using a mixture of storymaking techniques, Eriksonian principles and metaphors, gently elicit thorough questions and answers to a metaphoric-suggestive story that bypasses resistance and rebuilds the client's ability to share. These stories many times have a calming, reassuring effect. The storymaking technique will be demonstrated in the workshop including case examples.

Abstract #1926

Running a PTSD Motivation Enhancement Group for War Veterans

Workshop (war) **Magnolia, 3rd Floor**

Murphy, Ronald, PhD, Dillard University; Rainey, Quaneecia, Dillard University; Murray, Marsheena, Dillard University

The PTSD Motivation Enhancement (ME) Group was developed in response to growing concern (supported by data) that readiness to change PTSD symptoms and related problems (e.g., trust/intimacy, alcohol, isolation and hypervigilance) may be an underestimated but critical factor in veterans' engagement in PTSD treatment. The PTSD ME group, based on Prochaska et al.'s Stages of Change and Miller's Motivational Interviewing approach, targets any problem behaviors which patients report ambivalence about changing or feel no need to change. The goal of the intervention is to increase PTSD treatment engagement and perceived value of new coping skills. The four-session group utilizes structured tasks which facilitate ambivalence reduction such as decisional balance, comparison of individual behavior to norms, and identification of individual "roadblocks" to problem recognition. The presenters will emphasize practical training in how to implement the PTSD ME Group based on the Therapist Guide and Patient Workbook that have been developed and field tested and are currently in use in a randomized trial of the intervention. The presenters will use role-playing and other interactive formats to familiarize participants with specific techniques and skills for assessing and enhancing motivation to change any PTSD symptoms and co-occurring problem behaviors and beliefs.

Poster Presentations

Poster sessions are incorporated into the daily conference schedule divided into three sessions per day on both Monday, November 15, and Tuesday, November 16. This program change will give senior investigators a means for increased face-to-face interaction with clinicians, students and other investigators. Attendees should visit the posters during the poster session time indicated below.

Poster Session 1 **Track 7 (practice) and Track 8 (disaster)**

Monday, November 15, 8:30 a.m.–9:45 a.m.
Posters are numbered M-1 through M-80

Note: This session includes presentations from additional tracks in order to accommodate presenters who had a time conflict with other presentations.

Poster Session Chairs:
Barbara Rothbaum, Russell Jones **Napoleon Ballroom, 3rd Floor**

M-1 **Track 7 (practice)**

Emotional Responding During and After Various Types of Traumatic Events

Amstadter, Ananda, BA, Auburn University; Vernon, Laura, PhD, Auburn University; Dillon, Jacqueline, MA, Auburn University; Rousseau, Glenna, BS, Auburn University

We examined relationships among emotional experience during and after sexual assault, physical assault, illness/injury, and transportation accidents. We hypothesized that different types of trauma would display different patterns of emotional responding and that emotional responding reported during the trauma would differ from emotional responding afterwards. Participants (N = 350) were verbally administered the Life Events Checklist from the Clinician-Administered Post Traumatic Stress Disorder Scale (CAPS; Blake et al., 1990). Participants meeting current Diagnostic and Statistical Manual of Mental Disorders' Criterion A for Posttraumatic Stress Disorder for one of the four trauma types (N = 98) completed self-report measures of emotional experience during and after their worst trauma. We conducted a 2 (time: during trauma, after trauma) X 4 (trauma type: sexual assault, physical assault, illness/injury, transportation accident) X 7 (emotion: anger, disgust, fear, guilt, sadness, shame, surprise) repeated measures MANOVA. We found a significant main effect for emotion, $F(6,89) = 34.73$, $p<.001$. All two-way and three-way interactions were significant: time X trauma type, $F(3, 94) = 7.07$, emotion X trauma type, $F(6, 91) = 8.95$, time X emotion, $F(6, 89) = 12.53$, and time X emotion X trauma type, $F(6,91) = 4.5$, all $ps<.001$. Implications for emotion theory and research and for trauma recovery and treatment will be discussed.

M-2 **Track 7 (practice)**

Peritraumatic Appraisal and Traumatic Stress Among Burn Injured Patients

Barocas, Joshua, BA, Evanston Northwestern Healthcare/Center on Outcomes Research and Education; Victorson, David, PhD, Evanston Northwestern Healthcare/Center on Outcomes, Research and Education; St. John, Destiny, BA, University of Miami; Farmer, Lorie, MA, University of Miami; Burnett, Kent, PhD, University of Miami; Lauzon, Jeff, MS, Illinois Institute of Technology

It is well documented in epidemiological studies that PTSD is not anticipated from trauma exposure alone, but that cognitive and emotional processes, like peritraumatic appraisal, play an important role (Brewon et al., 2000). Appraisal is related to PTSD development following trauma, including MVA, assault, combat and disaster (Ozer, et al, 2003). Little is known about the relationship between appraisal and PTSD symptom development following burn injury. The purpose of this study was to examine this relationship with a sample of forty burn injured patients (55% male; 45% female) recruited from the burn center a large southeastern hospital. Patients were administered questionnaires assessing appraisal and PTSD symptoms. Pearson correlation coefficients were calculated for relationships between PTSD symptomatology, peritraumatic appraisal and possible covariates such as injury severity, length of stay, and burn surface area. Multiple regression analysis indicated that peritraumatic appraisal explained a statistically significant proportion of the variability in PTSD scores, ($F(4,20) = 2.8$, $B = .573$, $p = .01$). No covariates were significant. The adjusted R2 statistic was .33, a value that might be characterized as a large effect size (Cohen, 1988). These findings suggest that assessment and interventions aimed at peritraumatic appraisal may help prevent PTSD symptom development.

M-3 **Track 7 (practice)**

What's the Harm in Asking? Participant Reaction to Trauma History Questions Compared with Other Personal Questions

Binder, Angela, AA, University of Oregon; DeMarni-Cromer, Lisa, MS, University of Oregon; Freyd, Jennifer, PhD, University of Oregon

Institutional Review Boards frequently pose obstacles to trauma research because of concerns of harm to participants. Previous research, however, has linked writing about traumatic experiences with increased positive cognitive processing and physiological well-being (Park & Blumberg, 2002). Other researchers suggest that not asking about trauma has negative consequences for society, participants and science (Becker-Blease & Freyd, 2003). In the present study we conducted a cost-benefit analysis of asking about trauma compared to asking about other personal questions. Using a measure based on DePrince and Freyd (2003), costs were calculated measuring participants' level of distress in response to being asked trauma questions compared to their distress to being asked other personal questions such as GPA, SAT score and body image. Benefits were measured by participants' beliefs about the value of studying the impact of these constructs. Implications for assuaging Institutional Review Boards' concerns about trauma research will be discussed.

M-4 **Track 7 (practice)**

Lost and Found—Renewing Meaningful Occupational Roles with Refugees

Black, Mary, MS, Marjorie Kovler Center for the Treatment of Survivors of Torture

Refugee survivors of torture are challenged to rebuild new lives in unfamiliar, and often unreceptive, new communities. The day-to-day details of their lives are affected in unimaginable ways. Engagement with others not only depend on fluency of language, but subtle cultural nuances, traumatic memories and use of survival strategies which can be easily misinterpreted by others. Their former occupational roles and status are lost. The pressure and desire to financially support their family members in their home country is tremendous, while the employment opportunities for recent refugees are slim. Refugees often describe feeling that the conflict has not been left behind and they continue to feel re-traumatized. This presentation will describe how, given the described challenges, occupational therapy services have been used with refugee survivors to create meaningful experiences that can integrate existing strengths, skills and interests. Methods of assessing past occupational roles, daily routines and what the survivor finds motivating will be discussed. Interventions focusing on facilitation of adaptive skills and illustrations of refugee survivor experiences over time will be presented. Collaborations with psychotherapy, art and dance/movement therapies will be integrated into this presentation. The challenges and limitations of working with traumatized refugees during insecure times will be included.

M-5 **Track 7 (practice)**

Comparison of Treatment for PTSD Among Three VA Medical Centers

Dieperink, Michael, MD, Department of Veterans Affairs Medical Center, Minneapolis; Leskela, Jennie, PhD, Department of Veterans Affairs Medical Center, Minneapolis; Erbes, Christopher, PhD, Department of Veterans Affairs Medical Center, Minneapolis; Kaloupek, Danny, PhD, Behavioral Science Division, National Center for PTSD, VA Boston; Farrer, M., PsyD, Private Practice, Denver; Fisher, Lisa, PhD, Behavioral Science Division, National Center for PTSD, VA Boston; Wolf, Erika, BA, Behavioral Science Division, National Center for PTSD, VA Boston

Little is known regarding actual clinical practice in the treatment of veterans with PTSD. We surveyed several sites treating veterans with PTSD and ascertained types of clinical contacts and medications used. Fifty medical records of Vietnam combat veteran patients receiving treatment at each of three specialized VA PTSD programs (Boston, Minneapolis, and Memphis) were examined for medications prescribed. Two of the sites (Boston and Minneapolis) were examined for format and amount of clinical contacts provided over a six-month period. Both sites had equivalent average numbers of medication management visits. Minneapolis had a greater number of case management visits per patient. Boston had a greater number of individual and group therapy visits. Most patients were treated with psychiatric medications. SSRI's were prescribed in only 30% and 54% of patients while surprisingly, benzodiazepines were prescribed in about 30% of patients across the sites. Despite a relative paucity of data regarding the effectiveness of psychiatric medications in this group of patients, clinicians clearly feel medications are indicated and generally used similar approaches across the sites. The Minneapolis and Boston programs differ in the intensity and type of clinical contacts. This may allow further study into the

effectiveness of differing approaches to treatment.

M-6 **Track 7 (practice)**

Psychotropic Prescriptions for PTSD in the Public Health Care Sector

Dimoulas, Eleni, MS, University of Florida; Harman, Jeffrey, PhD, University of Florida; Frank, Robert, PhD, University of Florida

In contrast to treatment provided to veterans with traumatic stress, very little is known about the treatment received for PTSD in the public health care sector. Recently, the first account of psychotropic prescription patterns for PTSD in a Medicaid sample was reported. In this study, one month of paid prescription medical claims for patients with PTSD and comorbid depression diagnosis codes in New Hampshire Medicaid were analyzed. Selective serotonin reuptake inhibitors (SSRIs) and other newer antidepressants were more frequently prescribed for depression than for PTSD, and patients with concomitant PTSD and depression received more prescriptions in comparison to PTSD-only diagnosis. The current study provides a replication and extension of this published study. Twelve months of prescription medical claims were statistically analyzed for patients with provider-recognized PTSD in Florida Medicaid, the fifth largest Medicaid program in the United States. Patterns of psychotropic prescriptions indicate considerable variability between PTSD patients with and without other Axis I psychological disorders. When PTSD occurs with major depression, there is a greater likelihood of receiving an antidepressant. Findings suggest pharmacological under-treatment of provider-recognized PTSD in Florida Medicaid. Recent guidelines proposed a 12-24 month treatment course for chronic PTSD. Implications for mental health policy are discussed.

M-7 **Track 7 (practice)**

PTSD, Subjective Threat Appraisal and Coping Strategy Use in Battered Women

Engel, Lisa, M Phil, Tulane University Health Sciences Center; Dutton, Mary Ann, PhD, Georgetown University; Goodman, Lisa, PhD, Boston College

The present study was a secondary data analysis that examined the relationship between Posttraumatic Stress Disorder (PTSD) severity, subjective threat appraisal of future re-victimization, and coping strategy use in women who were victims of intimate partner violence. Participants were 290 women, recruited from a domestic violence shelter, a civil court, or a criminal court. Participants completed an initial questionnaire and a follow-up questionnaire 3 months later. The questionnaire included the PTSD Checklist, Conflict Tactic Scale-2, IPV Threat Appraisal Scale, and IPV Coping Strategy Index. It was hypothesized that PTSD severity would be associated with greater amount of coping strategy use and higher subjective threat appraisal. It was also hypothesized that higher subjective threat appraisal would be associated with greater coping strategy use, while controlling for PTSD severity. Finally, a mediational model was tested in which subjective threat appraisal was examined as a mediator between PTSD and coping strategy use. All hypotheses were tested while controlling for actual level of violence experienced. Results supported each of the hypotheses. A one standard deviation increase in PCL score was associated with a 4.4% increase in strategy use. That relationship was reduced to a 2.9% increase when threat appraisal was included in the model.

M-8 **Track 7 (practice)**

The Shaman as Co-Therapist: Working with Indigenous in Guatemala

Fabri, Mary, PsyD, The Marjorie Kovler Center for the Treatment of Survivors of Torture

The atrocities committed during the 36-year civil conflict in Guatemala are well documented in the report on the Reconstruction of Historical Memory. Momostenango, Guatemala is located in the Department of Totonicapan, in the Guatemalan highlands. The population is 94% Mayan, mostly Quiche speakers, many who were tortured or survived the disappearances and executions of family members during the civil war. Momostenango has also become the home to many displaced persons from neighboring regions of the highlands. Efforts to address the psychological consequences of torture in the clientele being seen by the staff of Projecto de Salud Mental serving Momostenango and the surrounding rural communities resulted in a training collaboration with the Marjorie Kovler Center in Chicago. In the context of severely limited funding and resources and institutionalized racism toward the indigenous, the U.S. training team worked with the Ladino and Mayan staff of Projecto de Salud Mental to promote integration of Mayan ceremony, energy work, and plant medicine into treatment plans.

M-9 **Track 8 (disaster)**

A Vicarious Traumatization Prevention Strategy for Nursing Students

Fournier, Debra, MSN, APRN, Yale University School of Nursing; Hamrin, Vanya, MS, APRN, Yale University School of Nursing; Pellico, Linda, PhD, APRN, Yale University School of Nursing

Familiarity with the construct of vicarious traumatization has grown in many areas, yet little has been published to address how this risk applies to the field of nursing. Given the nursing shortage issues, the higher acuity of patients, and the changing roles in health care systems, there is an increased need for additional support to be provided to nursing students as they begin their career. Without additional planning to prepare nurses for these demands and aid in future retention, rates of attrition from the profession may continue to rise, perpetuating the national health care crisis. To address this challenge, peer led support groups were piloted at Yale University's School of Nursing. Graduate nurses facilitated small groups of first year students during their clinical rotations in psychiatry and medical-surgical nursing. All students were asked to evaluate the usefulness of the group with Likert scales and narrative comments. A decrease in self-reported anxiety was noted for the students who participated in these support groups. The feasibility of implementing this prevention strategy will be presented as well as a discussion about the risks of vicarious traumatization in nursing, and the importance of increasing the visibility of this risk in the medical community.

M-10 **Track 7 (practice)**

Glycemic Control for Patients with PTSD: Primary Care Effects

Frayne, Susan, MD, MPH, Center for Health Care Evaluation, VA Palo Alto Health Care System; Sharkansky, Erica, PhD, VA Boston Healthcare System; Keane, Terence, PhD, VA Boston Healthcare System; Rosen, Craig, PhD, National Center for PTSD, Palo Alto, California; Lin, Hai, MD, MPH, Center for Health Quality, Outcomes and Economic Research, VAMC, Bedford, Massachusetts; Halanych, Jewell, MD, MS, University of Alabama at Birmingham; Miller, Donald, ScD, Center for Health Quality, Outcomes and Economic Research, VAMC, Bedford Massachusetts

Purpose: The poor physical health seen in patients with post-traumatic stress disorder (PTSD) could reflect, in part, their medical care. We examined whether diabetics with PTSD had worse glycemic control than those without mental health conditions (MHC), and whether frequent primary care visits had a protective effect. Methods: From all Veterans Health Administration outpatients with diabetes whose facility submitted 1999 lab data to a centralized registry, we used ICD9 codes to identify the 236,377 with no MHC and the 18,859 with PTSD. Using logistic regression and adjusting for demographics and comorbidities, stratified on receipt of primary care (0, 1-2, or 3+ visits), we compared glycemic control in patients with PTSD to those with no MHC. Findings: Adjusted odds ratios (95% CI) for poor glycemic control were 1.32 (1.15, 1.51), 1.22 (1.13, 1.32), and 1.18 (1.13, 1.23) in PTSD vs no MHC patients with 0, 1-2, and 3+ primary care visits, respectively. Conclusions: Diabetics with PTSD are more likely than those without MHC to have poor glycemic control, but the likelihood decreases with increasing number of primary care visits. Systems-level interventions, such as coordination of mental health and primary care efforts, may improve care for PTSD patients with comorbid medical conditions.

M-11 **Track 4 (clin res)**

Associations between PTSD Symptoms and Poor Smoking Cessation Outcomes

Gibson, Laura, PhD, University of Vermont; Zvolensky, Michael, PhD, University of Vermont; Vujanovic, Anka, BA, University of Vermont; Feldner, Matthew, MS, University of Vermont

Cigarette smokers with symptoms of PTSD represent a common, albeit understudied, segment of the smoking population who may be at heightened risk for continued nicotine dependence and its associated morbidity and mortality. The impact of PTSD symptoms on smoking cessation outcomes has yet to be empirically examined using prospective methodologies that can decrease reporting error and memory biases. To address this gap, the present prospective investigation is examining the extent to which PTSD symptoms are associated with decreased success in a self-guided quit attempt among adult smokers. The first hypothesis is that regular smokers (defined as at least 10 cigarettes per day for at least one year) with

elevated PTSD symptoms compared to regular smokers without such symptoms will demonstrate less success in a self-guided cessation attempt. This will be indexed by shorter time to first smoking lapse. The second hypothesis is that regular smokers with elevated PTSD symptoms, compared to those without such symptoms, will demonstrate elevated self-reported negative affect during the initial week of abstinence from smoking. Data collection began in January, 2004 and completion of data collection is expected by August, 2004. Findings from the study may have important implications regarding smoking cessation interventions for smokers experiencing post-traumatic sequelae.

M-12 **Track 7 (practice)**

An Empirical Examination of Consent and Harm in "Adult-Child Sex"

Gold, Steven, PhD, Trauma Resolution Integration Program at Nova Southeastern University; Seibel, Stacey, MS, Nova Southeastern University; Sellers, Alfred, PhD, Nova Southeastern University

A meta-analytic study of the long-term consequences of childhood sexual abuse (CSA) in college students challenged the prevailing belief that CSA is harmful (Rind, Tromovitch & Bauserman, 1998). The authors suggested that "a willing encounter with positive reactions...be labeled simply adult-child sex, a value-neutral term" (p. 46). The article was celebrated on the North American Man/Boy Love Association website as providing support for pedophilia, alleged by radio talk-show host "Dr. Laura" Schlessinger to endorse adult sex with children, and prompted the U.S. Congress to pass a resolution condemning the American Psychological Association for publishing it. We investigated the relationship of initial sexual experiences to family of origin environment, psychological adjustment and sexual functioning in a sample of 105 college students. The target group was individuals whose initial sexual experience occurred before age 18 with a partner at least five years older. Initial findings indicated that 70.0% of the target group reported having been either convinced or forced to engage in their first sexual experience, while 70.5% of the comparison group perceived their first sexual experience as mutually consensual. Preliminary analyses revealed significantly higher levels of family dysfunction, sexually compulsive and addictive behaviors and psychological symptomatology in the target group.

M-13 **Track 1 (assess)**

Differential Correlates of Self-Harm Among Abused and Non-Abused Women

Gratz, Kim, PhD, McLean Hospital/Harvard Medical School; Tull, Matthew, MA, University of Massachusetts Boston

The relationship between childhood abuse and the development of self-harm has received considerable attention. While research suggests a strong association between abuse and later self-harm, there is a subset of self-harming individuals who do not report a history of abuse. Given that many of the models developed to explain self-harm have emerged from the literature on the consequences of childhood trauma, it is possible that the factors hypothesized to play a role in the development and maintenance of self-harm (e.g., emotion dysregulation, dissociation) may be more relevant for abused than non-abused individuals. Examining the moderating role of abuse history may contribute to an increased understanding of individual differences in the risk factors for self-harm. Therefore, this study examined differences in the correlates of self-harm among women with and without a history of childhood physical and/or sexual abuse. Female college students (N = 262) completed measures assessing childhood abuse, dissociation, and aspects of emotional responding. Results indicate differences in the correlates of self-harm among abused and non-abused women; specifically, those emphasized within the literature are more strongly associated with this behavior among abused women. Our models of self-harm do not adequately explain the development of this behavior among non-abused women.

M-14 **Track 7 (practice)**

Client-Centered Advocacy: A Clinical Intervention for Torture Survivors

Gupta, Sonali, PsyD, Center for Multicultural Human Services

"Client-centered advocacy" may be defined as advocacy that the clinician engages in as a means of supporting and furthering the torture survivor's psychological recovery. The advocacy is derived from a therapeutic conceptual framework that takes into account the survivor's presentation, goals, and wishes. Advocacy on behalf of the survivor may serve as an effective therapeutic intervention that not only improves general functioning and decreases symptomatology, but also enhances the therapeutic relationship and facilitates the survivor's acculturation to the host country. This paper provides examples of situations in which client-centered advocacy is an appropriate and necessary intervention in the treatment of survivors of torture (e.g., assisting clients in interfacing with legal and medical systems). In addition, guidelines will be provided that serve to ensure that the advocacy is appropriately implemented so as to have a therapeutic effect. Finally, therapist neutrality, boundaries and roles, and client empowerment are discussed in relation to the concept of client-centered advocacy.

M-15 **Track 7 (practice)**

Impact of Maternal Death Upon Loneliness, Trust, and Locus of Control

Hansen, Catherine, PhD, Northwestern State University; Bell, Bonnie, MS, Northwestern State University; Lindsey, Cynthia, PsyD, Northwestern State University; Williams, Richard, EdD, Northwestern State University

Death of a woman's mother causes lifelong consequences. Fear of subsequent losses may become a defining personality characteristic. Such parental death has been studied extensively in psychiatric populations, but not in the general population. Previous researchers have only surmised that loneliness may be related to external locus of control and low self-esteem and that lack of trust may severely extinguish reliance upon social support. It was therefore predicted in the current study that women in non-clinical settings with early maternal loss would report external locus of control, loneliness, and less interpersonal trust. The sample consisted of 119 non-clinical women. Multivariate Analysis of Variance assessed differences between women who had and had not lost their mothers on loneliness, interpersonal trust, and aspects of locus of control. As hypothesized, women suffering from early maternal loss reported more loneliness, less trust, and more external locus of control than their counterparts. A Multivariate Analysis of Covariance was additionally utilized to determine whether, with the effects of locus of control controlled, the women with maternal loss reported significant loneliness and distrust. Results exposed a difference between women with and without early maternal loss on loneliness and interpersonal trust. Implications and future considerations will be discussed.

M-16 **Track 7 (practice)**

Empowerment and Posttraumatic Stress Disorder in Abused Women

Johnson, Dawn, PhD, Summa-Kent State Center for the Treatment and Study of Traumatic Stress; Worell, Judy, PhD, University of Kentucky; Chandler, Redonna, PhD, National Institute on Drug Abuse

Research demonstrates that women who have experienced violence from an intimate partner frequently suffer from a range of mental and physical health difficulties. One of the diagnoses most frequently associated with intimate partner violence is posttraumatic stress disorder. PTSD is a debilitating disorder associated with significant impairment in functioning. Consistently, PTSD may also negatively impact a woman's level of empowerment, and subsequently her ability to access the resources required to establish her long-term physical and emotional safety. However, there is little empirical research on empowerment, and to our knowledge, no research has specifically evaluated the relationship between empowerment and PTSD. The current research attempts to provide some insight into this relationship in a sample of 74 women identified as having experienced current or past intimate partner abuse. Abused women with PTSD scored significantly lower on a measure of personal and social empowerment than did abused women without PTSD. This finding suggests that women with PTSD are less empowered than those without PTSD. In light of the relationship between PTSD and empowerment, it seems important to focus on increased empowerment when treating abused women with PTSD. Clinical implications and limitations of this research will be discussed.

M-17 **Track 7 (practice)**

Treating PTSD Through Group CBT Clinical Supervision

Kitchiner, Neil, University Hospital of Wales, Cardiff, UK

There are not enough traumatic stress services within the UK to deal with the number of individuals referred for treatment. In the Cardiff traumatic stress service we have developed a system whereby local mental health clinicians with an interest in PTSD and its psychological treatment receive training within small groups of five people before taking a client into treatment under supervision, using prolonged exposure via a manual over 10-20 sessions. The trainees are familiarized with the prolonged exposure manual

through, role-play, didactic teaching sessions and reading material related to traumatic stress. Supervision sessions occur weekly for 1.5 hours. The model of supervision is based on cognitive behavioral therapy (CBT) with the emphasis on role-play, case discussion, and feedback from audio taped sessions, which are rated against existing CBT scales. The effectiveness of this model has been evaluated using quantitative and qualitative methods. The results demonstrated that the trainees found the training and supervision helpful. Clients also appeared to benefit from the therapy provided with a reduction in PTSD symptoms by the end of treatment. It is believed that similar initiatives could be developed elsewhere to maximize the availability of evidence based treatments for PTSD.

M-18 **Track 7 (practice)**

Relaxation Training as Part of a Residential PTSD Treatment Program

Kutcher, Gary, PhD, Veterans Affairs Health Care System, Miami, Florida; Adams, Pam, PhD, Veterans Affairs Health Care System, Miami, Florida; David, Daniella, MD, Veterans Affairs Health Care System, Miami, Florida

The utility of incorporating a Relaxation Training group as part of a 12 week PTSD Residential Rehabilitation program was assessed. Seventy-seven veterans with a primary diagnosis of military related PTSD served as subjects. Subjects attended weekly group sessions in which they were trained and practiced Deep Breathing exercises, Progressive Muscle Relaxation, Visualization, Meditation, and Guided Relaxation to calming music. Prior experience with relaxation techniques, frequency of use, desire to undergo relaxation training, and perceptions about the utility of relaxation techniques in alleviating symptoms of PTSD and related anxiety were assessed. After undergoing 12 weeks of relaxation training, subjects completed a follow up questionnaire assessing the frequency of their independent use of relaxation techniques, the preferred relaxation technique, and any changes in their perception about the effectiveness of relaxation techniques in reducing symptoms of PTSD and related anxiety. Data revealed that subjects were highly motivated to incorporate relaxation techniques into their treatment regimen. Subsequent to training, subjects reported regular independent use of relaxation techniques and Deep Breathing exercises were rated as most beneficial. The perception that relaxation techniques are sufficient for reducing the occurrence of PTSD symptomatology was not supported. Subjects did, however, report a robust perceptual change in their ability to reduce feelings of anxiety triggered by PTSD symptomatology. Finally, subjects reported a strong intent to continue using relaxation techniques following discharge and they "highly recommended" that relaxation training be maintained as part of the overall PTSD program.

M-19 **Track 7 (practice)**

The Role of Anxiety Sensitivity, Traumatic Event Exposure, and PTSD

Lewis, Sarah, PhD, Marshall University; Feldner, Matthew, University of Vermont

Anxiety sensitivity (AS) has been implicated as important to traumatic responding as well as posttraumatic stress disorder (PTSD) treatment, yet there has been little systematic empirical investigation of its relation to trauma-relevant responding. The purpose of this study was to examine the potential moderation effect of AS in terms of the relation between traumatic event exposure and posttraumatic stress symptomotology. Sixty-three participants who reported directly experiencing at least one traumatic event participated. Hierarchical linear regressions were conducted predicting a continuous measure of posttraumatic stress symptomotology. The effects of gender, family income, and alcohol use were controlled for at level one, the main effects of anxiety sensitivity [Anxiety Sensitivity Index total scores] and frequency of trauma exposure were entered at level two, and the interaction between these two factors was included at level three. There were significant main effects of anxiety sensitivity and trauma exposure. The interaction also emerged as a significant predictor above and beyond these main effects, suggesting AS may moderate the relation between trauma and posttraumatic stress symptomotology. We critically discuss these findings in relation to assessing and targeting anxiety sensitivity in treatment of combat-related PTSD.

M-20 **Track 7 (practice)**

A Randomized Controlled Trial of CISD for Convenience Store Employees

Marchand, André, PhD, Université du Québec à Montréal; Quay, Stéphane, PhD, Centre de recherche Fernand-Seguin; St-Hilaire, Marie-Hélène, MA, Université du Québec à Montréal; Boyer, Richard, PhD, Centre de recherche Fernand-Seguin; Martin, Annick, PhD, Université du Québec à Montréal; Iucci, Soledad, PhD, Université du Québec à Montréal

Convenience stores employees who are victims of an armed robbery are at great risk of psychological distress. Secondary prevention programs, or psychological debriefing, could be indicated for these individuals. This research is a prospective randomized controlled clinical trial of an adapted form of Critical Incident Stress Debriefing (CISD-A) with victims of an armed robbery. The specific goals are to examine if the CISD-A is superior to the control group in: (a) preventing the development of a post-traumatic stress disorder (PTSD) and (b) attenuating the frequency and intensity of post-traumatic stress symptoms. After pre-test, 86 participants were randomly assigned to individual debriefing or to a no intervention condition. They were reassessed 1, 3 months and one year later. Results revealed no differences between the CISD-A and the control group in terms of preventing employees from developing PTSD or attenuating post-traumatic symptoms over a 3-month and one-year period.

M-21 **Track 7 (practice)**

Psychotherapy as the Foundation for Healing

Merlis, Suzanne, PsyD, Marjorie Kovler Center for the Treatment of Survivors of Torture

For refugee survivors of torture, the aftermath is often the destruction of the individual's trust and dignity that can lead to disempowerment and disconnection. Reestablishing trust and safety has been shown to be critical for a trauma survivor's recovery, especially in the context of relationships. While the therapeutic environment is not the only space that recovery is fostered, it is often sought out by traumatized individuals and is the first opportunity for one's story to be validated in the context of an empathic relationship. This presentation will describe how psychotherapy can assist in building the foundation to help heal the internal "war" or dialogue of disbelief and truth, aid in transforming psychological symptoms into words, and reintegrating the various fragments of the traumatized person's worlds into a cohesive and meaningful narrative. This foundation for healing can be established in a variety of therapeutic modalities. Four of these modalities will be discussed including psychotherapy, occupational, art and dance/movement therapy. We will discuss how interdisciplinary approaches work in tandem to join the individual at each stage of their recovery to feel empowered, create new connections and re-build their lives.

M-22 **Track 7 (practice)**

Support Group for Veterans with Posttraumatic Stress and Hepatitis C

Moore, Rosemary, MSW, Minneapolis Veterans Affairs Medical Center; Leskela, Jennie, PhD, Minneapolis Veterans Affairs Medical Center; Erbes, Christopher, PhD, Minneapolis Veterans Affairs Medical Center

Vietnam-era veterans have been disproportionately infected with the Hepatitis C virus (HCV), currently the leading cause of chronic liver disease. The Veterans Health Administration is exploring and evaluating new practices to ensure that HCV-infected veterans receive the best possible health care. These patients are believed to have their own unique set of needs. These include deficits in knowledge about the disease, stress due to social stigma, medical and psychiatric co-morbidity, and aversive medication side-effects to antiviral treatment for HCV, such as depression and worsening posttraumatic stress disorder (PTSD) symptoms. There is evidence that individuals coping with other chronic diseases, such as cancer or human immunodeficiency virus, have benefited from support groups. A qualitative study at the Minneapolis Veterans Affairs Medical Center suggested a strong need for additional support, coping skills and help managing side effects of HCV treatment. This poster describes a psycho-educational program that was developed on the PTSD team, in collaboration with the Hepatitis C Clinic, to provide support and education to veterans with PTSD coping with Hepatitis C. Details of the group content and structure are provided, along with pre and post data. Implications for other settings are discussed.

M-23 **Track 7 (practice)**

Sandtray Therapy: A Nonverbal, Cross-Cultural Trauma Intervention

Okawa, Judy, PhD, Program for Survivors of Torture and Severe Trauma at Center for Multicultural Human Services

Ever since Carl Jung discovered that playing symbolically with objects in the sand helped him work through a blocked point in his personal analysis, therapists have been using sand play therapy to facilitate their clients' healing. Sand play therapy, with its use of a tray of sand and hundreds of miniatures capable of representing a multicultural world, allows a person to work on a nonverbal level, creating in a concrete, visual, and tactile form an image of his or her inner world, or, as Ruth Ammann called it, a "soul garden." Working in the sand allows an individual to develop insights that can be quite different from those gained in "talk therapy." This presentation will describe the use of sandtray therapy with survivors of war trauma, torture, and abuse who have escaped to the United States for safety. These survivors often struggle with language problems, cultural adjustment, and symptoms of posttraumatic stress, depression, and dissociation. This presentation will illustrate through the use of slides and pictures the power of sandtray therapy in helping survivors of trauma explore their experiences and emotions in a new way, work through grief, and identify both internal strengths and external factors that can facilitate healing.

M-24 **Track 7 (practice)**

Maladaptive Attributions as a Function of Trauma Type

Olson, Amy, BS, BSOSEH, University of Wyoming; Gray, Matt, PhD, University of Wyoming

It is proposed that event-specific attributions, as assessed through Content Analysis of Verbatim Explanations (CAVE; Schulman, Castellon, & Seligman, 1989) will be a better predictor of trauma symptomatology than general attributional style as measured by the Attributional Style Questionnaire (ASQ; Peterson & Seligman, 1984). Furthermore, within the undergraduate sample used, those participants who explain their assaults (e.g., physical assault, sexual assault) on internal, global, and stable will endorse higher levels of Post-traumatic Stress Disorder (PTSD) symptoms than those interpersonal violence victims who use external attributions. Those participants who explain their accidents (e.g., motor vehicle accident) through external, global, and stable causes will report higher levels of PTSD symptoms than those who use internal attributions. A review of the pattern of general attributional style and event-specific attributions will examine the possible role of control and characterological vs. behavioral self-blame (Janoff-Bulman, 1979) to clarify the maladaptive nature of internal versus external attribution dependent upon trauma type.

M-25 **Track 7 (practice)**

Treatment History of Trauma-Treatment Seekers

Orazem, Robert, BA, Boston University; Resick, Patricia, PhD, VA Boston HealthCare System

This study examined the treatment history of trauma survivors who presented for trauma-focused treatment. The sample included 262 adult women who had experienced rape prior (M = 8.86 years) to seeking treatment. Results indicated 80% of participants had prior treatment, of whom 53% had reportedly engaged in trauma-focused therapy. Nearly a third of participants reported a history of hospitalization. Approximately half of participants reported no history of psychiatric medication, while 26% were presently taking psychiatric medications and 28% had taken psychiatric medications in the past. Amount of, type of, and satisfaction with prior treatment did not predict PTSD or depression symptomatology. History of hospitalization was associated with greater symptoms of PTSD ($F[1,239] = 6.18$, $p = 0.014$) and depression ($F[1,193] = 9.53$, $p = 0.002$), as was being on psychiatric medications ($F[2,238] = 7.55$, $p = 0.001$; $F[2,192] = 6.90$, $p = 0.001$, respectively). Finally, participants who completed the treatment protocol were more likely to have completed 10+ sessions of prior treatment (chi-square = 24.10, $p = 0.001$) and were more likely to be taking psychiatric medications (chi-square = 15.47, $p = 0.017$). These findings highlight the relevance of prior treatment history to current trauma-focused treatment for assault survivors.

M-26 **Track 7 (practice)**

A Community Mural: Boston Center for Refugee Health and Human Rights

Piwowarczyk, Linda, MD, MPH, Boston Center for Refugee Health and Human Rights, Boston University School of Medicine; Goldman, Avivah, LICSW, Boston Center for Refugee Health and Human Rights; Ewing, John, Boston Center for Refugee Health and Human Rights; Keane, Terence, PhD, Boston Center for Refugee Health and Human Rights, NCPTSD

The sense of isolation is a common consequence of trauma. For survivors of torture, to be able to connect with others in an environment that is safe is valuable in the process of healing. This is especially significant as torture in its intentionality often affects one's capacity to trust. Coming together as individuals from different countries makes on aware of the fact that torture is practiced around the world. When one is targeted for torture, self-agency may be affected. Consequently, the use of art through community serves both to reconnect one with the self prior to the torture experience, but also addresses issues of shame by validating one's capacity to make or contribute to something that is beautiful. By contributing pieces that are culturally congruent, it also validates where one has come from. A mural is a way also to leave something that is permanent. The process of a community mural done at the Boston Center for Refugee Health and Human Rights with staff and clients will be described, as well as the benefits identified by the participants.

M-28 **Track 7 (practice)**

Symptom Over-Reporting in PTSD-Related Disability Applicants

Prestel, Rebecca, BA, National Center for PTSD-VA Boston Healthcare System; Walsh, Kate, National Center for PTSD; Niles, Barbara, PhD, National Center for PTSD; Fisher, Lisa, PhD, National Center for PTSD

Previous literature on combat veterans has documented significant over-reporting of psychiatric symptoms in order to initially obtain a disability service connection and to increase or maintain that compensation. This study examined personality and psychiatric differences between individuals who self-reported seeking a posttraumatic stress disorder (PTSD) assessment in order to obtain or improve disability status versus individuals who did not report seeking an assessment for such reasons. The sample consisted of 215 PTSD assessment-seeking veterans (mean age = 52.7; 74.9% Caucasian). Veterans completed a battery of self-report assessment questionnaires in addition to clinical interviews to determine PTSD status. Measures included the Multidimensional Personality Questionnaire (MPQ), the Beck Depression Inventory (BDI), the Beck Anxiety Inventory (BAI), the PTSD Checklist (PCL), the Clinician Administered PTSD Scale for DSM-IV (CAPS), and the Mississippi Scale (MISS). Contrary to previous findings, results revealed no significant associations between applying for a new disability or an upgrade and self-reported psychiatric functioning or personality factors. Results were similar in analyses comparing veterans with and without current disability service connection, indicating that neither applying for a new disability nor to increase an existing one is associated with self-reported psychiatric symptoms.

M-29 **Track 7 (practice)**

The Meaning of Movement: Dance as a Tool of Healing

Quensen-Diez, Erica, MA, Marjorie Kovler Center for the Treatment of Survivors of Torture

Two of the many goals of torture is to destroy one's body and one's sense of self. The physical and psychological wounding is held within the body long after the actual trauma is inflicted. The wounding is then made more severe when the stressors of life in a new culture are compounded with the after effects of the initial trauma. This presentation will highlight one particular survivor who was able to build a solid foundation through regular psychotherapy and occupational therapy sessions and incorporate his already present love of dance into his own healing process. This creative art form was an important part in healing the physical body as well as organizing and making sense of the beliefs that helped the survivor make sense of his view of the world. With a dance/movement therapist, he was able to continue his process in a safe and therapeutic space which allowed for increased insight into the meaning of his movements as he developed a more expansive movement repertoire signifying a move towards health. Discussion on the impact of this survivor's involvement in psychotherapy, occupational therapy, art therapy, and dance/movement will also be shared.

M-30 **Track 7 (practice)**

The Effect of Betrayal on World Assumptions

Rakow, Madeline, BA, Eastern Michigan University; Porcari, Carole, BA, Eastern Michigan University

Cognitive assumptions concerning self-worth, the benevolence of the world, and the meaningfulness of the world (Janoff-Bulman, 1989, 1992; Janoff-Bulman & Frieze, 1983) are often disturbed by traumatic events. According to betrayal trauma theory, traumatic events involving high levels of betrayal are associated with higher levels of dissociation and psychogenic amnesia (Freyd, 1996). This study extends betrayal trauma theory (Freyd, 1996) by examining the role of betrayal in the prediction of cognitive assumptions. University students completed scales measuring trauma exposure, posttraumatic symptomatology, cognitive beliefs and demographic data. Level of closeness in victim/perpetrator relationship, level of sexual intrusiveness of the trauma, and feeling betrayed by the event were considered as predictors of betrayal. Results indicated that overall trauma exposure was significantly and negatively correlated with the strength of cognitive beliefs in all three domains. Higher levels of betrayal were significantly and negatively correlated with strength of beliefs regarding self-worth and benevolence of the world. The clinical implications of these data will be explored.

M-31 **Track 7 (practice)**

Intuitive Painting as Therapeutic Process for War and Torture Survivors

Rydberg, Thad, MA, Marjorie Kovler Center for the Treatment of Survivors of Torture

Refugee survivors of torture and war are faced with multiple challenges in rebuilding their lives. Resettlement causes challenges of its own, from language to occupational to legal status stress. Moreover, healing from consuming trauma and trauma related syndromes and disorders is a slow and painstaking process. Re-traumatization is always a risk. The re-creative process of personal healing and reconnecting to community can be arduous. Often after having reaped the rewards of psychotherapy, creative processing can further ones healing. This presentation will discuss the use of painting as therapy in latter stages of the healing process from war and torture trauma. Specifically, one case will illustrate how a survivor initially benefited from psychotherapy and later from spirituality, dance and art. With increased assurance, this survivor actively engaged in creative therapies. With an art therapist he has been painting large-scale internal reflections on trust, his truths and understandings. The painting process provides a means to express intrapsychic, interpersonal and social dialogues. The survivor as artist draws on his own cultural wisdom, his evolving spiritual beliefs and artistic expression to rebuild his once fragmented reality. When painting he states he is "reconfirming trust in himself, his intuition and in other human beings".

M-32 **Track 7 (practice)**

Comparing Outcomes: Treating PTSD with and Without Language Interpreters

Schulz, Priscilla, MSW, Center for Trauma Recovery, University of Missouri and War Trauma Recovery Project Inc.; Resick, Patricia, PhD, National Center for PTSD, VA Boston Healthcare Systems and University of Missouri-St. Louis; Huber, Louis, MS/OTR-L, War Trauma Recovery Project Inc.

Rates of PTSD are high among war refugees. Correlates of poverty, as well as language and culture differences complicate, sometimes hinder, treating PTSD in this population. Using interpreters is one way to solve the language problem. This solution is not without controversy, risk and difficulty. The War Trauma Recovery Project, Inc., (WTR) is a state certified psychological treatment program serving refugees and immigrants in St. Louis, Missouri. WTR provides empirically supported, cognitive-behavioral treatment for PTSD in patient's native, or preferred, language using a bilingual therapist or a therapist-interpreter team. Since 1998, 46 refugees completed a course of trauma-focused treatment through WTR. A measure of PTSD symptoms was obtained on all 46 patients both before and after treatment. Eighteen patients received treatment from a therapist-interpreter team. Twenty-seven received treatment speaking a language common to patient and therapist. This poster presentation compares the effectiveness of WTR's treatment with or without an interpreter by examining treatment length and outcomes for each condition. It also discusses issues of relevance when patient and therapist are culturally different, do not share the same language, and must use an interpreter. Recommendations for clinicians wishing to treat PTSD in war refugees with limited English proficiency are included.

M-33 **Track 7 (practice)**

Working with Women Trauma Survivors from Turkey

Sezgin, Ufuk, PhD, Associate Professor, University of Istanbul; Istanbul Medical Faculty, Psychiatry Department

Objective: The aim of this study was to assess the effectiveness of a psychotherapy model sensitive to ethnic differences and gender in women diagnosed with chronic Post Traumatic Stress Disorder (PTSD). Method: 33 women having severe PTSD symptoms and currently living in Turkey were included in this study. The cases were given Post Traumatic Stress Scale (PDS), Impact of Event Scale Revised (IES-R), Scale of Coping with Stress (SCS) and a sociodemographic questionnaire concerning the details of traumatic life events. Results: Mean age of the cases was (31.18 ± 6.7) and 91% of the cases were diagnosed as PTSD. 91% had symptoms lasting for more than three months. At the end of the study PTSD symptoms have been resolved in 3/4 of the cases. There was a statistically significant difference ($P<0.05$) favoring resolution of symptoms between pre and post test results in all the scales used as far as symptom severity, function loss, and PTSD diagnosis were concerned. This difference was further seen in the follow up studies ($P<0.05$). Conclusion: Group psychotherapy sensitive to gender applied to women who had been subject to multiple and sustained trauma and with PTSD diagnosis proved to be effective. This study, carried out with the collaboration of a women's center, sets an example in our country with its heterogeneous approach and sensitivity to ethnicity and gender combining a variety of treatment models in the treatment of women with PTSD.

M-34 **Track 7 (practice)**

Impact of CSA and Resource Loss on PTSD Symptoms

Suniga, Sarah, MA, Kent State University; Hobfoll, Stevan, PhD, Kent State University

Childhood sexual abuse (CSA) was hypothesized to lead to the experience of loss of resources and impact the experience of posttraumatic stress disorder (PTSD). A community sample of women (N = 243) was examined over two time periods, as part of a pilot study for a larger study. PTSD symptoms, over 2 weeks prior to assessment, at time 2 measured the vulnerability to new stressors (resource loss, over 3 months prior to assessment). Analyses reveal for women who experienced CSA, resource loss of any type predicted more severe PTSD symptoms. Woman who reported a history of CSA and reported recent resource loss, of either a material resource or interpersonal resource, experienced more severe PTSD symptoms than women who did not experience the same resource loss. These findings suggest that interventions should focus on assisting women to gain any type of resource in order to provide a protective effect on new stressors.

M-35 **Track 8 (disaster)**

Social Reconstruction and Healing of Traumatized Communities

Ajdukovic, Dean, PhD, Department of Psychology, University of Zagreb

Massive violence does not happen in social isolation but it is designed to cause horror, hurt people and destroy their belief systems and send specific messages to the victimized populations. The feeling of predictability of the world as the victims knew it is gone, while at the same time support mechanisms are typically far from adequate. The social context of trauma recovery in a destabilized community is loaded with high levels of uncertainty, frustration, anger, aggression and fear, helplessness and feelings of being discriminated. In such contexts effective community-based interventions that facilitate social reconstruction, decrease social tensions among groups that have been involved in a conflict, and provide treatment for the most traumatized individuals are the vehicle for people to integrate painful collective experiences so that they can turn toward the future. Parallel to this, capacity building of the care-providers is essential, as their traditional clinical roles extend into new social realm. Several models describing the essential processes in the social reconstruction and trauma healing will be presented, and barriers related to recovery from trauma, such as fragmentation of social life, deep feelings of distrust, complicated grieving, perceptions of being betrayed by the people one has trusted will be discussed.

M-36 **Track 8 (disaster)**

The Efficacy of Debriefing in NYPD Officers Following 9/11

Best, Suzanne, PhD, San Francisco VAMC/University of California, San Francisco; Metzler, Thomas, MA, San Francisco VAMC; Mohr, David, PhD, San Francisco VAMC/University of California, San Francisco; Marmar, Charles, MD, San Francisco VAMC/University of California, San Francisco

Since September 11, 2001, a controversy has arisen regarding the use of debriefing as an early intervention to address psychological distress following a traumatic event. The use of debriefing has been particularly widespread within emergency services where it is often a mandated rather than a voluntary intervention. However, a systematic review of the research (Rose, Bisson & Wessley, 2001) has found debriefing to be generally inefficacious with some studies finding that it may impede recovery or be potentially iatrogenic. Following the September 11 attacks, we studied 321 NYPD officers for whom we had pre 9/11 baseline data. Assessments included measures of debriefing and support services received and post-9/11 psychological functioning. We predicted debriefed officers would report greater psychological distress than non-debriefed. Thirty-four percent of the 292 officers who responded reported receiving debriefing with 80% of debriefings mandated. Results showed no differences between groups on general psychological distress or PTSD but debriefed officers reported greater sleep disturbance than non-debriefed. This difference persisted as a strong trend ($p = .06$) after controlling for 9/11-related exposure. We will consider the implications of these findings relative to the existing literature and to the on-going practice of mandating psychological debriefing for police personnel following significant critical incidents.

M-37 **Track 8 (disaster)**

Predictors of Resilience and Thriving Following 9/11/01

Butler, Lisa, PhD, Department of Psychiatry, Stanford University School of Medicine; Blasey, Christine, PhD, Department of Psychiatry, Stanford University School of Medicine; Koopman, Cheryl, PhD, Department of Psychiatry, Stanford University School of Medicine; Azarow, Jay, PhD, Department of Psychiatry, Stanford University School of Medicine; Garlan, Robert, PhD, Department of Psychiatry, Stanford University School of Medicine; Chen, Xin-Hua, BA, Department of Psychiatry, Stanford University School of Medicine; Henderson, Shelly, MA, Pacific Graduate School of Psychology; Spiegel, David, MD, Department of Psychiatry, Stanford University School of Medicine

The terrorist attacks of 9/11/01 occasioned an opportunity to examine predictors of long-term psychological resilience and thriving following a large-scale traumatic event. Data for the present analyses represent a subset ($n = 1597$) of a large, primarily white (87%) and female (71%), Internet convenience sample ($N = 7238$), who completed 3 assessments (baseline, 2-month follow-up, and 6-month follow-up). Regression analyses examined whether baseline demographic characteristics, direct vs indirect exposure, emotional suppression, positive and negative changes in existential views, social constraints, and posttraumatic stress disorder (PTSD) symptoms predicted 6-month PTSD symptoms and dimensions of posttraumatic growth (PTG; New Possibilities, Appreciation of Life, Relating to Others, Personal Strength, and Spiritual Change). Results indicate that lower 6-month PTSD symptoms (resilience) were associated with more education, less exposure, less suppression, fewer constraints, and fewer negative existential changes (after controlling for baseline symptoms). Results also indicate that higher 6-month PTG (thriving) on each dimension was associated with higher baseline PTSD symptoms and more positive existential changes (after controlling for 2-month levels of the respective dimension). Results confirm previous findings that PTG is associated with significant traumatic experience, yet they highlight a consistent contribution of positive existential changes for those who ultimately thrive following traumatic experience.

M-38 **Track 8 (disaster)**

Anger, Depression and PTSD Symptoms in Survivors of Taiwan Earthquake

Chen, Sue-Huei, PhD, Department of Psychology, National Taiwan University; Lee, Chia-Hwa, BS, Department of Psychology, National Taiwan University; Wu, Yin-Chang, PhD, Department of Psychology, National Taiwan University

This study aims to investigate the long-term emotional aftermath and PTSD symptoms in adult survivors of a desperate earthquake occurred in Taiwan in 1999. A sample of 142 adult survivors (37 men and 105 women) residing near the epicenter were recruited for individual interview and assessment three years post the earthquake. Anger was assessed by the State-Trait Anger Expression Inventory (STAXI). The depression subscale of SCL-90-R was used for depressive symptoms. The Posttraumatic Stress Reaction Index (PTRSI) was used to assess posttraumatic symptoms. Preliminary analyses show that: 1) significant correlation was noted among PTSD symptoms, depression, state anger, and anger expression (both anger out and anger in); 2) earthquake exposure no longer holds long-term prediction on PTSD symptoms. However, subjective perception of daily life damage caused by the earthquake and objective current dwelling situation significantly correlated with PTSD symptoms; and 3) while state anger was predicted by perception of daily life damage, depression was predicted by objective current dwelling situation. Long-term emotional consequences following a natural disaster such as anger and depression as well as their association with PTSD symptoms will be discussed. Community intervention will be suggested accordingly.

M-39 **Track 8 (disaster)**

A Psychological Matrix on Populations and Early Interventions

De Soir, Erik, MSc, Royal Military Academy Brussels

With this paper I would like to discuss the possibilities for early trauma support, from the immediate post-impact psychosocial intervention to the long term professional help, using the psychosocial matrix of victims as a framework for psycho-emotional triage and early intervention with uniformed services personnel. Content analysis of systematic and semi-structured group meetings with Belgian and French firefighters and paramedics, lead by experienced trauma practitioners over a period six months. Review on recent literature on the use of early intervention for trauma support in trauma victims. Numerous terminology problems urge us to recommend the use of more exact concepts regarding stress, trauma and grief experiences, and different types of support interventions, in uniformed services. In scientific research and meta-analysis the difference between primary, secondary and tertiary prevention, for primary, secondary and tertiary trauma victims, should be made. In a lot of these studies, trauma intervention is reduced to a mechanistic single session approach with different kinds of trauma victims who survived qualitatively different events in qualitatively different contexts. The aim is to generate ideas and questions which go beyond the current pro-contra discussion regarding psychological debriefing, and which allow us to elaborate appropriate guidelines for good practice in early trauma support.

M-40 **Track 8 (disaster)**

End of Deployment Debriefing in the RNL Navy

de Vries, Rodney, Office of Social Work DOD The Netherlands

In 2003 and 2004 several naval units of the Royal Netherlands Navy participated in missions of the United Nations. Aboard one of these units, an End of Deployment Debriefing (EODD) took place when the unit was sailing home. The EODD aimed to learn from preparation and deployment and to prepare for homecoming. The padre of the ship and a social worker operated as a team in this EODD and debriefed more than 200 military personnel in groups of 10 people at a maximum. More than 200 participants of these EODD groups filled out a checklist with items over preparation, deployment and debriefing at the end of the EODD. From the evaluation of the preparation and deployment, many lessons learned have been fed back to the management of the ship. Personnel appeared to be satisfied with the overall preparation of the deployment and the deployment itself. Timings of departure to and from the mission area give room for improvement. From the evaluation of the debriefing process, it appears that the military personnel are highly satisfied with this type of group debriefing. In spite of the criticism of debriefing in civil settings, an EODD appears to be useful in military settings for various purposes, such as evaluation of preparation and deployment and generating lessons learned. The need for an EODD to facilitate the transition from mission to homecoming can be discussed. Recommendations are made to improve the feedback of lessons learned and to reinforce best practices in EODD.

M-41 **Track 8 (disaster)**

Secondary Trauma or Growth? Positive Changes Among Relief Workers

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Positive psychological change or post-traumatic growth often follows disasters. People who experience consequences of disasters indirectly (e.g., relief workers) are exposed to many negative consequences of disasters. There is no research on their positive experiences. We present evidence regarding

positive effects of involvement in relief work on volunteers across a broad age range. In 1999 two major earthquakes devastated densely populated areas in Turkey. Many people volunteered for relief efforts. We were involved in relief efforts and witnessed a positive impact of relief work on volunteers. This study was initiated to capture these changes and is the first study of its kind. In the pilot study 35 volunteers responded to open-ended questions about positive and negative changes, and intruding thoughts and images following relief work. Domains paralleling dimensions of post-traumatic growth were identified via a content analysis and a 30-item inventory was developed for the main study. More than 500 volunteers took a questionnaire, beginning 9 months after the first earthquake, either in person or via mail, fax or e-mail (50% women, median age = 27, range: 16-55). Results confirmed the hypotheses. Relief work was considered as an important life experience. More positive change was reported in self-efficacy, compassion and significance of community solidarity. Volunteers also reported negative effects, particularly intruding thoughts. Younger participants reported more positive changes, particularly in self-efficacy.

M-42 **Track 8 (disaster)**

Psychiatric Service Use Post-9/11 in Red Cross Disaster Relief Workers

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In a survey of roughly 6,000 Red Cross Disaster Relief Workers who responded to the 9/11 terror attacks on the World Trade Centers and Pentagon (surveyed one year post-9/11), we examined predictors of mental health service use. We investigated predisposing, illness, and enabling access variables in a hierarchical logistic regression analysis, predicting whether relief workers used inpatient or outpatient mental health or substance use treatment within one year after 9/11. Results demonstrated that the likelihood of mental health service use was significantly predicted by predisposing (younger age, those not divorced or widowed), illness (higher IES-R intrusion and hyperarousal scores), and enabling variables (those who did not use mental health services before 9/11), accounting for 28% of the variance in mental health service use. These findings will be discussed in the context of other studies predicting health service after disasters and other traumatic events.

M-43 **Track 8 (disaster)**

Anger and PTSD in Disaster Relief Workers Responding to 9/11

Evans, Susan, PhD, Department of Psychiatry, Weill Medical College of Cornell University; Patt, Ivy, PhD, Department of Psychiatry, Weill Medical College of Cornell University; Giosan, Cezar, PhD, Department of Psychiatry, Weill Medical College of Cornell University; Spielman, Lisa, PhD, Department of Psychiatry, Weill Medical College of Cornell University; Difede, JoAnn, PhD, Department of Psychiatry, Weill Medical College of Cornell University

Growing empirical evidence suggests that anger plays a significant role in posttraumatic stress disorder (PTSD), and may impede recovery from traumatic events. The purpose of the presentation is to assess the role of anger and its association to psychopathology and social/occupational functioning in a group of Disaster Relief Workers (DRWs) suffering from PTSD symptoms who were deployed to the World Trade Center (WTC) in the immediate aftermath of September 11, 2001. Six hundred twenty-six utility workers deployed to the WTC site completed measures of anger, psychopathology, PTSD severity, and social/occupational functioning. The results suggest statistically significant associations between anger, global psychopathology and social/occupational functioning in this group of disaster relief workers with PTSD symptoms. Additionally, DRWs with PTSD symptoms had significantly higher levels of anger ($F(3,606) = 27.7$, $p<.001$), depression ($F(3,625) = 111.3$, $p<.001$), global psychopathology ($F(6,606) = 89.9$, $p<.001$), PTSD severity ($F(3,614) = 136.6$, $p<.001$) and disability ($F(3,445) = 52.1$, $p<.001$) than those without PTSD symptoms. These differences also occurred in DRWs with less severe PTSD symptoms. In conclusion, anger is significantly associated with psychopathology and social/occupational functioning in DRWs suffering from PTSD symptoms from the WTC disaster. Limitations include the cross-sectional nature of the study. Implications for occupational health concerns and future research will be discussed.

M-44 **Track 8 (disaster)**

Torture in Sri Lanka: Psychosocial and Psychological Issues

Fernando, Gaithri, PhD, Department of Psychology, California State University Los Angeles

The armed conflict in Sri Lanka resulted in widespread use of torture in the north, east, and northeast. Seventy-nine case files were examined in four of seven centers working with torture survivors. Consent was obtained confidentiality assured. The typical profile of torture survivors was a young (mean age = 29), Hindu (80%) Male (92%) Tamil (100%). Of the 79 identified clients, 36 were further interviewed, to verify symptoms, authenticate narratives, and provide intervention. Findings from the clinical interviews corroborated the information contained in the clinical files, although in clinical interviews, open-ended questions resulted in clients focusing more on the physiological and psychosocial impact of torture (e.g., unemployment due to chronic pain). A multitude of torture methods was reported by the cohort. Sexual torture was reported in about 30% of survivors, including women. Psychological symptoms included the classic symptoms of post-traumatic stress, with fear and avoidance being most evident in survivors' current lives. Psychosocial impact included isolation of the survivor and difficulty interacting with immediate family, which was often more painful to the survivor. In collectivistic cultures, the full impact of a survivor's experience is not fully captured by solely considering the psychological symptoms following torture.

M-45 **Track 8 (disaster)**

Exposure to Violent Events Among School Children in Sri Lanka

Fernando, Gaithri, PhD, Department of Psychology, California State University Los Angeles

This study was conducted to assess the incidence and overall impact of exposure to extreme stressors on Sri Lankan children. Participants were 780 children from 6th through 13th grade (age range = 10 - 18, mean = 13.5, SD 1.7). Children were recruited from schools in Jaffna (north) and Colombo (south). A survey was used which included questions using a Likert-type scale to assess the frequency and severity of exposure to a variety of violent events and to items corresponding symptoms of psychological distress. Results indicated that 71% of "ordinary" school-going children have been exposed to a range of severe traumatic stresses. Children in Colombo experienced more suicide bombings - $F(1, 920) = 14.6$, $p <.000$, while children in Jaffna experienced a higher rate of bomb blasts – $F(1, 972) = 8.3$, $p<.000$. Multiple regression analysis revealed that exposure to violence was the strongest predictor for anxiety (beta = .22, $p <.000$). Surprisingly, religious affiliation was the strongest predictor of depression (beta = .19, $p <.000$). As the data indicate, multiple areas of functioning should be taken into account when assessing children from collectivistic cultures such as Sri Lanka.

M-46 **Track 4 (clin res)**

A Study of Peritraumatic Responses, ASD, and PTSD in MVA Survivors

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Recently, increasing research attention has focused on peritraumatic psychological and physiological reactions to traumatic stressors. This is largely driven by an aspiration to identify peritraumatic responses that might be risk factors for longer-term psychological difficulties (e.g., chronic PTSD). Elucidating such factors could help lead to early identification of trauma survivors who are most in need of clinical services. In this investigation, we examined the relationships between peritraumatic responses, including dissociation, distress, and indicators of physiological arousal, and subsequent ASD symptoms at 2 weeks and PTSD symptoms at 1 month and 3 months following a personal injury motor vehicle accident (MVA) in 52 survivors. We found that peritraumatic dissociation predicted ASD symptoms but was not associated with PTSD symptoms at either follow-up. Peritraumatic distress predicted ASD symptoms and PTSD at both time points. Finally, indicators of peritraumatic physiological arousal (ER heart rate and blood pressure) predicted ASD symptoms but were not associated with subsequent PTSD symptoms. These findings are discussed in terms of their implications to help guide the development of psychological interventions for recent trauma survivors and the difficulty of identifying peritraumatic risk factors for PTSD. Current findings are compared with previous research and limitations of this study are detailed.

M-47 **Track 8 (disaster)**

Protective Factors Associated with Adaptation Following a Trauma

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Between 50% to 60% of people will be exposed to a traumatic event once in their lifetime, yet less than 10% will develop posttraumatic stress reactions. In the face of trauma, protective factors help to prevent or reduce posttraumatic stress symptoms. This poster presents a literature review on protective factors associated with adaptation following traumatic events. Studies included in this review were found in the following databases : MEDLINE (1990-2004), PsycINFO (1980-2004) and PILOTS (1980-2004). Key words entered were : posttraumatic stress disorder, psychological trauma, PTSD, protective factors, resilience, hardiness, moderating/mediating variables. Empirical studies that were written in English or French were included whereas case studies or qualitative studies were excluded. The following pretraumatic protective factors were found: hardiness personality, coping abilities, physical exercise, experience and training. Posttraumatic protective factors found were: positive social support as well as organizational factors facilitating recovery in high-risk occupational workers (e.g., organizational support, adequate working conditions, satisfaction with job). No peritraumatic protective factors were identified. Research must continue in order to specify existing factors and discover new protective factors that will help people cope with a traumatic situation.

M-48 **Track 8 (disaster)**

Occupational Stressors Predict Distress Following CIs in EMS

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Early intervention following trauma focuses on the individual and their reactions, but little account is taken of organizational factors. This study was designed to determine whether the relationship between posttraumatic symptom severity and current psychological well-being was mediated by acute stress reactions or occupational stressors. Self report questionnaires were available for 541 Irish EMS personnel (50% response rate) of whom 276 (234 males, age 22-62 years) had experienced a critical incident (CI) in the previous 6 years (mean 2 years, +/- s.d. 2 years). Measures of psychological well-being (General Health Questionnaire, GHQ-28), PTSD symptoms (PSS-SR), acute stress reactions and occupational stressors were used. 42% of those who had experienced a CI met the full criteria and 21% satisfied partial criteria for PTSD. 12% were classified as cases on the GHQ. Multiple regression analysis indicated that acute stress reactions (beta = .48, p<.001) and occupational stressors (beta = .46, p<.001) were mediators in the relationship between symptom severity and current psychological well-being accounting for 33% (p<.001) and 37% (p<.001) of the variance, respectively. Occupational stressors seem to be as good a predictor of psychological distress in trauma exposed EMS workers as individual variables. This has implications for early intervention in populations occupationally exposed to trauma.

M-49 **Track 8 (disaster)**

Sustained Attention in Disaster-Related Posttraumatic Stress Disorder and Major Depression Disorder

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Research about attentional functioning in posttraumatic stress disorder (PTSD) has almost exclusively been done in populations with combat-related trauma. Also, attentional functioning has not yet been investigated in major depressive disorder (MDD) following trauma. In this study we examined attention and concentration in survivors of a major disaster in three groups: one PTSD group (n = 19), one MDD group (n = 12), and one no disorder comparison group (n = 25), using the PASAT. The objective of the test is to add 60 pairs of digits, which are presented in 5 presentation rates with 3.2, 2.8, 2.4, 2.0 and 1.6 seconds between successive digits. Preliminary results revealed that mean PASAT scores were low in all groups and although no group differences were found for overall mean PASAT scores, a significant difference was found between the two disorder groups and the no disorder comparisons on the 2.4-sec presentation rate. Furthermore, symptoms of reexperiencing and avoidance correlated significantly with PASAT scores, whereas depressive symptoms did not. Our results suggest that independent of reaching diagnostic levels of PTSD, typical symptoms of re-experiencing and avoidance do affect cognitive functioning. However, both PTSD and MDD are more disabling for cognition than experience of a traumatic event itself.

M-50 **Track 8 (disaster)**

Debriefing of Dutch Stabilization Forces in Iraq

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Military personnel of the Royal Netherlands Marine Corps participate in an adaptation program that immediately follows after deployments. An End of Deployment Debriefing (EODD) is an important part of this adaptation program. Debriefers debrief in teams of two debriefers. The size of the group is ten people at a maximum. their groups of ten people each. This research focuses on the satisfaction of personnel with this type of EODD. Two battalions of the Royal Netherlands Marine Corps have been deployed in the Stabilization Forces in Iraq. After leaving the theatre of operation, they participated in an adaptation program that partly took place on the isle of Cyprus in the Mediterranean Sea. After returning to the Netherlands, a company out of each battalion filled out a checklist with items on preparation, deployment and adaptation program. More than 218 marines of the two companies filled out the checklist, which gives a response rate of 89 percent. Respondents appeared to be very satisfied with the timing of the adaptation program, the facilities of the adaptation program and the quality of the EODD. The quality of information on the psychological sequela of critical incidents and on the access to professional help can be improved. The present practice of the EODD in the adaptation program of the Royal Netherlands Marine corps satisfies a vast majority of the military personnel that has been debriefed. It is recommended to pay attention to the quality of the information on the psychological sequela of critical incidents and on the access to professional help. Further research is needed to investigate the satisfaction with this type of EODD over a longer period of time, especially for military personnel with PTSD.

M-51 **Track 8 (disaster)**

Role of Disaster Experience on Reported Symptoms After 9/11 Response

Meyer, David, MA, Disaster Mental Health Institute, University of South Dakota; Jacobs, Gerard, MA, Disaster Mental Health Institute, University of South Dakota; Johnson-Jimenez, Erika, MA, Disaster Mental Health Institute, University of South Dakota

Examined the mitigating effect of disaster experience on reported levels of traumatic symptomology as measured by the IES-R in Red Cross Paid and Volunteer Staff (RCPVS). The sample consisted of 756 RCPVS who responded to the terrorist attacks of September 11, 2001. Hierarchical regression analyses were used to control for the effects of Age, Gender, external stressors, and disaster responses since the participants' response to the September 11 attacks. This study replicates the results in the literature, citing a relationship between experience and reported trauma symptomology, and expands upon these previous findings through the use of control measures. This study suggests that after accounting for the variance shared by Age and LES Negative Change Score, Frequency, Severity, and Lifetime Total do not appear to reliably predict a participant's IES-R Total. These results expand upon the research that reports a mitigating relationship between experience and reported trauma symptomology with emergency responders. Possible explanations and limitations are explored. Limited aspects of this project were presented at the American Psychological Association Conference 2003. Further developments have shed new light on the results of this study, offering new information and interpretations.

M-52 **Track 8 (disaster)**

Attachment and Compassion Fatigue in Trauma Clinicians

Racanelli, Christine, CSW, Walden University

Since September 11, 2001, in America and the most recent Israeli Al-Aqsa Intifada starting in September 2000, mental health clinicians in both New York and Israel have been treating victims and family members of victims of terrorism. Clinicians working with such victims, especially under circum-

stances where a trauma may be shared by clinician and patient alike, commonly experience similar symptoms as their patients. Known as compassion fatigue this experience is often professionally and personally debilitating. Is believed that the inherent characteristics of clinicians influence their resiliency or vulnerability to the negative impact of compassion fatigue. A key factor mediating this resiliency or vulnerability is believed to be the attachment characteristics of that clinician. A taxometric model of attachment will be used to identify attachment as a mediating variable to the development of compassion fatigue. Because the experiences of trauma and terrorism between Israel and New York are qualitatively unique from one another samples of mental health clinicians in these two regions will be compared.

M-53 **Track 8 (disaster)**

An Inside Look at International Humanitarian Psychosocial Services

Reyes, Gil, PhD, Disaster Mental Health Institute; Bryant-Davis, Thema, PhD, American Psychological Association Delegate to the United Nations; Berliner, Peter, PhD, University of Copenhagen; Cripe, Lynne, PhD, U.S. Agency for International Development; Weine, Stevan, MD, International Center on Responses to Catastrophes

Psychosocial services are increasingly expected within international humanitarian programs. Mental health professionals who are interested in assisting people affected by war and other disasters may underestimate the complex challenges and limitations encountered by international humanitarian personnel. However, the existing literature does little to illuminate the most commonly encountered obstacles or to describe the pragmatic aspects of providing meaningful psychosocial assistance under adverse conditions, including national, cultural, and religious divisions. Departing from the conventional style of objective and impersonal authorship, the presenters instead describe personal experiences which are seldom revealed in professional publications. The importance of candor will be emphasized to optimize the influence of instructive errors, such as blind alleys, false starts, misguided assumptions and cultural conundrums. Special emphasis is placed on the practical challenges of working cross-culturally, rather than upon promoting fixed sets of "best practices" that could rigidify an otherwise flexible posture. This approach offers readers an opportunity to evaluate these highly subjective and value-laden observations and recommendations in a manner more consistent with the narrative truth than with historical truth. It is proposed that these stories can prove more useful, generalizable, and adaptable than would be possible within the limits of highly case-specific facts and findings.

M-54 **Track 8 (disaster)**

Burnout, Depression, and PTSD in Humanitarian Aid Employees

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International humanitarian aid (IHA) employees are frequently exposed to trauma while performing job-related duties, which suggests the need to understand the incidence and relationships between burnout, depression, and PTSD in this population. For this study, structured interviews that included measures for burnout (Maslach Burnout Inventory: Emotional Exhaustion [EE], Depersonalization [DP], Personal Accomplishment [PA]), depression, and PTSD, were administered to 109 IHA personnel deployed internationally. As predicted, the canonical correlation between the burnout variable set (EE, DP, PA, significant demographic variables) with the clinical disorders variable set (depression, PTSD) was significant, Canonical R = .67, Chi-square (12) = 64.30, $p < .0001$. Multiple regression analyses yielded no significant associations between the burnout subscales and PTSD after controlling for depression. However, after controlling for PTSD symptoms, significant demographic variables, and other burnout subscales, depression remained significantly associated with EE, sr (101) = .30, $p < .001$, and with PA, sr (101) = -.22, $p < .003$. These results suggest that burnout, depression, and PTSD are frequently comorbid conditions in this population, and that the relationship between burnout and depression may be particularly salient. Targeting interventions to address specific psychiatric needs of this population may mitigate unnecessarily high rates of job turnover.

M-55 **Track 8 (disaster)**

Concurrent Depression and PTSD in Relief Workers Following 9/11/01

Singer, Meredith, PhD, Cornell Weill Medical College Program for Anxiety and Traumatic Stress; Roberts, Jennifer, PhD, Cornell Weill Medical College; Giosan, Cezar, PhD, Cornell Weill Medical College; Difede, Joann, PhD, Cornell Weill Medical College

Posttraumatic stress disorder (PTSD) and depression have high comorbidity rates. Research using both clinical and community samples reveal that between one and two thirds of those diagnosed with PTSD will be diagnosed at some point with Major Depressive Disorder (MDD) (Blanchard, Buckley, Hickling, & Taylor, 1998; Engdahl, Speed, Eberly, & Schwartz, 1991; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). The present study examined the relationship of PTSD and depression in disaster relief workers following the World Trade Center attacks. A large sample (N = 3,333) of relief workers were assessed using the Clinician Administered Posttraumatic Stress Scale (CAPS) (overlapping symptoms of sleep disturbance, anhedonia, and concentration were deleted) and the Beck Depression Inventory. Overall, 8.4% of the total sample met criteria for PTSD. BDI mean scores were 15.8 with concurrent PTSD and without. The CAPS severity score and the BDI total score were correlated at .63 (.01 significance level). Results support findings from previous research regarding the concurrence of PTSD and depression in trauma samples (Blanchard, Buckley, Hickling, Taylor, 1998; Brown, Campbell, Lehman, Grisham, Mancill, 2001). These findings are important because they suggest that relief workers deployed to assist in traumatic events may develop both PTSD and/or depression in the aftermath of their work.

M-56 **Track 1 (assess)**

Initial Dissociation and PTSD Symptoms Independently Predict PTSD

Sledjeski, Eve, MA, Kent State University; Speziale, Nicolette, Kent State University; Buckley, Beth, BS, Kent State University; Delahanty, Douglas, PhD, Kent State University; Raimonde, Anthony, MD, Summa Health System; Spoonster, Eileen, RN, Summa Health System

Peritraumatic dissociation has been identified as one of the strongest predictors of posttraumatic stress disorder (PTSD) following a traumatic event. However, most studies have been limited by the retrospective assessment of dissociation. Furthermore, researchers have suggested that peritraumatic dissociation may not be an independent predictor of subsequent PTSD when the relationship between dissociation and initial PTSD symptoms is taken into account (Marshall & Schell, 2002). The current study prospectively examined the relationship between peritraumatic dissociation and PTSD symptoms in-hospital and 1-year following a motor vehicle accident (MVA) in 40 men and 29 women. Participants completed the peritraumatic dissociative experiences questionnaire (PDEQ) and the Impact of Event Scale (IES) in-hospital. The Clinician Administered PTSD Scale (CAPS) was used to assess PTSD symptoms 1 year following the accident. Bivariate correlations revealed significant relationships between peritraumatic dissociation and PTSD symptoms in-hospital ($r = .464$, $p = .000$) and 1 year following the MVA ($r = .422$, $p = .000$). Initial PTSD symptoms were also related to PTSD symptoms 1 year following the MVA ($r = .298$, $p = .011$). In addition, peritraumatic dissociation continued to significantly predict PTSD symptoms at 1-year after controlling for initial PTSD symptoms (F change = 7.740, $p = .007$, F overall = 7.87, $p = .001$). These findings suggest that peritraumatic dissociative experiences are unique predictors of PTSD.

M-57 **Track 8 (disaster)**

Beliefs Affecting Health Behavior Practices Following Trauma Exposure

Solomon, Susan, PhD, NIH Office of Behavioral and Social Sciences; Green, Bonnie, PhD, Georgetown University

Recent studies have found that health behaviors are affected by exposure to trauma. Yet to be explored is the way in which trauma exposure brings about these health behavior changes. This study explores one possible explanation for this observed relationship. Several trauma theories (e.g., Janoff-Bulman; McCann & Pearlman) postulate that exposure to trauma causes changes in beliefs about the self (e.g., self esteem) and the world (e.g., trust, locus of control) in survivors. This study tests whether earlier trauma is associated with differences in these core beliefs. It also tests the hypothesis that these beliefs predict positive and negative changes in health behaviors following subsequent trauma (breast cancer). Participants are 160 women with early stage breast cancer, recruited from three treatment centers.

M-58 **Track 8 (disaster)**

Collective Trauma in Northern Sri Lanka

Somasundaram, Daya, MD, Department of Psychiatry Faculty of Medicine University of Jaffna; Fernando, Gaithri, PhD, Department of Psychology California State University, Los Angeles

The concept of "collective trauma" may be used to describe the current situation in northern Sri Lanka. Epidemiological surveys and clinical case histories show widespread traumatization in that community due to the ongoing ethnic war. These include a wide variety of reactions to the trauma of war ranging from acute stress reactions, anxiety, depression, and somatoform disorders to posttraumatic stress disorder. Compared to the general community, exposure to war trauma and the prevalence of psychosocial problems are higher in attendees at outpatient clinics, suggesting that patients may be seeking help for traumatization at general health care facilities. At the social level, manifestations of collective trauma such as a general ennui, lack of motivation, mistrust, dependence on outside help, and deterioration in social values, ethics and sexual mores are of particular concern. At the individual level, psychosocial forms of therapy such as counseling, relaxation, emotive methods, testimony, and rehabilitation using a multidisciplinary team have been found to be effective. At the community level, psychoeducation, training of community level workers in basic mental health, and promoting family unity, cultural rituals and traditional healing methods may be more useful.

M-59 **Track 8 (disaster)**

Rural Primary Care Providers' Knowledge of PTSD Following Bioterrorism

Tsao, Jennie, PhD, UCLA Pediatric Pain Program, Department of Pediatrics, David Geffen School of Medicine; Dobalian, Aram, PhD, Department of Health Services Administration, University of Florida and VA GLAHS; Wiens, Brenda, PhD, National Rural Behavioral Health Center, University of Florida; Gylys, Julius, PhD, Department of Clinical and Health Psychology, University of Florida; Putzer, Gavin, MD, Department of Health Services Administration, University of Florida; Mendendez, Silvia, JD, Department of Health Services Administration, University of Florida; Evans, Garret, PsyD, National Rural Behavioral Health Center, University of Florida

In rural communities with limited or no access to tertiary mental health facilities, primary care clinics will be the frontline providers of mental health care following bioterrorist events and other public health emergencies. A recent review suggested that approximately 28% of people might develop posttraumatic stress disorder (PTSD) following terrorist attacks. Yet, recognition rates for PTSD in primary care are extremely low. In a study of Israeli primary care patients only 2% of PTSD cases were recognized by physicians, suggesting limited knowledge of PTSD in primary care providers (PCPs). The present study used qualitative methods (semi-structured interviews) to assess knowledge of PTSD and other mental disorders following bioterrorist events or other public health emergencies in rural PCPs. Seventeen rural PCPs were asked to identify the types of mental disorders they would likely see following such events, and to indicate the risk factors for developing a post-event mental disorder. Although the majority responded that panic/anxiety would be common post-event, only 2 (11.8%) specified PTSD. Knowledge of risk factors for PTSD was similarly low. These findings point to the need for greater education regarding PTSD in rural PCPs to enhance public health preparedness for mass trauma events.

M-60 **Track 3 (child)**

Conceptual Model for Evaluating Website Risk Prevention Messages

Vernberg, Dee, PhD, Kansas State University, Journalism and Mass Communication; Julianne, Montgomery, PhD, Department of Psychiatry, University of Oklahoma Health Sciences Center; Brymer, Melissa, PsyD, National Center for Child Traumatic Stress, UCLA

Since September 11, numerous websites targeted to American audiences have included information about readiness and response to traumatic events such as war. Information on these sites may be targeted to the media, the public or to professionals but the goal of these messages is to offer directives or strategies in situations where choices between alternatives are perceived to exist. Limited research has been conducted on the messages being disseminated on official websites such as the American Red Cross, the National Child Traumatic Stress Network, and the American Academy of Pediatrics about preparedness or the emotional reactions to threats of war. This poster presents a conceptual model derived from the risk communication literature for evaluating the content and framing of these messages in order to demonstrate what audiences may be persuaded about and to illustrate the theoretical grounding of the strategies that are being used to persuade audiences. The goal is to provide a model for evaluating systematically the messages on terrorism and disaster websites using risk communication/persuasion perspectives (e.g., extended elaboration processing model, prospect theory, etc.) to provide recommendations for improving communication with stakeholders.

M-61 **Track 8 (disaster)**

Adjustment After Traumatic Injury: Personal, Social, Material Resources

Walser, Robyn, PhD, National Center for PTSD, VA Palo Alto Health Care System; Cordova, Matthew, PhD, VA Palo Alto Health Care System; Neff, Janet, Stanford University Medical Center; Ruzek, Josef, PhD, National Center for PTSD, VA Palo Alto Health Care System

Traumatic injury can lead to a number of problematic outcomes for individuals including difficulties in emotional experience, quality of life, anxiety, depression and PTSD. Identification of factors influencing emotional adjustment after injury is important to recovery processes. These factors can inform the design of assessment and treatment procedures in emergency medicine settings and suggest targets for early intervention to prevent later impairment. Personal, social, and material resources may be particularly influential factors. In the current study, experiential avoidance, social constraints, disclosure of the traumatic event, loss of material resources and psychological response following injury was investigated. It was predicted that greater experiential avoidance, greater social constraints on discussing the trauma experience, and greater loss of material resources would be associated with more symptoms of posttraumatic stress and depression. Participants completed telephone interviews specific to these issues. Results indicated that only greater social constraints were uniquely predictive of greater PTSD symptomatology. Greater experiential avoidance, social constraints, and material resource loss were all associated with greater depression. Assessment of personal coping style, receptivity of social network, and potential material resource loss following traumatic injury may facilitate identification of individuals at-risk for poorer post-injury adaptation. Psychosocial interventions targeting such individuals may be particularly promising.

M-62 **Track 8 (disaster)**

Preparation for War-Related Trauma: A Cognitive-Behavioral Model

Whealin, Julia, PhD, National Center for PTSD; Ruzek, Josef, PhD, National Center for PTSD

A percentage of individuals who are exposed to the stresses of war-related trauma develop chronic, debilitating disorders, such as PTSD. The at-risk nature of such service gives rise for a need for early intervention and prevention efforts. However, methods of preparing soldiers and first responders for war-related trauma have received minimal conceptual attention, practical development, and research investigation. This poster identifies the fundamental aspects of cognition and behavior that are associated with positive post-trauma outcomes. We build upon previous conceptual work (Whealin & Ruzek, 2003) and empirical investigations to develop a preparation intervention that is embedded in cognitive behavioral theory. The model focuses upon supporting the natural processes of recovery during five stages of trauma: Anticipation, Pre-Trauma, Trauma, Post-Trauma, and Recovery. At each stage, cognitive behavioral interventions address appraisal/self-efficacy, resilient coping styles, and the utilization and maintenance of social support. Last, we discuss the flexible application of the model for those individuals who are at risk for exposure to war-related trauma as a function of their job, including combat personnel, body handlers, and humanitarian aid workers.

Parallel Plenary Sessions
Monday, November 15
10:00 a.m. – 11:15 a.m.

Abstract #2082

Peace as Preventive Medicine

Parallel Plenary (war) **Grand Ballroom A, 1st Floor**

Sidel, Victor W., MD, Physicians for Social Responsibility and International Physicians for the Prevention of Nuclear War

War has both direct and indirect effects on health. Direct effects include the deaths, injuries, and disabilities caused by war, and the indirect effects include the diversion of resources necessary for health and human services that promote and protect human health. In this respect, peace can be seen as a major preventive health measure. This plenary session will focus on the work Dr. Sidel has done with the World Health Organization (WHO), United Nations Children's Fund (UNICEF), Physicians for Social Responsibility, and the International Physicians for the Prevention of Nuclear War, and will draw on his recent publication, as co-editor with Barry Levy of War and Public Health (Oxford University Press, 1997), published in an updated edition by the American Public Health Association in 2001.

Abstract #2083

Societal and Psychological Consequences of War: Translating Risk Factors into Multilevel Preventive Interventions

Parallel Plenary (war) **Grand Ballroom B, 1st Floor**

de Jong, Joop, MD, PhD, Transcultural Psychosocial Organization

Collective violence such as armed conflicts and human rights violations are more likely to occur when the following risk factors are present: inequality and economic decline, rapidly changing demographics, bad governance, political instability, ethnic composition of ruling group that is different from the population at large, and deterioration of public services. The weight and the interaction of these factors vary per conflict and hence have to be addressed in an eclectic way. Although the United Nations embraces a public health paradigm to prevent armed conflicts, no one so far seems to have tried to develop a concise yet fairly comprehensive public health model integrating economic, political, humanitarian and military elements. This lecture shows an interdisciplinary public health model aimed at understanding and addressing etiological factors leading to war. Postconflict resolution involves the translation of risk factors into multilevel, multisectoral and multimodal interventions.

In addition, the model accommodates the consequences of traumatic stress by handling a public mental health approach that translates moderating factors into preventive, rehabilitative and reconstructive interventions at the level of communities, families and individuals. The rationale of the model is based on (1) a range of culturally appropriate basic delivery principles; (2) prioritization of interventions based on a set of well-defined criteria; and (3) translation of epidemiological data and moderating factors into cost-effective primary, secondary and tertiary preventative interventions. This eclectic and generic model also addresses the complementarity of the different actors in postconflict reconstruction such as the UN or (non-) governmental organizations.

Concurrent Sessions – 4
Monday, November 15
1:00 p.m. – 2:15 p.m.

Abstract #2089

Panel of International Affiliates

Panel **Elmwood, 3rd Floor**

Featured

Ajdukovic, Dean, PhD, European Society for Traumatic Stress Studies; Raftery, John, PhD, Australasian Society for Traumatic Stress Studies; Mosca, Daniel, MD, Sociedad Argentina De Psicotrauma; Maercker, Andreas, MD, PhD, Deutschsprachige Gesellschaft für Psychotraumatologie; De Soir, Erik, LJL, Association de Langue Française pour l'Etude du Stress et du Traumatisme; Friedman, Merle, PhD, African Society for Traumatic Stress Studies

This panel will include representatives from international affiliates of ISTSS giving updates on their activities, as well as presenting key issues in trauma they are addressing within their various organizations. The goal of the panel is to provide our membership with an opportunity to hear perspectives on issues related to trauma and help ISTSS members learn about developments in those countries served by our affiliates.

Abstract #1802

Healing, Justice, Reconciliation, and Peace After Genocide in Rwanda

Panel (war) **Grand Ballroom A, 1st Floor**

Featured

Danieli, Yael, PhD, Group Project for Holocaust Survivors and Their Children and The International Network of Holocaust and Genocide Survivors and Their Friends; Staub, Ervin, PhD, University of Massachusetts at Amherst; Pearlman, Laurie, PhD, Trauma Research, Education, and Training Institute Inc.; Ngarambe, Francois, IBUKA, Kigali, Rwanda

In the aftermath of large-scale violence, both psychological healing and the prevention of renewed violence are high priorities. The conference theme, war as a universal force, is particularly relevant to Rwanda, which has invited the international community to join in commemorating the 10th anniversary of the genocide this year. This panel will provide a picture of psychological trauma in Rwanda in the aftermath of the genocide and describe efforts by nationals and internationals to promote healing and reconciliation, models that may be applied elsewhere. Mr. Ngarambe will describe the work of IBUKA, the largest, umbrella survivors' organization in Rwanda. Dr. Pearlman will present an approach to community healing that she and Professor Staub have developed, applied and tested empirically in Rwanda. Professor Staub will share his work on the role of understanding the origins of genocide in healing, reconciliation, and prevention. Dr. Danieli will serve as discussant, bringing the rich perspective of a scholar/clinician with experience with survivors of the Holocaust, the Rwandan genocide, the Bosnian genocide, multigenerational legacies of the Armenian and indigenous genocides, and other instances of societal violence, and relevant developments in the United Nations.

Abstract #2077

Treatment of PTSD with Panic Attacks

Master (practice) **Grand Ballroom B, 1st Floor**

Falsetti, Sherry A., PhD, University of Illinois College of Medicine at Rockford

Many clients who have PTSD also suffer from panic attacks. These clients are often fearful of the physiological arousal associated with the reexperiencing symptoms of PTSD. As a result, they may be more avoidant of trauma-related cues as well as the physiological arousal experienced in trauma-focused therapy. This increased avoidance can make traditional PTSD treatments, such as prolonged exposure, difficult for clients with PTSD and panic attacks to engage in. Multiple Channel Exposure Therapy (M-CET) was developed for the treatment of PTSD with comorbid panic attacks. M-CET is a 12-week cognitive behavioral therapy that provides psychoeducation, cognitive skills, and exposure to panic related symptoms as well as to PTSD related symptoms. The session will focus on developing treatment skills including breathing retraining, interoceptive exposure to physical sensations associated with panic attacks, challenging thoughts associated with

trauma and panic attacks, and in vivo exposure for trauma- and panic-related fears. Results of a treatment outcome study using this approach will be briefly presented.

Abstract #1898

Disseminating Evidence-Based Trauma Treatments

Panel (practice) **Hilton Exhibition Center C, 2nd Floor**

Monson, Candice, PhD, VA National Center for PTSD and Dartmouth Medical School; Foa, Edna, PhD, University of Pennsylvania School of Medicine; Hamblen, Jessica, PhD, VA National Center for PTSD and Dartmouth Medical School; Resick, Patricia, PhD, VA National Center for PTSD, Women's Health Sciences Div. and B.U. School of Medicine; Rothbaum, Barbara, PhD, Emory University School of Medicine; Gibson, Laura, PhD, University of Vermont

By now, we have several treatments for posttraumatic stress disorder (PTSD) with proven efficacy. However, surprisingly few clinicians deliver these psychosocial and psychopharmacological treatments in an evidence-based manner outside of research protocols. The overarching goal of this panel is to discuss the more widespread dissemination of these interventions, and especially as it pertains to war-related trauma. The panel is comprised of scientist practitioners with experience in training and supervising clinicians in various evidence-based PTSD and post-trauma distress interventions, including exposure, cognitive, EMDR, technology-assisted, and psychopharmacological treatments. Their experience also cuts across different traumatized populations, to include victims of sexual and physical assault, the 9/11 attacks, motor vehicle accidents and war. Some of the specific topics to be discussed include: barriers to the acceptance and use of these interventions outside of research settings, the benefits and challenges of manualized treatments, the range of training and supervision models, the timing and coordination of evidence-based treatments, ways of informing patients about their treatment choices, modifications for co-morbid conditions, methods to address non-response or partial response, and issues in designing and conducting effectiveness studies.

Abstract #1916

Women's Attributions About Revictimization: Implications for Practice

Panel (practice) **Melrose, 3rd Floor**

Powch, Irene, PhD, Portland Veterans Affairs Medical Center; Nicolaidis, Christina, MD, MPH, Oregon Health & Science University; Schumacher Karjane, Heather, PhD, HHD Center for Violence & Injury Prevention; Suris, Alina, PhD, Veterans Affairs North Texas Health Care System

Women who experienced violence from multiple partners also have higher rates of childhood victimization. What meaning do women make of their victimization experiences? How do messages from the media, "pop psychology" and other cultural sources influence a woman's attributions? How do these attributions affect her beliefs about her history of attraction to men who turn out to be abusive and the likelihood that she can find mutual love with a nonabusive man? How might unhelpful attributions interact with normal attachment drives to increase a woman's risk for revictimization? Panelists will address these questions from the perspective of three patient populations: women veterans seeking trauma treatment, women seeking trauma treatment in a community setting, and primary care patients in a community setting. The panelists will integrate relevant recent research findings with preliminary data and clinical observations. The panelists will identify several overlooked barriers that may prevent battered women from experiencing existing services as relevant to their situation. The panel will conclude with a discussion of perspectives and interventions that might address these barriers and empower battered women and formerly battered women to regain (or develop for the first time) their confidence and ability to attract and develop healthy relationships.

Abstract #1741

Early Interventions in Uniformed Services: Models and Goals

Panel (disaster) **Magnolia, 3rd Floor**

Meijer, Marten, PhD, Veterans Institute The Netherlands; de Vries, Rodney, BC, Office of Social Work; Geerligs, Eric, MSc, Service Centre for Behavioral Research of the DOD, The Netherlands; March, Cameron, MBE, RM, Staff of CinC Fleet Portsmouth; Greenberg, Neil, BM, BSc, Staff of CinC, Portsmouth

Recent research on early interventions can be criticized on the variety in potentially traumatic events that are involved, models of interventions, measurements and lack of homogeneity in populations. In the uniformed services, various models of early interventions are widely being used. The purpose of the panel is to present these models, their goals and working mechanisms. We will present models of early interventions of the Royal Netherlands Navy, the Royal Netherlands Marine Corps, the Royal Netherlands Marechaussee, Belgium firefighters and British Royal Marines. Based on empirical data coming from uniformed services, like the armed forces and emergency services, groupwise discussion of events and reactions appears to contribute to lessons learned, transmission from the theatre of operation to homecoming and the next operation and general satisfaction with personnel policy of the organization. Within the organizational climate of masculinity in the uniformed services, the value of outreaching mental health activities and early interventions cannot be overestimated. The pathogenetic approach in most of the mental health work, i.e., risk assessment debriefing can be contrasted to more "salutogenetic" models of early interventions. Unraveling the various models of early interventions in uniformed services appears to be worthwhile.

Abstract #1528

Children's Reactions in the Aftermath of Abuse: Impact on PTSD

Symposium (child) **Jasperwood, 3rd Floor**

Kaplow, Julie, PhD, Boston University Medical Center; Putnam, Frank, MD, Cincinnati Children's Hospital

How children respond in the aftermath of abuse may be more predictive of adjustment than the extent of the maltreatment experienced. This symposium will examine the importance of children's own reactions following physical and sexual abuse (e.g., peritraumatic reactions, coping strategies, physiological sensations) as they relate to PTSD symptom expression.

General and Abuse-Specific Coping Among Child Sexual Abuse Victims

Wolfe, Vicky, PhD, London Health Sciences Centre; Birt, Jo-Ann, PhD, Private Practice

Coping style can affect the ways children manage the stress associated with sexual abuse and disclosure, but coping style may also be affected by abuse factors. This study explored several aspects of coping, based upon a relatively large sample of child and adolescent sexually abuses boys and girls (N = 220) and two comparison groups, agency referred (N = 97) and community (N = 85) samples. Coping was assessed using the Causey and DuBow (1992) Self Report Coping Scale. Two coping contexts were evaluated: (1) a Bad Grade situation and (2) either stress related to the sexual abuse or stress related to comparison children's most negative life event. The Bad Grade situation provided an index of coping with day-to-day stressors, wheres the sexual abuse/negative life events situation provided an index of how sexual abuse coping may differ from coping related to other major stressors. Preliminary analyses indicated that sexually abused children reported more emotion-focused coping than the community group. In turn, emotion-focused coping among sexual abuse victims was associated with frequent and/or long-term abuse, exposure to other forms of maltreatment in addition to the sexual abuse, strong negative peritraumatic reactions, and poor social support from classmates.

Pathways to PTSD:
Children's Reactions Upon Disclosure of Sexual Abuse

Kaplow, Julie, PhD, Boston University Medical Center; Dodge, Kenneth, PhD, Center for Child and Family Policy, Duke University; Amaya-Jackson, Lisa, MD, National Center for Child Traumatic Stress, Duke University; Saxe, Glenn, MD, Boston University Medical Center

Recent studies of adults have found that individuals' reactions in the immediate aftermath of a trauma may be more indicative of long-term functioning than the severity of the trauma itself. However, little is known about the predictive utility of children's reactions following trauma, particularly during disclosure of sexual abuse, in relation to later PTSD symptoms. The current study utilized path analytic techniques to develop and test a prospective model of PTSD symptoms, including pre-trauma, trauma, and disclosure-related pathways. At Time 1, several measures from multiple informants assessed pre-traumatic vulnerabilities, characteristics of the trauma, and stress reactions upon disclosure in 156 children aged 8 to 13 years. At the Time 2 follow-up (8 to 32 months later), children were assessed for PTSD symptomatology. Path analytic techniques indicated three direct paths to later PTSD symptoms including avoidant coping, anxiety/arousal, and dissociation, all measured during or immediately after disclosure of abuse. Additionally, age and gender predicted avoidant coping, while previous life stress and age of abuse onset predicted anxiety/hyperarousal symptoms. Taken together, these pathways accounted for approximately 57% of the variance in later PTSD symptoms. Implications for the assessment and

treatment of sexually abused children, particularly during the disclosure process, will be discussed.

Validation of the Youth Peritraumatic Reactions Questionnaire (YPQ)

Rodriguez, Ned, Private Practice; Lajonchere, Clara, PhD, Autism Genetic Resource Exchange; Sugar, Jeff, MD, Hathaway Children's Clinical Research Institute

The operationalization of trauma exposure in PTSD research of abused children has often relied solely on assessing event characteristics. The YPQ is a new instrument developed to explore other dimensions of the traumatic experience by evaluating a range of peritraumatic reactions including fears, other emotions, hyperarousal, and dissociation. The sample consisted of equal portions of adolescent boys/girls and included 60, low-SES, help-seeking, multi-ethnic urban youth who reported experiences of physical and/or sexual abuse. In addition to the YPQ, participants completed standardized self-report and interview measures of abuse characteristics, other trauma history, and PTSD. Cronbach's alpha for YPQ subscales ranged from .68 to .85, demonstrating their reliability. Significant correlations between YPQ subscales and PTSD severity ranged from .49 for fears to .70 for peritraumatic dissociation (PD; ps < .001), providing support for their trauma construct validity. Multivariate analysis was utilized to further investigate the YPQ construct validity in relationship to PTSD. After controlling for sex, abuse characteristics, and other trauma history, PD accounted for an additional 26% of the variance in PTSD severity, while peritraumatic fears and other emotions did not enter the regression equation. Discussion will examine the role of peritraumatic reactions in the etiology of PTSD in abused youth.

Abstract #1521

Predictors of PTSD and Treatment Effect: Pre- and Peritraumatic Factors

Symposium (clin res) — Hilton Exhibition Center B, 2nd Floor

Olff, Miranda, Department of Psychiatry, Academic Medical Center, University of Amsterdam; Brewin, Chris, MD, PhD, Subdepartment of Clinical Health Psychology, University College London

This symposium deals with identifying factors that may predict who will develop PTSD or other psychopathology after experiencing a trauma. Both pre- and peritraumatic factors as well as acute stress symptoms will be discussed.

Factors Predicting PTSD in a Community Sample of Refugees from Kosovo

Turner, Stuart, MD, University College London; Bowie, Cameron, MRCP, College of Medicine, Malawi; Dunn, Graham, PhD, University of Manchester, UK; Shapo, Laidon, MD, Camden Primary Care Trust, London, UK; Yule, William, PhD, Institute of Psychiatry, London, UK

In 1999, the UK received 4,346 programme refugees from Kosovo. In response, the UK Department of Health set out to assess their likely health needs, bringing in specialists in adult and childhood trauma. A community sample of 842 adults was asked to complete, in Albanian, self-report questionnaire measures. These were derived from widely used measures and were translated/back translated. Their applicability to this population was assessed by interviewing a subset of 120 to establish diagnoses of PTSD and Major Depressive Disorder. In this cross-sectional design, the effect of age, gender, education, past psychiatric history, family separation and trauma exposure were explored. The adjusted PTSD rate was 50% in the sample as a whole. Gender did not predict PTSD but older age, family separation and trauma exposure were positive predictors. Past psychiatric history and educational attainment predicted some measures of current psychiatric status but not others. The high rate of PTSD in this group probably reflects the importance of multiple traumatization and social disruption.

Structural Equation Modeling and Predictors of PTSD Following Injury

Creamer, Mark, PhD, University of Melbourne; O'Donnell, Meaghan, PhD, University of Melbourne; Elliot, Peter, PhD, Swinburne University

While it is generally assumed that risk factors for the development of PTSD imply causal mechanisms, few studies to date have used analytical processes that have the capacity to identify the complex relationships involved. In this study, we utilized structural equational modeling to examine the role of acute symptoms, as well as several pretrauma and peritrauma factors, in the development of chronic PTSD. Injury survivors (N = 307) were assessed just prior to discharge from the acute hospital and again 12 months later using the Clinician Administered PTSD Scale and self-report measures. Latent variables of each PTSD cluster at Time 1 were created and the relationships between those latent variables and 12-month PTSD severity were estimated. Contrary to our expectations, the latent factor of reexperiencing best predicted 12-month PTSD relative to arousal, avoidance, and depression. Pretrauma and peritrauma factors improved prediction of 12-month PTSD directly, as well as indirectly through the acute symptom clusters. The overall goodness of fit of the multivariate model indicated that the prediction of PTSD was improved by including assessments of pre and peritrauma factors in addition to acute stress symptoms.

Predicting PTSD Anxiety and Depression from Symptoms of Acute Distress

Sijbrandij, Marit, MA, Academic Medical Center/De Meren; Olff, Miranda, Academic Medical Center/De Meren; Gersons, Berthold, MD, PhD, Academic Medical Center/De Meren

As a part of a randomized controlled trial on the effect of psychological debriefing, we studied whether acute symptoms of psychological distress following trauma would predict later severity of symptoms of posttraumatic stress disorder (PTSD), anxiety and depression in a Dutch sample of victims of various traumatic events (N = 236). Predictors studied were acute symptoms of PTSD, depression, anxiety and peritraumatic dissociation, all assessed at one week after the traumatic event. Follow-up assessments were scheduled at one month, two months and six months after the traumatic event. Symptoms of PTSD were assessed with a structured clinical interview, and symptoms of anxiety, depression and peritraumatic dissociation with self-report measures. Preliminary results show that acute symptoms of hyperarousal, reexperience and peritraumatic dissociation predict severity of PTSD, anxiety and depression at one month, two months and six months after the traumatic event. In further analyses we will examine whether the acute distress factors were interrelated at several measurement times. Clinical implications for early identification of trauma victims at risk for developing posttrauma psychopathology will be discussed, as well as possibilities for early intervention.

Mid- to Long-Term Prediction of PTSD in Accident Victims

Schnyder, Ulrich, MD, Department of Psychiatry, University Hospital; Wittmann, Lutz, MSc, Department of Psychiatry, University Hospital, Zurich, Switzerland; Moergeli, Hanspeter, PhD, Department of Psychiatry, University Hospital, Zurich, Switzerland

To study the mid- to long-term psychosocial consequences of life-threatening accidents, a sample of 106 severely injured accident victims (mean Injury Severity Score ISS = 21.9) were followed up over a 36 month period, with assessments two weeks post-accident, after 12 and 36 months. Instruments included IES, CAPS, HADS, SOC, and FQCI. Biographical risk factors, a sense of death threat, IES intrusion, and problem-oriented coping predicted CAPS scores one year post accident (multiple regression, R = .63, adjusted R2 = .34, p < .001). For the three-year follow-up (N = 90), our predictive model remained largely stable (R = .57, adjusted R2 = .23, p < .001). To replicate and generalize our findings, we studied a larger sample of hospitalized accident survivors (N = 323, all types of accidents, mean ISS = 11.7), including non-German speaking patients and patients with pre-existing psychiatric morbidity. Variance in ASD symptom severity was accounted for by pretraumatic psychopathology, stay at ICU, pain, SOC, and a number of accident- and recovery-related cognitions. Early symptoms of reexperiencing, avoidance and arousal were much better predictors of PTSD symptom level at six-month follow-up than dissociative symptoms.

Abstract #1509

Resiliency: Impact and Recovery from War in Children and Families

Symposium (war) — Hilton Exhibition Center A, 2nd Floor

Panos, Angelea, PhD, International Center for Child and Family Resiliency (ICCFR); Berthold, S. Megan, PhD, Program for Torture Victims

This symposium will examine the effects of armed conflict on children, youth and families. Research will be presented on children who become soldiers or are forced to be sex slaves for soldiers. The factors influencing resiliency and recovery for the children and their families will be described.

Growing up in Danger: Effects of War on Youth

Berthold, S. Megan, PhD, Program for Torture Victims (PTV)

Children and youth are particularly prone to hazards during armed conflict or political terrorism. Sources of the many threats to their safety and well-being are examined. There is a need to understand the causes and extent of risks in order to develop more relevant and effective interventions to promote their protection, healing and recovery.

The Impact of War on Refugee Youths And Families

Kamya, Hugo, PhD, Boston College

War conditions have a tremendous impact on children and families. Children are often caught between disintegrating family forms and military involvement. Many children often get involved through forced recruitment and are often asked to carry out tasks that go against their families and against themselves. Some have been used to carry out ritual killings involving the murder of their parents and family members. For many children, the war experience has been a constant nightmare as they have struggled to understand, and have sought to recover, their childhood. Many have been ushered into positions they have not been prepared for. Some have been used as sex slaves or as spies against their own families. At times they have been used to carry out the most dangerous tasks in war zones. Their war experiences always leave an indelible mark on these children and their families. Research and case examples will offer an in-depth look into the conditions that influence the well-being of children and their families as a result of war.

Resiliency Factors in Children and Families Affected by War

Panos, Angelea, PhD, International Center for Child and Family Resiliency; Panos, Patrick, PhD, Brigham Young University

Growing evidence shows that amidst tremendous hardships and dangers there are young people with a remarkable capacity to manage hazards and cope with misfortune during war. Rather than helpless victims, some youth are the protectors for their younger siblings and are actively involved in supporting their family system and the survival of its members. This research presents findings from interviews of young people who have lived through armed conflicts, being child soldiers or victims of political imprisonment or torture to reunite with their families and rebuild their lives. Resiliency factors which assisted these children and families to survive are presented.

Abstract #1755

Recent Developments in British Military Mental Health Research

Symposium (war) **Rosedown, 3rd Floor**

Wessely, Simon, MD, King's Centre for Military Health Research, King's College London

The symposium, chaired by Professor Simon Wessely, will include presentations on current themes in British Military Mental Health research. Papers will focus on recall of military hazards, pre- and post-deployment risk assessment, perceived psychological support of peacekeepers on return from deployment and brief interventions following risk assessments after deployment.

Perceived Psychological Support of UK Military Peacekeepers

Greenberg, Neil, MRCPSY, Surgeon Lieutenant Commander Royal Navy

Method: This retrospective cohort study was conducted by questionnaire survey of 1,202 UK peacekeepers after deployment. The study examines deployments from April 1991 to October 2000. Results: Results indicated that about 2/3 of peacekeepers spoke about their experiences on return. Most turned to informal networks, such as peers and family members, for support. The most distressed peacekeepers reported talking to medical and welfare services. Overall, those who spoke about their experiences were less distressed than those who did not. Additionally, two thirds of the sample was in favor of a formalized psychological debriefing on return to the UK. Interpretation: This study suggests that most peacekeepers do not require formalized interventions on homecoming and that more distressed personnel are already accessing formalized support mechanisms. Additionally, social support from peers and family appears useful and the UK military should foster all appropriate possibilities for such support

Pre- and Post-Deployment Risk Assessment in a UK Airborne Brigade

Hacker Hughes, Jamie, PsychD, Defense Clinical Psychology; Cameron, Fiona, RMN, Department of Community Mental Health, Colchester Garrison; Eldridge, Rod, RMN, Department of Community Mental Health, Colchester Garrison; Neale, Stewart, RMN, Department of Community Mental Health, Colchester Garrison; Devon, Madeleine, MSc, Department of Community Mental Health, Colchester Garrison, Department of Community Mental Health, Colchester Garrison

Background: The current study is on the effects of deployment on Operation Telic, the deployment of British troops to the Iraq theatre in 2003. Aims of Study: To identify individuals requiring specialist psychological intervention before/during/after deployment. Method: Members of the UK's Airborne Brigade deployed on Op Telic voluntarily completed Mental Health Risk Assessment questionnaires before and after deployment to ensure appropriate pro-active mental health support pre-, mid- and post-tour and to allow early problem identification. Results: On pre-deployment risk assessment, between 95% to 98% of the Brigade were found to be psychologically healthy on the basis of the self-rated results that were obtained. On post-deployment risk-assessment a significant improvement was found in measures of psychological health, which raises the paradoxical question of whether being deployed on combat operations can improve the level of mental health of combat troops. Interpretation: The authors conclude that in a battle-ready Combat Brigade, with good mental health preparation and support, a short focused mission and a positive outcome, combat operations can result in mental health improvements.

Brief Intervention Following Opportunistic Risk Assessment

Cameron, Fiona, RMN, Department of Community Psychiatry; Coldwell, Brenda, Defense Psychological Services; Hacker Hughes, Jamie, Defense Clinical Psychology

The risk assessment of soldiers' pre- and post-deployment to Iraq, included the AUDIT questionnaire as a simple way of identifying soldiers whose drinking may pose a risk to their health and to identify those already experiencing alcohol related problems It was felt that most soldiers use alcohol as a means of relaxing and alcohol use is a part of army culture, but this may present as problems on return from deployment. This was of particular relevance to one returning unit as they lost six soldiers in tragic circumstances. (Unit A) METHOD: Soldiers were given questionnaires to complete pre- and post- deployment as part of a pre-deployment package. The soldiers were offered an appointment prior to deployment if it was felt this soldiers were thought to be at risk. RESULTS: 900 soldiers were asked to complete the risk assessment tool, which included the AUDIT questionnaire. Of these, 244 of these fell within the hazardous category, 48 within the harmful category and 47 within the dependent category. The risk assessment had highlighted a potential problem within Unit A. 53 soldiers from this Unit had completed questionnaires. Of these, 17 had scored highly on the AUDIT and one on the TSQ. The relevance of the high scores were felt to be because of the deaths and the coping mechanisms chosen to deal with the deaths within such a small close knit community. The Unit received the standard interventions appropriate to their grouping and a further two-hour psychoeducational session. It was felt that there was significant risk to the soldiers health and that a psycho–educational intervention was required. Research has demonstrated that brief interventions are effective in non- service seeking clients who have been identified by the risk assessments, as misusing alcohol. The soldiers identified in this research as scoring ten or above on the Audit received at least one intervention, with more intensive assessment and interventions being offered to those having more elevated scores.

Stability of Recall of Military Hazards Over Time

Wessely, Simon, M., King's Centre for Military Health Research, King's College London; Unwin, C., King's Centre for Military Health Research; Hotopf, M., King's Centre for Military Health Research; Hull, L., King's Centre for Military Health Research; Ismail, K., King's Centre for Military Health Research; Nicolaou, V., King's Centre for Military Health Research; David, A., King's Centre for Military Health Research

BACKGROUND: Wartime traumatic events are related to subsequent psychological and physical health, but quantifying the association is problematic. Memory changes over time and is influenced by psychological status. AIMS: To use a large, two-stage cohort study of members of the UK armed forces to study changes in recall of both traumatic and 'toxic' hazards. METHOD: A questionnaire-based follow-up study assessed 2370 UK military personnel, repeating earlier questions about exposure to military hazards. RESULTS: The k statistics for reporting of hazards were good for some exposures, but very low for others. Gulf veterans reported more exposures over time (no significant rise in the Bosnia cohort). In the Gulf cohort only, reporting new exposures was associated with worsening health perception, and forgetting previously reported exposures with improved perception. We found no association between physical health, psychological morbidity or post-traumatic stress disorder symptoms and endorsement or non-endorsement of exposures. CONCLUSIONS: Reporting of military hazards after a conflict is not static, and is associated with current self-rated perception of health. Self-report of exposures associated with media publicity needs to be treated with caution.

Concurrent Sessions – 4

Abstract #2004

Treatment for Troops Returning from Recent Deployments: A New Approach

Workshop (war) **Oak Alley, 3rd Floor**

Uddo, Madeline, PhD, VA Medical Center, New Orleans; Thompson, Karin, PhD, VA Medical Center, New Orleans; Sautter, Fred, PhD, VA Medical Center, New Orleans; Franklin, C., PhD, VA Medical Center, New Orleans; Beer, Monica, PhD, VA Medical Center, New Orleans

Most veterans treated in VA PTSD programs present with chronic symptoms related to distant trauma. PTSD is particularly treatment resistant among veterans, leading many programs to adopt a palliative approach, i.e. relieve distress without expectation of a cure. Recent military deployments are creating a "new generation" of war veterans. Department of Defense data indicate that many deployed troops report low morale, high stress, and inadequate access to mental health resources. It is anticipated that many of these veterans will present to the VA for war stress treatment shortly after their return. These veterans may be psychologically dissimilar to traditional PTSD veterans because their symptoms will be at an earlier stage of development. Hence, treatment approaches currently employed with VA PTSD populations may be inappropriate. A more proactive approach focusing on prevention and healing and de-emphasizing chronic psychopathology may be more suitable and efficacious. Four clinical researchers will present a group-oriented treatment program based on the conceptualization that chronic functional impairment can be avoided. The program will include treatment modules incorporating common therapeutic techniques as well as elements not currently used systematically with PTSD veterans. There will be a strong emphasis on fostering posttraumatic growth and resilience as well as teaching non-traditional techniques such as journaling, meditation, yoga and web-based interventions. Family involvement will be integral throughout the program.

Two Cases on The Mental Health of Child Refugees from Kosovo and the Clinical Overview of Children in Treatment Following Terrorist Events

Case Presentations (child) **Versailles Ballroom, 3rd Floor**

Abstract #1700

The Mental Health of Child Refugees from Kosovo

Yule, William, University of London Institute of Psychiatry; Perrin, Sean, University of London

In 1999, the UK received 4346 programme refugees from Kosovo. In response, the UK Department of Health set out to assess their likely health needs, bringing in specialists in adult and childhood trauma to advise. A community sample of 288 children was asked to complete, in Albanian, self-report questionnaire measures. These were derived from widely used measures and were translated/back translated. Their applicability to this population was assessed by interviewing a subset of 50 children and their parents to establish diagnoses of PTSD, Separation Anxiety and Major Depressive Disorder. The adjusted PTSD rate was 67% in the sample as a whole. The high rate of PTSD in this group probably reflects the importance of multiple traumatization and social disruption. This paper explores the correlates of PTSD, the issue of co-morbidity and problems in screening when the base rate is so high.

Abstract #1946

Clinical Overview of Children in Treatment Following Terrorist Events

Benarroch, Fortu, MD, Hadassah University Hospital, Jerusalem, Israel; Galili-Weisstub, Esti, MD, Hadassah University Hospital, Jerusalem, Israel

Our team of therapists was set up to address the increasing number of children in need of specific psychological help as a consequence of the present wave of terror in Jerusalem. Since no manualized therapy was imposed, there are significant differences between treatments, both in the degree of directiveness displayed by the therapist and in the relative importance given to trauma-specific elements (psychoeducation, stress coping techniques, exposure, cognitive processing, etc.) and to the work-up of essential posttraumatic themes. In order to start drawing clinical conclusions from these differences, we did a qualitative survey of a sample of records of patients whose treatment was completed by December 2003. We analyzed the cases through patient-related variables and through the relative importance of the different above mentioned treatment components. While we note the effectiveness of trauma-focused time-limited modules for the reduction of selected symptoms in many patients, the observations arising from this survey emphasize that in many cases, a significant improvement seems to be possible only through a flexible and comprehensive approach. This qualitative overview of cases reveals significant clinical observations and raises questions that are relevant for the development of treatment policies and the planning of quantitative research.

Poster Presentations

Poster sessions are incorporated into the daily conference schedule divided into three sessions per day on both Monday, November 15 and Tuesday, November 16. This program change will give senior investigators a means for increased face-to-face interaction with clinicians, students, and other investigators. Attendees should visit the posters during the poster session time indicated below.

Poster Session 2 **Track 2 (biomed) and Track 3 (child)**

Monday, November 15, 1:00 p.m.–2:15 p.m.
Posters are numbered M-81 through M-160

Note: This session includes presentations from additional tracks in order to accommodate presenters who had a time conflict with other presentations.

Poster Session Chairs:
Arieh Shalev, Judith A. Cohen **Napoleon Ballroom, 3rd Floor**

M-81 **Track 2 (biomed)**

Pain Medication Use Among Patients with PSTD

Bradley, Rebekah, PhD, Emory University, Department of Psychiatry and Behavioral Sciences; Schwartz, Ann, MD, Emory University, Department of Psychiatry and Behavioral Sciences; Ressler, Kerry, MD, PhD, Emory University, Department of Psychiatry and Behavioral Sciences

The objective of this research was to investigate the relationship between use of analgesic medications and PTSD. 173 African American patients presenting for routine care at an urban community mental health center were evaluated for trauma exposure and a diagnosis of PTSD. Medication records for the 3 years prior to assessment were scrutinized. Subjects with a diagnosis of PTSD had significant past use of analgesic medications. Fully 58% of subjects had used an analgesic agent, 50% an opiate analgesic, and 36% a non-opiate analgesic medication. PSS scores for subjects receiving an analgesic were significantly higher than those not receiving an analgesic.There appears to be a relationship between PTSD and use of pain medications. These results implicate the endogenous opiate system in PTSD pathophysiology.

M-82 **Track 2 (biomed)**

Dissociation, Trauma History, and Heart Rate Reactivity

Buckley, Beth, BS, Kent State University; Sledjeski, Eve, MA, Kent State University; Delahanty, Douglas, PhD, Kent State University

Prior research has suggested that trauma victims who experience dissociative symptoms may display blunted cardiovascular reactivity in response to experiencing or reliving their trauma; however no research has examined reactivity in dissociators who have not experienced traumatic events. The present ongoing study examined the relationship between 15 female and 8 male high and low dissociators with no history of experiencing a traumatic event. Potential participants completed the Dissociative Experiences Schedule for College Students (DES-C) and Traumatic Stress Schedule (TSS) during mass testing. Individuals who reported no prior traumatic experiences and scored above or below established norms (>3 = high dissociator) on the DES-C were deemed eligible to participate. Participants completed three 4-minute cold pressor tasks while heart rate was recorded. Heart rate levels during baseline, during each cold pressor task, and upon recovery were measured and averaged. A preliminary repeated measures MANOVA revealed a significant difference in heart rate levels between high and low dissociators ($F[1, 17] = 5.75$; $p = .026$). Post hoc analyses revealed that high dissociators had higher HR reactivity from baseline to the first cold pressor task than low dissociators, suggesting that dissociation without a trauma history is associated with altered reactivity to stressful situations.

M-83 **Track 2 (biomed)**

Neurosteroids in PTSD

Casada, John, MD, PhD, University of Texas Health Science Center at San Antonio; Roache, John, PhD, University of Texas Health Science Center at San Antonio

Alterations in plasma steroids are a frequent finding in posttraumatic stress disorder (PTSD). Neurosteroids are an interesting class of steroid metabolites that may have clinical implications in PTSD. A variety of antidepressants and atypical antipsychotics used to treat PTSD increase anxiolytic neurosteroid levels in laboratory animals. One such neurosteroid is allopregnanolone (AP). AP is a progesterone metabolite with agonist activity at the GABA-A receptor. We have used human laboratory procedures to study the effect of acute changes in AP level in modulating PTSD symptoms. Olanzapine was used to stimulate AP production, and finasteride was used to block AP formation when administered under double-blind, double-dummy conditions. We hypothesized that PTSD subjects would have lower baseline AP levels than Trauma Control subjects and that olanzapine would increase AP levels in both groups. As a result, we anticipated that olanzapine would decrease the trauma-related distress and physiological arousal experienced by PTSD subjects when exposed to personalized traumatic imagery. Since finasteride blocks the formation of AP, we expected it to block these olanzapine effects. Our data on the emotional and physiological effects of pharmacologically manipulating neurosteroid levels provides a better understanding of PTSD-related endocrine changes and their role in modulating PTSD symptoms.

M-84 **Track 2 (biomed)**

Size Does Not Matter, But Shape Does: A Morphological Study of The ACC

Corbo, Vincent, BSc, McGill University, Douglas Hospital Research Center; Clement, Marie-Helene, MA, Douglas Hospital Research Center; LaGarde, Genevieve, BSc, Universite de Montreal, Douglas Hospital Research Center; Armony, Jorge, PhD, McGill University, Douglas Hospital Research Center; Pruessner, Jens, PhD, McGill University, Douglas Hospital Research Center; Brunet, Alain, PhD, McGill University, Douglas Hospital Research Center

Functional Neuroimaging studies have shown a lower activation of the Anterior Cingulate Cortex. Recent MRI studies have suggested that there may be morphological changes in the ACC of individuals suffering from chronic PTSD. However, it is unclear if these results are indeed volumetric differences and they are present at an early stage of the disorder. Our study aimed at replicating these results and extending them, by examining individuals suffering from acute PTSD. 14 current acute PTSD participants were compared to 14 normal controls, matched on key variables. VBM analyses revealed a significantly less grey matter density in the right pregenual ACC [$t(26) = 3.05$, $p<.05$ corrected]. Volumetric analyses revealed no significant differences. Probabilistic maps revealed that the pregenual ACC of the PTSD group had a heterogeneous form compared to that of the normal control group, thus explaining why VBM detected a difference when there was no actual volume loss. This difference in the exact position of the ACC could be the result of differences in volumes of surrounding structures or of natural occurring anatomical variability, raising the question of the real involvement of the ACC in PTSD.

M-85 **Track 2 (biomed)**

Cognitive Appraisal, Depression and PTSD: A Prospective Study

Freedman, Sara, MSc, Department of Psychiatry, Hadassah University Hospital, Jerusalem, Israel; BenShakar, Gershon, PhD, Department of Psychology, Hebrew University, Jerusalem, Israel; Shalev, Arieh, MD, Department of Psychiatry, Hadassah University Hospital, Jerusalem, Israel

It is well documented that Major Depression (MD) is often co-morbid with posttraumatic stress disorder (PTSD). Depression is characterized by negative appraisal, and this may also play a role in the maintenance of PTSD. This prospective study followed 158 trauma survivors, measuring depression, PTSD and appraisal, one week, one month and four months post-trauma. At four months, 20% of subjects had PTSD (measured by the CAPS) and 50% of these also had MD (SCID). Past MD was not related to current PTSD or MD. The PTSD group showed significantly higher symptom levels, at all time points, and more negative appraisal, at one and four months. Those who developed PTSD showed significantly more negative change over time in appraisal. The PTSD/MD group showed significantly more negative appraisal than the PTSD-only group, and showed a highly significant difference in the change in appraisal. These results indicate that the negative appraisal seen in PTSD may be explained by co-morbid depression. Chronic PTSD by itself is not sufficient for negative appraisal; PTSD and MD together are strongly associated with negative outlook. This negative appraisal is not pre-morbid; indeed it develops after the first week post trauma. These results have important therapeutic and theoretical implications.

M-86 **Track 1 (assess)**

Configural Cue Processing in Monozygotic Twins Discordant for PTSD

Gilbertson, Mark, PhD, Manchester VAMC / Harvard Medical School; Paulus, Lynn, PsyD, Manchester VAMC; Williston, Stephanie, PhD, Manchester VAMC; Lasko, Natasha, PhD, Manchester VAMC / Harvard Medical School; Orr, Scott, PhD, Manchester VAMC / Harvard Medical School; Pitman, Roger, MD, Massachusetts General Hospital / Harvard Medical School

Neuroimaging studies have found smaller hippocampal volume to be associated with chronic PTSD. Although such studies provide important clues regarding the pathophysiology of PTSD, an understanding of the mechanism through which hippocampal volume might influence the development and course of PTSD remains unclear. Animal studies have identified a principal function of the hippocampus to be the mediation of contextual fear conditioning and the configural processing of environmental cues. Conditioned responses to specific configurations of contextual cues may serve as "signals" for when the environment is related to the original conditioned fear response, i.e., 'dangerous' versus 'safe' context. The ability to encode relational and configural representations of cues in the environment may therefore be important in the ability to extinguish conditioned responses to traumatic events. In a sample of monozygotic twins discordant for PTSD, we examined performance on a mental rotation task which assesses the ability to process complex relationships among external cues. The pattern of results for configural cue processing deficits was similar to that observed for hippocampal volume and suggests that they may represent pre-existing vulnerability factors for chronic PTSD. We propose that this impairment may theoretically underlie a diminished capacity to suppress context-inappropriate fear responses leading to unremitting symptomatology.

M-87 **Track 2 (biomed)**

Fear Potentiation and Fear Inhibition in PTSD

Jovanovic, Tanja, PhD, Emory University School of Medicine, Atlanta VAMC, Center for Behavioral Neuroscience; Keyes, Megan, PhD, Atlanta VAMC, Center for Behavioral Neuroscience; Fiallos, Ana, BS, Massachussets Institute of Technology; Myers, Karyn, PhD, Emory University, Center for Behavioral Neuroscience; Davis, Michael, PhD, Emory University, Center for Behavioral Neuroscience; Duncan, Erica, MD, Emory University School of Medicine, Atlanta VAMC, Center for Behavioral Neuroscience

One of the central problems in posttraumatic stress disorder (PTSD) is impaired fear inhibition under safe conditions. We used an acoustic startle procedure in a modified conditioned inhibition experiment (AX+/BX-) to test the hypothesis that PTSD patients have decreased inhibition of fear-potentiated startle. We conditioned 'A' as danger, 'B' as safety, and presented 'A' and 'B' together to see whether safety reduces potentiation to the danger signal. We tested combat veterans with PTSD, combat controls, and non-trauma controls in this paradigm. We found that PTSD patients had baseline startle amplitudes comparable to the control groups. The combat controls did not differ from the non-trauma controls in any analyses; these data were collapsed into one control group. The PTSD subjects (N = 14) showed increased fear potentiation, $F(1,33) = 7.11$, $p = 0.01$, as well as greater discrimination between danger and safety, $F(1,33) = 5.77$, $p<0.05$, compared to the control group (N = 20). However, the PTSD group demonstrated less fear inhibition on the transfer test, i.e., PTSD patients potentiated more to the combined A and B presentations than the controls, $F(1,33) = 4.18$, $p<0.05$. These results suggest that the PTSD subjects learned and responded appropriately to danger and safety signals, but could not transfer learned safety to a novel situation as well as the controls.

M-88 **Track 1 (assess)**

Combat Stress and Brain Mechanisms of Subliminal Information Processing

Kvasovets, Sergey, PhD, Scientific Technological Center "Nauka"; Ivanov, Alexey, PhD, Scientific Technological Center "Nauka"

The report describes the results of research carried out with use of a method of brain bioelectrical activity analysis at verbal stimuli subliminal (subthreshold) presentation. Earlier the method has been applied for the investigations of neurotic conditions and addictions. In a present research 213 military actions participants experienced physical and psychological traumas were examined. The use of the aforementioned method allows to estimate a degree of participation of brain areas in the subconscious processing of semantic information and compare it with the meanings of Mississippi scale (MS). The results showed that in examinees with higher scores of MS frontal brain areas participate in subconscious processing of semantic information authentically less than temporal and parietal. It is distinctive for these examinees to have EEG reactions to subliminal stimuli associated with death and threat to a self-esteem in the rear areas of the right hemisphere. At the same time reactions to stimuli associated with the feeling of guilt are more expressive in the rear areas of the left hemisphere and subject to suppression. The presented and other results of the research allow us to speak about the important role of the subconscious mechanisms in a psychological trauma development and the possibility of these mechanisms investigation by the used method.

M-89 **Track 2 (biomed)**

Nature of the Cognitive Dysfunctions Observed in PTSD: A Review

LaGarde, Geneviève, PhD student, Douglas Hospital and Université de Montréal; Brunet, Alain, PhD, Douglas Hospital and McGill University

The aim of this poster presentation is to review (1) the controversy regarding the nature of the cognitive dysfunctions observed in individuals with PTSD and (2) the causal link existing between these pathological processes and the disorder's development. The studies actually suggest two broad types of neurocognitive alterations. On the one hand, a disrupted mnesic function (poor immediate and delayed verbal recall, increased retroactive interference, exaggerated recall of traumatic information) tend to be reported, while on the other hand, alterations in the attentional resources (selective and sustained attention, working memory) seem to be more prominent in individuals suffering from chronic PTSD. In addition, no temporal relationship between the emergence of such deficiencies and the disorder's development has been established. The evidences will be critically reviewed and an ideal study model, in order to elucidate these important considerations, will be proposed. A better understanding of PTSD's pathophysiology is nothing less than fundamental. Indeed, more appropriate interventions could be developed and properly administered to the victims that are thought to be most at risk or already affected by this greatly distressing disorder.

M-90 **Track 2 (biomed)**

Traumatic Stress Reactions in Woman at Risk for Breast Cancer

Lindberg, Nangel, PhD, University of California, Los Angeles; Wellisch, David, PhD, University of California, Los Angeles

The diagnosis and treatment of breast cancer has been shown to constitute a traumatic event that generates in patients and their family members reactions consistent with the symptoms profile of posttraumatic stress disorder (PTSD). The present study was conducted to establish the degree to which women at increased familial risk for breast cancer exhibited such traumatic reactions, and to examine which demographic or psychological variables may contribute to the experience of such reactions among at-risk individuals. Seventy-three women at a large breast cancer center were assessed for traumatic reactions consistent with DSM-IV criteria for PTSD. The results showed that women at increased familial risk for breast cancer exhibited traumatic responses similar to those reported by cancer patients. Using a self-report instrument that mapped onto the DSM-IV criteria for the disorder, 4% of participants reported symptoms consistent with the criteria for a potential diagnosis of PTSD, and 7% participants reported symptoms consistent with potential subclinical levels of the disorder. Personal feelings of vulnerability to breast cancer and participants' compliance with cancer screening practices were not found to be associated with level of traumatic reactions.

M-91 **Track 1 (assess)**

PTSD and Specific Phobia: Similar Psychophysiology?

McTeague, Lisa, MS, University of Florida; Laplante, Marie-Claude, PhD, University of Florida; Perlman, Greg, BA, University of Florida; Strauss, Cyd, PhD, University of Florida; Cuthbert, Bruce, PhD, NIMH; Bradley, Margaret, PhD, University of Florida; Lang, Peter, PhD, University of Florida

The putative physiological hyper-reactivity of PTSD has often been characterized as a "phobic-like" reaction. The aim of this study was to investigate physiological responding among individuals with PTSD (n = 30) relative to individuals with specific phobia (n = 87), as well as non-treatment-seeking controls (n = 49). Participants were cued by 6-second auditory scripts that varied in hedonic valence and arousal and were instructed to imagine being involved in that situation during a subsequent 12-second period. Psychophysiological measures included startle reflex and responses in heart rate, skin conductance, and facial electromyography (corrugator and orbicularis). PTSD participants showed attenuated affective responding and

often failed to show differences among emotional contents, in contrast to the greater emotional reactivity and reliable emotional modulation among controls and specific phobics. The respective patient samples were further subdivided according to whether PTSD and specific phobia were principal or additional diagnoses. In general, PTSD or specific phobia as an additional comorbid rather than principal anxiety disorder predicted relatively attenuated reactivity. Overall, this experiment yielded little evidence of a "phobic-like" exaggerated arousal response in PTSD. On the contrary, results suggest that in comparison to both controls and specific phobics, physiological recruitment and differentiation during emotional processing may be diminished in PTSD.

M-92 **Track 2 (biomed)**

Effects of PTSD, Beta Blockade, and Threat on Aversive Conditioning

Metzger, Linda, PhD, Department of Veterans Affairs and Harvard Medical School; Lasko, Natasha, PhD, Department of Veterans Affairs and Harvard Medical School; Gilbertson, Mark, PhD, Department of Veterans Affairs and Harvard Medical School; Pitman, Roger, MD, Massachusetts General Hospital and Harvard Medical School; Orr, Scott, PhD, Department of Veterans Affairs and Harvard Medical School

An aversively conditioned skin conductance response was assessed in 18 males with chronic posttraumatic stress disorder (PTSD) and 10 trauma-exposed males who never developed PTSD. The effects of beta blockade on acquisition and retention of a conditioned response (CR) was examined by administering a 40 mg dose of propranolol HCl before acquisition or following extinction trials. Retention of the CR was assessed one week following initial conditioning under non-threat and threat conditions. Conditioned stimuli (CSs) were colored circles and the unconditioned stimulus (UCS) was a "highly annoying" electrical stimulus. In contrast to previous findings (Orr et al., 2000), no evidence of increased conditionability was found for individuals with PTSD. Also, the selected propranolol dose failed to produce measurable effects on acquisition or retention of the CR. An important finding did emerge; differential CR to the previously reinforced (CS+) versus non-reinforced (CS-) stimulus only became evident when participants were told that they might receive the UCS, i.e. during the threat condition. Furthermore, the differential CR was apparent when tested one week following the conditioning procedure. This strongly suggests that for human conditioning, belief in the presence of a threat is necessary and sufficient for activating a previously established skin conductance CR.

M-93 **Track 2 (biomed)**

Major Depression and PTSD Following Exposure to the World Trade Center Attacks

Neria, Yuval, PhD, Columbia University and New York State Psychiatric Institute; Gross, Raz, MD, Columbia University; Olfson, Mark, MD, Columbia University and New York State Psychiatric Institute; Gameroff, Marc, PhD, New York State Psychiatric Institute; Das, Amar, MD, Columbia University and New York State Psychiatric Institute; Pilowsky, Daniel, MD, Columbia University and New York State Psychiatric Institute; Blanco, Carlos, MD, Columbia University and New York State Psychiatric Institute; Weissman, Myrna, PhD, Columbia University and New York State Psychiatric Institute

Background: Controversy surrounds the relationship between posttraumatic stress disorder (PTSD) and major depression (MDD) in adults exposed to trauma. Objective: To examine relationships between exposure to the 9/11 attacks and risk of MDD and PTSD 7-16 months following 9/11 attacks. Methods: Structured assessments were conducted in a sample of 956 adults patients attending the Associates in Internal Medicine clinic of Columbia University Medical Center. Results: The rate of MDD was higher in persons with PTSD (63.6%) and in exposed persons without PTSD (21.8%) than those who were not exposed to the attacks (16.0%) (÷2 = 53.01, df = 2, p < .0001). While 9/11 PTSD was significantly related only to not being married or cohabiting (OR = 2.28; 95% CI 1.04-5.00) and a family psychiatric history (OR = 3.41; 95% CI 1.80-6.45), MDD was related to female gender (OR = 2.72; 95% CI 1.69-4.36), being Hispanic (OR = 2.14; 95% CI 1.03-4.46), less formal education (OR = 2.39; 95% CI 1.36-4.22), unemployment (OR = 1.99; 95% CI 1.13-3.52) in addition to not being married or cohabiting (OR = 1.75; 95% CI 1.13-2.71) and family psychiatric history (OR = 1.88; 95% CI 1.27-2.77). Conclusion: These findings support a direct relationship of trauma to MDD, suggesting that PTSD and MDD might be differentially associated with specific risk factors.

M-94 **Track 6 (culture)**

Physiological Activity and Emotion in Trauma-Exposed African Americans

Odera, Lilian, MS, University of Michigan; Pole, Nnamdi, PhD, University of Michigan

Physiological and emotional responses to startling sounds were examined in 53 trauma-exposed African American undergraduate students who were categorized, based on established clinical cut-scores, as either somatizers (26%) or nonsomatizers (74%). Somatic symptoms were examined using the Symptom Checklist-90 and included symptoms such as headaches, chest pain, and muscle soreness. Physiological measures included skin conductance (SC) and heart rate (HR). Trauma exposure, which was examined using the Trauma History Questionnaire, included experiencing events such as robbery, sexual trauma, and physical assaults. It was hypothesized that somatizers would report higher levels of trauma and more negative emotional responses to startle as compared to nonsomatizers. Differences in discordance between emotional and physiological responses between the two groups were also examined. T-tests revealed that somatizing African Americans reported more trauma exposure than nonsomatizers. As compared to nonsomatizers, somatizers also reported higher levels of pain during the resting period before being startled and higher levels of stress after being startled. We also found that somatizers had significantly greater discordance between self-reported pain and skin conductance levels in comparison to nonsomatizers. This study identifies differences in emotional and physiological reactivity that may be important in the phenomenology and treatment of trauma-related illnesses among African Americans.

M-95 **Track 2 (biomed)**

Prior Trauma and Subsequent Reactions to Stress in Healthy Young Men

Rifkin, Anne, MA, University of California at Berkeley

Individuals with PTSD or depression frequently show psychological and physiological alterations in response to stressors; however, whether past experiences, as opposed to current diagnoses are responsible for varying reactions is unclear. Hence, 50 late adolescent males without depression or PTSD provided information regarding their number of past traumatic experiences, levels of depressive symptomatology, and qualitative responses to traumas (via the Adult Attachment Interview's "Unresolved" dimension). Diurnal cortisol rhythms and cortisol responses to laboratory challenges were obtained. In addition, participants reported on mood and coping strategies throughout the challenges. The number of experienced traumatic events related to both depressive symptomatology and Unresolved status. Moderate relations between depressive symptoms, traumatic events, and Unresolved status and HPA activity were observed, though each related to different components of the system. For instance, Unresolved status related to increased daily morning cortisol while exposure to trauma related to increased anticipatory cortisol in the lab. In addition, traumatic events and Unresolved status related to increased sadness and fear. Results suggest that both experience with trauma and the meaning ascribed to those experiences may influence psychological and physiological coping, and that the relation between trauma and physiology is not limited to clinical populations.

M-96 **Track 2 (biomed)**

Peritraumatic Physical Responses and PTSD Symptom Level

Rousseau, Glenna, Auburn University; Vernon, Laura, PhD, Auburn University; Amstadter, Ananda, Auburn University; Dillon, Jaqueline, Auburn University

Researchers have studied a range of emotional responses to trauma and their possible impact on the development and maintenance of PTSD; however, fewer studies have explored the role of physical responses associated with emotion in PTSD. In the current study, participants (N = 350) were verbally administered the Life Events Checklist from the Clinician-Administered PTSD Scale. Participants meeting current Diagnostic and Statistical Manual of Mental Disorders' Criterion A for PTSD (N = 148) completed the PTSD Checklist (PCL) and a self-report measure of physical responses (e.g., heart pounding, blushing) to their worst trauma. Regression analyses revealed that physical reactions were significantly associated with PTSD symptom level, $F(10,148) = 5.00$, $p<.001$, specifically blushing, $b = -.184$, $p<.05$, pain in the chest, $b = .232$, $p<.05$, and feeling easily startled, $b = .303$, $p<.01$. Our findings of associations between current PTSD symptom level and physical responses of anxious arousal (i.e., pain in chest, startling easily) at the time of the trauma supports previous findings regarding the importance of peri-

traumatic anxious arousal in the development of PTSD. An association of peritraumatic blushing and PTSD has not been found previously and will be discussed in light of recent findings regarding the role of shame and other negative emotions in the development of PTSD.

M-97 **Track 2 (biomed)**

Peritraumatic Tachycardia Predict PTSD Symptoms in 167 RTA Victims

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Aim of the study. Since the initial paper by Shalev, several studies assessed the predictive value of peritraumatic tachycardia on subsequent PTSD development. The present study is a prospective replication of these works, which include short and long-term follow-up. Method. The study included 167 road traffic accident victims (116M / 51F ; mean age 33 years +/-14) hospitalized in a Traumatology Department. Heart rates were assessed during the Emergency stay. Between day2 and day7, the following assessments were performed : Minimal International Neuropsychiatric Interview (MINI), Impact of Event Scale and assessment of amnesia. Victims were contacted during follow-up at 6 weeks (6W) and 1 year (1Y): MINI and Clinician-Administered PTSD Scale were performed. Results. We could distinguish 4 different outcomes: 1) subjects with PTSD at 6W and 1Y (chronic PTSD, mean HR = 100 bpm/m, sd2), 2) subjects with PTSD at 6W but not at 1Y (transient acute PTSD, mean HR = 95 bpm/m, sd4), 3) subjects with PTSD at 1Y but not at 6W (late onset PTSD, mean HR = 79 bpm/m, sd20), and 4) subjects without PTSD neither at 6W and 1Y (no PTSD, mean HR = 79 bpm/m, sd4). Heart rates differences were statistically significant between chronic PTSD, transient acute PTSD and no PTSD. Comment. If replicated, initial peritraumatic heart rate could be an important and easy assessing factor, which could predict PTSD symptoms outcome.

M-98 **Track 2 (biomed)**

Social Modulation of Heart Rate in PTSD

Woodward, Steven, PhD, National Center for PTSD, Clinical Laboratory and Education Division; Kaloupek, Danny, PhD, National Center for PTSD, Behavioral Sciences Division; Arnsenault, Ned, BA, National Center for PTSD, Clinical Laboratory and Education Division; Prestel, Rebecca, BA, National Center for PTSD, Behavioral Sciences Division; Catherine, Kutter, PhD, National Center for PTSD, Behavioral Sciences Division; Stegman, Wendy, BA, National Center for PTSD, Clinical Laboratory and Education Division; Stewart, Lorraine, MA, Department of Psychology, University of Oregon

Little is known about autonomic responses to moderate social stressors in persons with PTSD. We measured autonomic reactivity during the Trier Social Stress Test (TSST) in Vietnam and Gulf War combat veterans. Fifty-eight combat veterans (30 PTSD+) met the final diagnostic and data-quality standards for inclusion. They were accessed from a larger sample from whom selected brain volumes were also available. Our version of the TSST involved four major epochs, a waiting period, task instruction, unobserved task preparation, and a mock interview/math challenge. ECG, respiration, skin conductance, and EEG were quantified per minute after artifact exclusion. The TSST produced large baseline-to-interview (~8 bpm) heart rate (HR) accelerations in both patients and controls. Review of group mean HR time series indicated that patients' HRs were less variable over different levels of social challenge than those of controls. The standard deviation of minute-to-minute HR (SDHR) exhibited a significant diagnosis by epoch interaction, being relatively lower in patients over TSST epochs in which social engagement was less obligatory. SDHR was also significantly lower in subjects with trauma before age eight. SDHR was uncorrelated with both HR and respiratory sinus arrhythmia measured during an extended baseline period, and positively correlated with cerebral tissue volume.

M-99 **Track 3 (child)**

Residential Care for Children at Risk — Additional Source of Trauma

Ajdukovic, Marina, PhD, Department of Social Work, University of Zagreb; Franz, Branka, PhD, Department of Social Work, University of Zagreb

The aim of the paper is to analyze the effect of living in children's homes or foster families on the quality of life and mental health of children. The research was carried out on 263 children who live in children's homes, 112 children who live in foster families and 200 children who live in own families. Behavioral problems were assessed by the Youth Self-Report by T.M. Achenbach. The children who live in children's' homes show more behavioral and emotional problems in comparison with the other two subgroups. In both samples of children that have been removed from their families, the female sex is significantly related with a higher level of internalized problems in behavior and feelings (withdrawal, anxiety, depression and somatic disorders). Changing different residences after the removal from the family is also significantly correlated with a higher level of internalized difficulties. The exposure to war activities and exile were also significantly correlated to internalized problems of children in foster families. The level of internalized difficulties or externalized problems is not significantly related to the index of stress before the removal from the family, but it is connected with current daily stress, perceived poor social support, school failure and poor adjustment.

M-100 **Track 3 (child)**

The Mediating Role of Trauma Symptoms in the Cycle of Youth Violence

Allwood, Maureen, MA, University of Missouri-Columbia; Bell, Debora, PhD, University of Missouri-Columbia

Adolescents in the United States are disproportionately represented among both victims and perpetrators of violent crimes. Not surprisingly, studies show that previous exposure to violence is a strong predictor of perpetration of violence, accounting for as much as 47% of the variance. The positive relationship between violence exposure and violent behavior exists regardless of the context in which violence exposure occurs. For example, youth violent behavior has been associated with family, community, and war violence. However, most studies have only examined the bivariate relationship between violence exposure and violent behavior, with few studies examining contextual factors and potential mediators. Indeed, there is some evidence that youth who develop posttraumatic stress disorder as a result of violence exposure or other trauma exposures might be at increased risk for violent and delinquent behaviors. Our study examined the third variable roles of trauma symptomology and exposure context in the relationship between violence exposure and violent behaviors in youth aged 12-17. We hypothesized that trauma symptoms would partially mediate the relationship between violence exposure and violent behaviors, with partial mediation expected to be invariant across gender, age, and type of violence exposure. Particular attention is paid to exposure and symptomology of our refugee subsample.

M-101 **Track 3 (child)**

Community Violence and Psychological Distress Among Incarcerated Youth

Ball, Joanna, MA, Georgia State University; Fasulo, Samuel, MA, Georgia State University; Barber, Nekol, BA, Georgia State University; Jurkovic, Greg, PhD, Georgia State University; Armistead, Lisa, PhD, Georgia State University; Koon, Ron, PhD, Georgia Department of Juvenile Justice

As part of a larger project exploring the role of trauma in juvenile delinquency, the current study explored the moderating effect of two familial/caregiver constructs (familial/caregiver support and caregiver discipline/supervision) on the relationship between community violence and psychological distress among samples of male and female incarcerated youth. One-hundred twenty-seven male and 96 female incarcerated youth from two juvenile detention facilities participated in the current study. Multiple regression analyses revealed for the male offenders a significant main effect for community violence on alcohol/drug use, anger/irritability, depression/anxiety, and thought disturbance, such that as levels of community violence exposure increased, levels of each measure of psychological distress increased. In addition, significant interaction effects emerged for community violence and family/caregiver support on the outcomes of alcohol/drug use and depression/anxiety. For the female sample, significant main effects emerged for community violence on alcohol/drug use, anger/irritability, depression/anxiety, and suicidal ideation, such that as levels of community violence exposure increased, levels of each measure of psychological distress increased. Clinical implications of these findings are addressed, and interpretations of the interaction effects are explained.

M-102 **Track 3 (child)**

Pediatric Practice and Childhood PTSD

Banh, My, MA, Boston University; Saxe, Glenn, MD, Boston Medical Center; Dasika, Vasant, PhD, Boston University; Mangione, Thomas, PhD, JSI; Dorfman, David, MD, Boston Medical Center; Grossman, Francis, PhD, Boston University; Brody, Leslie, PhD, Boston University; Zuckerman, Barry, MD, Boston Medical Center

Primary care is considered a key setting in the identification and treatment of childhood posttraumatic stress disorder (PTSD). However, no study has investigated the primary care provider's perception of their role in identifying, assessing, and treating childhood trauma. To address this gap, this study conducted 6 focus groups consisting of 4-8 primary care providers per group. Participants were recruited from academic, neighborhood health center, and private practice settings. Key themes were extracted in the following three areas: 1) The role of primary care. All participants felt that their role was to identify exposure to a traumatic event(s), and to assess reactions to the trauma. 2) Barriers in performing identified role. Major barriers included: lack of time, lack of access to mental health services, insufficient knowledge and confidence in identifying trauma and providing treatment, and difficulties in obtaining insurance reimbursement when providing care. 3) Resources needed. Providers felt that having an available mental health provider(s) on-site would be most helpful. Providers also voiced interest in learning more about childhood PTSD, including symptoms and brief interventions that could be accomplished in the pediatric setting. Overall, this study provides preliminary directions to better serve children exposed to trauma in the pediatric setting.

M-103 **Track 3 (child)**

Acute Stress in Children After Car Crashes: Medical Care Matters

Baxt, Chiara, PhD, Center for Pediatric Traumatic Stress, The Children's Hospital of Philadelphia; Winston, Flaura, MD, PhD, TraumaLink, The Children's Hospital of Philadelphia; Kassam-Adams, Nancy, PhD, TraumaLink, The Children's Hospital of Philadelphia; Elliott, Michael, PhD, Epidemiology and Biostatistics, University of Pennsylvania; Kallan, Michael, MS, Epidemiology and Biostatistics, University of Pennsylvania; Durbin, Dennis, MD, MSCE, TraumaLink, The Children's Hospital of Philadelphia

More than 1.5 million children are passengers in motor vehicle crashes (MVC) each year, but less than 20% of these children receive medical care. Traumatic stress occurs commonly after crash injury, but has been studied only in the subset of MVC trauma-exposed children within the healthcare system. The study sample included 1,303 MVC involving 1,778 children and their parents from an exposure-based crash surveillance system. Via telephone survey, parent drivers reported their own and their children's (ages 5-15) ASD symptoms on four broad questions covering each symptom category. The incidence of ASD symptom presence (moderate symptoms across all categories) was 1.7% for children and 4.1% for parents, with greater than 3/4ths of those affected reporting impairment from their symptoms. The prevalence of ASD symptoms was higher among children who received medical care (6.0%) and parents (15.5%) and among children with a consequential injury (16.8%) and parents (24.8%). Crash severity and seeking medical care remained significant predictors of ASD symptoms in both children and parents even after controlling for injury severity. Since a significant minority (41.8%) of children affected by ASD did not see a doctor, many children and parents at risk for traumatic stress reactions may not get identified.

M-104 **Track 3 (child)**

A Crisis Intervention Model for Children Exposed to Violence

Berkowitz, Steven, MD, Yale University, Child Study Center; Turman, Kathyrn, Director, Office of Victim's Assistance, Federal Bureau of Investigation

Dr. Berkowitz will describe a three-session/three week approach for children and families exposed to violence that encompasses iterative work in core three domains. The first domain is Assessment, which includes assessment of symptoms and function of both parents and children; and risk factor assessment. An essential ingredient is assessment of basic needs, safety and security. The second is Psychoeducational, in which the child and parents are explained typical responses to violence exposure within a developmental context and the relationship between their specific risk factors and potential symptoms. The third is teaching specific Strategies for parents to effectively monitor and support children, monitor themselves and for adults and children to learn specific techniques to manage their distress. In addition, concrete needs are addressed. Each session builds on next so that in the second session, a review of the three domains is performed with an emphasis on practicing the strategies introduced earlier. New issues that emerge are also specifically addressed. The third session grows out of the prior two. Based on the final assessment session and the overall trajectory a decision is made in collaboration with the family as whether trauma focused psychotherapy is necessary or if current supports are adequate.

M-105 **Track 3 (child)**

Dissociation in Sexually Abused Girls: Comparison with PTSD

Collin-Vézina, Delphine, PhD, Université du Québec à Montréal; Hébert, Martine, PhD, Université du Québec à Montréal

In contrast to PTSD which has been recognized as a key syndrome to understand childhood sexual abuse victims' sequels, dissociation has only been recently considered in research using child and adolescent populations. The aim of this study was to assess symptoms of dissociation and PTSD in a group of 67 sexually abused school-aged girls, by comparing their results to that of a matched control group. Results from bivariate analysis showed that the two symptoms represent distinct constructs. Logistic regression analysis indicated that having been sexually abused significantly increased the odds of showing clinical dissociation and PTSD symptoms, by 8 and 4 times respectively. By using a multivariate design, indicators of severity – namely penetration, the identity of the perpetrator (intra vs. extrafamilial abuse) and chronicity – did not prove to predict dissociation symptoms. Both the less and the most severe forms of childhood sexual abuse increased dissociative symptoms. Data indicate that intrafamilial abuse and chronicity did not prove to predict PTSD either. However abuse involving intrusive acts (penetration) was found to predict PTSD symptoms. Implications for further research are highlighted, such as the need to investigate the evolution of symptoms over time. Intervention strategies are also discussed.

M-106 **Track 3 (child)**

Personal, Familial and Abuse Related Predictors of Sexual Abuse Trauma

Daigneault, Isabelle, PhD, Sexology Department, Université du Québec à Montréal; Tourigny, Marc, PhD, Université de Sherbrooke, Faculty of Education; Hébert, Martine, PhD, Université du Québec à Montréal (UQÀM), Department of Sexology

The aim of this study was to describe a range of post-traumatic symptoms in 103 clinically-referred sexually abused (SA) adolescents and to assess the predictive value of three sets of variables for these symptoms. Abuse-related variables, personal and familial variables were considered. Bivariate analyses showed that abuse-related variables are rarely associated with symptomatology, whereas personal variables describing the adolescents' perceived responsibility, stigmatization and avoidant coping contributed to the prediction of post-traumatic symptomatology. Family variables, although related to symptoms in bivariate analyses, did not significantly predict scores when entered in hierarchical multivariate regression models except for concomitant family violence which added to the prediction of anger. Stigmatization and general attributions of blame for negative events were the best predictors of all symptoms considered. However, specific attributions of blame regarding SA did predict sexual preoccupations, while ending of the abuse following disclosure and perceived impact of SA both predicted PTSD scores. All regression models were significant explaining between 26% et 57% of the variance in symptom scores. Implications for further research and intervention are highlighted.

M-107 **Track 3 (child)**

Assessment of Bereaved 9/11 Children

Demaria, Thomas, PhD, South Nassau Communities Hospital; Flomenhaft, David, CSW, South Nassau Communities Hospital

In a suburb of New York City, a family-based traumatic bereavement counseling program was developed several weeks after 9/11which interwove respite, community engagement and family empowerment. This model has successfully engaged over 350 bereaved children who lost a family member on 9/11. The need for unique center continues and 45 "new" WTC families have started in the program in 2004. Programming currently focuses on resiliency and symptom management, parent training and psychological assessment. Needs assessment of the children prior to 2004 was based on an analysis of child artwork and creative expression, parent and child interviews, behavioral observations and assessment tools including Briere's (1989, 1996) Trauma Symptom Checklist for Children. A project was initiated

in 2004 at the request of parents to systematically screen the child for psychiatric disorders. The Diagnostic Interview Schedule for Children (Lucas, 1997) was selected. This was the same instrument utilized by the New York City Board of Education in 2002 to assess the impact of 9/11 on school-age children. Data obtained from the current and past assessment processes will be presented.

M-108 **Track 3 (child)**

Treatment of Children with Posttraumatic Stress Symptoms

Fortson, Beverly, MA, West Virginia University; Nester, Judith, West Virginia University; Scotti, Joseph, PhD, West Virginia University

The purpose of this study was to examine the efficacy of a treatment program (utilizing a single subject design) for children involved in motor vehicle crashes (MVCs). Six participants, ranging in age from 7-10 years, were recruited. To participate, the children had to exhibit posttraumatic stress symptomatology as a result of a MVC. The child and his/her parents completed several measures of functioning (e.g., CAPS-CA, IES-R, RCMAS, CDI, SCL-90-R, ECBI) at pre- and post-assessment; several measures were utilized during the course of treatment to assess progress toward treatment goals. The 12-16 session treatment began with an anxiety management component in which the child was taught a variety of techniques (e.g., deep breathing, imagery) that are useful in reducing anxiety symptoms (e.g., increased heart rate). Once the child was able to successfully engage in anxiety reduction techniques, the child participated in an exposure-based play therapy treatment program. In this portion of the program, the child was exposed to various reminders of his/her accident until the reminders no longer caused anxious responding, at which point treatment was terminated. This poster will review individual data for the children who participated in the study and factors related to their success and/or failure.

M-109 **Track 3 (child)**

Police-Mental Health Interventions in the Peritraumatic Phase

Greene, Sarah, LCSW, Mecklenburg County Area Mental Health Authority; Hahn, Hilary, MPH, Yale Child Study Center

This presentation focuses on police and mental health service delivery in the peritraumatic period following children's exposure to violence. In this model, mental health clinicians and police officers respond jointly within 24 to 48 hours to the homes of children and parents affected by violence and trauma. Officers and clinicians jointly intervene with families whose initial police encounter involved a 911-call for service. Police and clinicians intervene directly with children and families in homes and community settings in an effort to mediate the development of peritraumatic symptoms, increase access to mental health consultation, and improve service delivery strategies. Results from a 12-month program evaluation, involving more than 1500 children and adolescents are presented and reviewed in the context of a program serving urban and rural sections of a large metropolitan/county area where police presence varies considerably according to population density.

M-110 **Track 3 (child)**

Development of a Coping Measure for Use with a Child Trauma Population

Greene, Lisa, BA, West Virginia University; Friedman, Abby, BA, West Virginia University; Scotti, Joseph, PhD, West Virginia University

The bulk of the child coping literature is in the area of pediatrics (i.e., lifelong illness, medical procedures). The goal of this series of studies is to develop a trauma-specific coping measure for children. In Study 1, a panel of experts rated 166 coping strategies according to the likelihood that children aged 7-13 would utilize them. In Study 2, 75 children indicated whether or not they had ever used each of the 65 strategies that remained from Study 1; additional coping items were cut based on these child ratings. Study 3 involved 50 children aged 7-13 who had been in car accidents, and 25 non-accident controls. They completed a measure comprised of the coping strategies remaining after the item reduction in Studies 1 and 2, along with measures of PTSD symptomotology and accident severity. The results will be presented in terms of the number and type of coping strategies endorsed by level of accident severity, PTSD symptoms, gender, and age, as well as by group membership (accident versus non-accident). Differences between the final coping measure derived from this study and those typically used with children are discussed, as is the overlap between coping strategies and PTSD symptom categories (e.g., avoidance).

M-111 **Track 3 (child)**

Validation of the CROPS and PROPS

Greenwald, Ricky, PsyD, Child Trauma Institute; Rubin, Allen, PhD, University of Texas, Austin; deRoos, Carlijn, MA, Child and Youth GGZ of the Rijngeestgroep in Leiden, Netherlands

The Child Report of Post-traumatic Symptoms (CROPS) and the Parent Report of (the child's) Post-traumatic Symptoms (PROPS) are 1-page instruments each covering a broad spectrum of symptoms known to result from trauma exposure. These instruments are brief, use simple language, can be administered by paper-and-pencil as well as in-person or telephone interview, and are available in many languages. Scoring takes a minute. Prior studies have established internal consistency, factor structure, test-retest alternate format reliability, concurrent and discriminant validity, and correlation with severity of trauma/loss exposure. Those studies were conducted with urban and rural community samples in the USA, urban community samples in Germany, Scotland, and Bosnia, and a sample of incarcerated youth in the USA. All studies included both genders. Ages ranged from 7 to 17 with no validity differences by age or other demographics. The present study was conducted in a post-disaster community clinic setting in the Netherlands, in which 57 children and adolescents were given trauma-focused treatment. New validity data will be reported on correlation with other measures of post-traumatic stress, correlation with PTSD diagnosis, and sensitivity to changes in post-traumatic stress status.

M-112 **Track 3 (child)**

Dating Violence as an Indicator of Other High Risk Behaviors

Greif, Jennifer, BA, University of California, Santa Barbara; Simental, Jenne, University of California, Santa Barbara; Woehr, Sarah, University of California, Santa Barbara; Furlong, Michael, PhD, University of California, Santa Barbara

According to national surveys, approximately 10% of adolescents report being hit, slapped, or physically hurt by a boyfriend or girlfriend (Youth Risk Behavior Surveillance Survey, 2001). This poster will examine data collected as part of the California Student Survey from a random stratified sample of 7th, 9th, and 11th grade students. Of the 4,355 students in a current relationship, 419 indicated that they had been physically hurt by their boyfriend/girlfriend. Equal proportions of males and females experienced dating violence (DV) and DV was more common among older than younger students. Students experiencing DV were compared with an age and gender matched sample of students who were in a relationship but did not experience DV. Students in the DV group reported significantly more alcohol use, drug use, other types of harassment/ victimization, and depression than the comparison group. Experiences of DV were related to significantly lower scores on items measuring school engagement. Of the students in the DV group, those with a higher level of school engagement reported significantly lower drug and alcohol use. Findings suggest that high risk behaviors are coupled with DV for both males and females. One strategy currently being used to reduce DV will be presented.

M-113 **Track 3 (child)**

Different Loss Experiences: Traumatic Grief in Children

Greif, Jennifer, University of California, Santa Barbara; Jimerson, Shane, PhD, University of California Santa Barbara; Klein, Amber, University of California, Santa Barbara

There is evidence that children who experience a traumatic loss will have a qualitatively different grieving process than children with uncomplicated bereavement (Cohen et al., 2001). This poster presentation will report findings from Project LOSS, a study designed to evaluate the grief reactions of children. 66 children (mean age = 11) and their caregivers completed measures of grief following the loss of a close friend or family member. Traumatic grief was measured by the cause of death (e.g., whether it was sudden) and PTSD symptoms. 22 items were combined to assess the duration and intensity of symptoms of PTSD. Children whose loss was in the form of a sudden death (suicide, homicide) expressed significantly higher levels of PTSD symptoms than children who lost a friend or family member because of illness. In addition, higher rates of PTSD symptoms were associated with increased scores on the Children's Depression Inventory and Grief scores (negative) of the Hogan Inventory of Bereavement, but PTSD symptoms did not differentiate scores on the Hogan Inventory for Personal Growth (positive). Differences in symptoms of children who experience a sudden loss and children with PTSD symptoms will be described. Recommendations for interventions will be reviewed.

M-114 **Track 3 (child)**

Towards Precision in Measuring School Violence Victimization Using IRT

Greif, Jennifer, University of California, Santa Barbara; Furlong, Michael, PhD, University of California, Santa Barbara

This presentation is a psychometric analysis of a school victimization measure, using item response theory (IRT). Assessments of school safety are used to track national trends, develop interventions, and create safety plans. The School Victimization Scale (SVS) is part of the California School Climate and Safety Survey (Furlong, Morrison, & Boles, 1991) and consists of 21 items that ask students whether they have personally experienced school victimization including bullying, theft, verbal and sexual harassment. 7,524 students in the 6th - 12th grades were included in analyses. A two-parameter logistic IRT model was applied to the data to determine the probability of item endorsement, given the underlying trait called "student experiences with victimization." Items were found to provide varying amounts of information about the overall construct of victimization. IRT analysis indicated that the assessment provided the most information for students who experienced moderate to high levels of victimization. Item Response Function differed for males and females. The assessment provided more information for females experiencing a high level of victimization. These findings indicate that some commonly used items may not contribute much information to measures of school victimization. Implications for scale construction and school violence measurement will be discussed.

M-115 **Track 3 (child)**

Acute Stress Symptoms in Parents of Children with Burns or Injuries

Hall, Erin, MA, Boston Medical Center, Boston University School of Medicine; Saxe, Glenn, MD, Boston Medical Center, Boston University School of Medicine, NCTSN; Kaplow, Julie, PhD, Boston Medical Center, Boston University School of Medicine, NCTSN; Koenen, Karestan, PhD, VA Boston Healthcare System, Boston University School of Medicine, NCTSN; Miller, Alisa, MA, Boston Medical Center, Boston University School of Medicine; Bartholomew, David, BA, Boston Medical Center, Boston University School of Medicine; Lopez, Carlos, MD, Boston Medical Center, Boston University School of Medicine; Bosquet, Michelle, PhD, Boston Medical Center, Boston University School of Medicine; King, Lynda, PhD, VA Boston Healthcare System, Boston University; King, Daniel, PhD, VA Boston Healthcare System, Boston University

Recent research suggests that parents may develop acute stress symptoms following a medical trauma endured by their child. Few studies have identified variables associated with the development of these symptoms. The goal of the present study was to examine acute stress reactions in parents of children hospitalized with burns and injuries. It was hypothesized that parents' acute stress symptoms would be associated with their child's acute stress symptoms, the severity of the child's burn or injury, and life and familial stress. During their hospitalization, 131 children and their parents completed a semi-structured interview and self-report questionnaires. Preliminary analyses indicate strong bivariate correlations with parents' acute stress reactions and their child's self reported pain ($r = .36$, $p < .05$), as well as with ongoing life stress ($r = .30$, $p < .01$) and increased family strains ($r = .48$, $p < .05$). The relationship between parents' acute stress symptoms and their report of their child's acute stress was significant ($r = .39$, $p < .05$). These results suggest that parents' acute stress symptoms in response to a burn or injury endured by their child may be exacerbated by ongoing life and familial stress. Clinical implications for hospitalized children will be discussed.

M-116 **Track 3 (child)**

The Impact of Residential Fires on Children: A Qualitative Analysis

Jones, Russell, PhD, Virginia Tech University, Department of Psychology; Ollendick, Thomas, PhD, Virginia Tech University, Department of Psychology; Allen, Katherine, PhD, Virginia Tech University, Department of Human Development; Mathai, Christina, PhD, Virginia Tech University, Department of Psychology; Hadder, James, BS, Virginia Tech University, Department of Psychology; Parelkar, Monica, MA, Virginia Tech University, Department of Psychology; Chapman, Sara, Virginia Tech University, Department of Psychology; Woods, O'Bryan, Virginia Tech University, Department of Psychology; Kahn, Kristen, Virginia Tech University, Department of Psychology; Vergason, Amy, Virginia Tech University, Department of Psychology

The qualitative data analysis of approximately sixty children following residential fire is illustrated. Using these children's responses to the Resource Loss Scale (Jones, 1994), we have identified a number of themes associated with fire, including: avoidance, denial, guilt, blaming, religious imagery, and fear. Children also exhibited a concern for basic needs (i.e., school, housing, clothing, caretakers). Parental reactions influenced the children's perceptions of the event. When recalling the event, children focused on the cognitive aspects rather than the emotional aspects and formulated causal explanations for the fire as a way of integrating the experience. Additionally, children face issues of accountability and failed developmental expectancies (as a result of feeling responsible for the fire). We will also examine the potential mediating role of coping strategies and coping efficacy, as well as the role of social support of parents and friends. Because the potential impact of coping strategies following disaster has been largely unexamined, we are attempting to ascertain various coping styles, including: active, avoidant distraction, and support seeking coping on children's coping with this traumatic event. A preliminary working model developed in the context of our NIMH-funded residential fire project will also be highlighted.

M-117 **Track 3 (child)**

FATTS: Firefighters Attitudes Toward Trauma Support Assessment Tool

Jones, Russell, PhD, Virginia Tech University Department of Psychology; Sirbu, Cristian, MD, Virginia Tech University Department of Psychology; Hurley, Jimmy, MS, Virginia Tech University, Department of Psychology; Hadder, James, BS, Virginia Tech University, Department of Psychology; Carvajal, Franklin, PhD, Virginia Tech University, Department of Psychology; Marans, Steven, PhD, Yale Child Study Center; Berkowitz, Steven, MD, Yale Child Study Center; Murphy, Robert, PhD, Yale Child Study Center

In the fall of 2003, our group began working on a tool that would assess Firefighters' attitudes toward trauma support services (i.e., services regarding victims' psychological reactions to traumatic events). In preparation of a program designed to assist Firefighters in working with clinicians to more effectively treat children following fire-related events, the need for a baseline assessment of Firefighters' interest in such a program was recognized. The resulting baseline measure was the Firefighters Attitudes Toward Trauma Support (FATTS) Scale. The FATTS is a 21-item scale that allows Firefighters to note the extent to which: their fire departments provide trauma support services training, the individual Firefighter feels that trauma support service training is/would be worthwhile, the extent to which the Firefighters' department works with mental health professionals, etc. The FATTS was initially sent to local fire departments (two in Virginia, one in Pennsylvania). Afterwards, the scale is to be distributed nationally (to fire departments in U.S. cities most heavily-affected by residential fire). It is our hope that these data will provide us a representative sample of Firefighters' attitudes toward trauma support. This information will then be integrated into intervention efforts designed to assist children and their families impacted by fire-related trauma.

M-118 **Track 3 (child)**

CDCP-F: Child Development Community Policing-Firefighting Program

Jones, Russell, PhD, Virginia Tech University, Department of Psychology; Sirbu, Cristian, MD, Virginia Tech University, Department of Psychology; Hurley, Jimmy, MS, Virginia Tech University, Department of Psychology; Hadder, James, BS, Virginia Tech University, Department of Psychology; Marans, Steven, PhD, Yale Child Study Center; Berkowitz, Steven, MD, Yale Child Study Center; Murphy, Robert, PhD, Yale Child Study Center

In 2003, members of our group at the Stress and Coping Lab and colleagues at the Child Study Center at Yale University began developing a program that would enable Firefighters to assist children and their families cope with the aftermath of residential fire as well as other fire-related events. This program hopes to model the Child Development Community Policing Program, (CDCP), which has successfully trained police personnel in conjunction with clinicians to help children cope with police related events (Marans, Berkowitz, & Cohen, 1998)). We are in the process of modifying the existing CDCP protocol to be used by firefighters. The Child Development Community Policing – Firefighting Program (CDCP-F) will provide Firefighters with basic knowledge of child development that will assist them in determining whether or not children at the scene of a fire-related event are in need of clinical intervention. If the firefighter deems it necessary, a clinician becomes involved with the family. Intervention will be carried out by trained clinicians and Firefighters. Objective evaluation of each component of the program will be a priority of this initiative.

Poster Presentations – Session 2

M-119 **Track 3 (child)**

A Psychometric Review of the CAPS-CA

Kennedy, Shawn, BA, The University of Tulsa; Davis, Tracy, MA, The University of Tulsa; Newman, Elana, PhD, The University of Tulsa

The Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-CA, Newman, Weathers, Nader, Kaloupek, Pynoos, Blake, & Kriegler, 2004) is a popular structured clinical interview that assesses for criterion A, B, C, D, and E symptoms of DSM-IV Post Traumatic Stress Disorder (PTSD). The CAPS-CA is modeled after the Clinician Administered PTSD Scale for adults, which has been shown to exhibit more than adequate psychometric properties (Weathers, Keane, & Davidson, 2001), with the idea that the CAPS-CA will also demonstrate similarly adequate psychometric properties. However, a thorough review of the literature published containing CAPS-CA psychometric properties has yet to be conducted. This presentation will summarize the current published psychometric information available on the CAPS-CA, including internal consistency, inter-rater reliability, and convergent validity.

M-120 **Track 3 (child)**

The Impact of Parental and Peer Violence on Violent Behavior in Youth

Kia-Keating, Brett, MA, MEd, Harvard University

Violence in the United States claims more lives than in any other developed country. Homicide is the second leading cause of death for individuals between the ages of 15 and 24 and the leading cause of death for African-Americans between the ages of 15 to 34. Two variables that have been found to relate to later violent behavior in children is the violent behavior of their parents and of their peers. In this study, longitudinal data on 2,177 children (ages 9-15 at Wave 1) was analyzed from the Project on Human Development in Chicago Neighborhoods to examine the relationship between the violent behavior of children and the violent behavior of their parents and peers. The violent behavior of children was measured utilizing the Self Report of Offending questionnaire, the violent behavior of parents was measured utilizing the Family Mental Health and Legal History inventory, and the violent behavior of peers was measured utilizing the Deviance of Peers Interview. Multiple regression analysis was conducted to predict violent behavior in children at Wave 2 with the violent behavior of parents and peers at Wave 1 (approximately 3 years earlier), and the interaction between the violent behavior of parents and peers. Implications on violence prevention and intervention programs will be discussed.

M-121 **Track 3 (child)**

Holocaust Child Survivors—Survivors of Sexual Abuse

Lev-Wiesel, Rachel, PhD, Associate Professor, Department of Social Work, Ben Gurion University; Amir, Marianne, PhD, Ben Gurion University

The objectives of the study. This study utilized a qualitative analysis of Holocaust child survivors who were sexually abused during World War II by either Jews or non-Jews. The research study aimed to give this specific group of survivors a voice and to explore the impact of multiple extreme traumas, the Holocaust and childhood sexual abuse, on the survivors. Methodology. Twenty-two Holocaust child survivors who were sexually abused during the war were open-ended interviewed. The data was qualitatively analyzed according Tutty, Rothery and Grinnell (1996) guidelines. Results. Three major themes were found: the first major theme contains issues relating to the sexual abuse trauma, the second major theme includes the survivors' perceptions of the abuse, and the third major theme contains the survivors' general perspectives towards life. Conclusions. The identity of the offenders, Jews or non-Jews foster parents determined the survivors' feelings towards themselves, the perpetrators, and about the worth of life.

M-122 **Track 3 (child)**

A Tribal Program for Children Exposed to Violence: Culture and Race

Lewis, James, PsyD, National Center for Children Exposed to Violence; Brady, Louise, MSW, Sitka Tribe of Alaska

Efforts to adapt a model of police-mental health collaboration to a rural, tribal site are presented. Initial program evaluation results are reviewed and considered in light of sometimes competing cultural expectations and processes. Challenges to service delivery and engagement with children and families are discussed in the context of a program where service providers, particularly law enforcement officers, hail from a majority ethnic and institutional culture that emphasizes independent and hierarchical decision-making. Conversely, service recipients represent a tribal culture that emphasizes a process oriented and consensus building approach that may be at odds with typical assumptions of the law enforcement and mental health systems. The intersection of federal, state and tribal government practices are highlighted, particularly as they effect the way in which mental health and law enforcement providers intervene with children exposed to domestic and familial violence.

M-123 **Track 3 (child)**

Police-Mental Health Collaboration: A Flexible Model of Services

Marans, Steven, PhD, Yale Child Study Center; Murphy, Robert, PhD, Yale Child Study Center

In a child oriented community policing model, traditional law enforcement roles of authority and 24-hour availability are augmented by knowledge of child development and posttraumatic responses. Clinical services are provided on an acute and ongoing basis in the community and involve collaboration across multiple systems including mental health, law enforcement, juvenile justice and child protective services. Through the Child Development-Community Policing (CDCP) Program network of 12 police-mental health partnerships, mental health professionals are placed in the community, with the police, to develop collaborative strategies for intervening early when violence occurs (Marans et al., 1995; Marans, Murphy, & Berkowitz, 2002). The model has been implemented across a range of urban, suburban and rural settings with variations in implementation adapted to local community standards related to social, cultural and ethnic factors. Each program has the common goal of enhancing the responsiveness and effectiveness of law enforcement and mental health systems in responding to children who are victims and witnesses of violence. Findings from three related programs highlight changes in the provision of police and mental health services to traumatized youth.

M-124 **Track 3 (child)**

Traumatic Stress Services Needs for Children in Rural Louisiana

Morse, Patricia, LCSW, PhD, Louisiana State University Health Sciences Center; Morse, Edward, PhD, Louisiana State University Health Sciences Center; Costa, Richard, PhD, Louisiana State University Health Sciences Center; Drennan, Patrick, MD, Louisiana State University Health Sciences Center

This presentation reports on facilitators and barriers to mental health care for children, adolescents and families exposed to trauma in rural Louisiana in order to identify ways of increasing service capacity and quality of care for this underserved population. Hospital personnel, school personnel, first responders, parents, and children in three rural communities were interviewed about psychosocial and systemic factors that affect care for trauma exposed children and adolescents. Data was gathered on types and prevalence of child and family trauma, available services, access and utilization patterns, organizational, socio-economic, cultural and family characteristics that affect care, as well as skill level of and social support for health and mental health professionals delivering services. Data from 42 participants were analyzed. Barriers included: (1) sequelae of extreme poverty such as lack of transportation, utilities, and adequate housing; (2) lack of availability of qualified mental health professionals, compassion fatigue, and lack of training in identification and treatment of traumatic stress; (3) family shame, stigma, and confidentiality concerns; and (4) cultural/ethnic differences. Facilitators included: (1) presence of strong family and informal community support networks; (2) interest in and willingness to learn more about traumatic stress; and (3) strong linkage across existing albeit limited service systems.

M-125 **Track 3 (child)**

Strengthening Rural Infrastructure for Child/Family Trauma Services

Rains, Mark, PhD, Mid-Maine Child Trauma Network

Rural service delivery typically involves providing a continuum of services in addition to individual treatment, collaborating among a variety of service agencies and natural helpers, consulting within a decentralized service network, and addressing challenges of distance in serving clients and supporting service providers. This presentation describes a tool for stake-holders in a regional service network to self-assess their implementation of a variety of promising practices along a continuum of child/family trauma services, to set annual goals, and to initiate and evaluate consultation and training. Stakeholder initiatives and collaboration will be discussed, including in-per-

son and internet-facilitated training and clinical consultation, the role of community services in promoting resilience and supporting its renewal after trauma, and utilization of Geographic Information Systems to map locations of child trauma victims and therapy resources and to plan and evaluate service accessibility.

M-126 **Track 3 (child)**

Developmental Differences in DV Exposure and PTSD: Child vs. Adolescent

Ross, Leslie Anne, PsyD, Children's Institute International and NCTSN; Larson, Linnea, MA, Children's Institute International; Romesser, Jenifer, MA, Pepperdine University; Gaba, Rebecca, PhD, Children's Institute International and NCTSN; Foy, Patrick, BA, Children's Institute International; Foy, David, PhD, Pepperdine University

While several studies have shown that domestic violence exposure increases risk for PTSD in children generally, no study has yet compared children's exposure and PTSD symptoms to those of adolescents. The present study makes these comparisons between two groups representing different developmental stages: children, ages 5–10 (N = 93, 41% male), and adolescents, ages 11- 18 (N = 52; 54% male) whose mothers were in non-residential treatment for domestic violence. We used standard instruments with established psychometric properties, the Conflict Tactics Scale and the Los Angeles Symptom Checklist. Analyses revealed that adolescents reported significantly more exposure and that PTSD symptom patterns were very different between the child and adolescent groups. The top symptoms reported by children were problems with sleep and forgetfulness, while the top symptoms reported by adolescents were problems with anger, trust, and concentration. These results are important for understanding key developmental differences in the expression of posttraumatic stress in children and adolescents, and may be helpful for making future interventions more developmentally sensitive.

M-127 **Track 3 (child)**

The Extended Impact of the Death of a Peer During Adolescence

Shaw, Holly, PhD, Hunter College, CUNY

This qualitative study examined the extended impact of the death of a peer (DOP) during adolescence and developed a description of the fundamental structure of the extended impact of the DOP experience. Participants (24-72 years old) were interviewed and audiotaped. Transcriptions and field notes were developed into written protocols and analyzed using the phenomenological methodology as described by Colaizzi. The data were organized into five themes and 26 sub-categorical themes. The major themes included The Changed Self, Managing: What to Do and Say, The Blossoming of Empathy and Compassion, An Affirming of Values, and Beyond Time, Space, and the Self. The findings were conceptualized within the context of child development theory and Lifton's theory of trauma survival. Interestingly, the extended impact was not based on the circumstances of the death or the nature of the relationship to the deceased, but on the developmental stage in which the individual experienced the loss. The DOP during adolescence continues to impact on participants' current lives, and leads to an on-going integration of the experience into contemporary perceptions of the self and others. Conclusion: Adolescent deaths are increasing, touching the lives of myriad teenage peers and friends. Mental health professionals can mediate the impact with developmentally based intervention approaches that prevent dysfunction and promote resilience.

M-128 **Track 3 (child)**

Child Abuse and Parental Conflict in the Prediction of Parentification

Slagle, David, MS, University of Wyoming; Nicholas, Karen, PhD, University of Wyoming; Rector, Christine, BA, University of Wyoming

Parentification is a parent-child interactional pattern in which the child is saddled with adult tasks tailored to meet the parent's physical and/or emotional needs. Although child abuse has been related to parentification, the literature has not addressed the relationship in a fashion that controls for comorbid conditions. The present study explored the relationships between child emotional/physical abuse and parentification while controlling for child sexual abuse, positive parenting behaviors, interparental conflict, and parental problem drinking. Participants included 205 female undergraduates enrolled in an introductory psychology class at a rural western university. Retrospective, self-report measures assessed three forms of child abuse and positive parenting, parental problem drinking, interparental conflict, and parentification. Emotional abuse positively predicted instrumental caregiving and spousal/parental roles; physical abuse failed to predict any form of parentification. Interparental conflict positively predicted expressive caregiving and spousal/parental roles. Exploratory analyses revealed that sex of parent played a role. Increases in maternal emotional abuse predicted increases in spousal/parental roles, while elevations in paternal emotional abuse predicted elevations in instrumental caregiving. Mother-to-father psychological aggression positively predicted all forms of parentification. Findings suggest that sex of parent and type of parentification are important factors in the study of parentification.

M-129 **Track 3 (child)**

Identifying Traumatic Stress in Clinical and Community Services Models

Stamm, B. Hudnall, PhD, Institute of Rural Health, Idaho State University; Piland, Neill, DrPH, Institute of Rural Health, Idaho State University; Gray, Matthew, PhD, Department of Psychology, University of Wyoming; Larsen, Debra, PhD, Institute of Rural Health, Idaho State University

Access to care is more difficult for people living in rural, frontier, or tribal areas than it is for their urban or non-native counterparts (Stamm, 2003). This symposium focuses on national efforts to improve quality of care and access to care for children, adolescents and their families living in rural, frontier and Tribal/Indigenous (RFT) communities. The National Child Traumatic Stress Network (NCTSN) Center for Rural, Tribal and Frontier Traumatic Stress Interventions was established to respond specifically to the needs of those living in non-urban areas. The Center uses a telehealth-augmented model for dissemination of child traumatic stress treatment approaches and service delivery models for rural, frontier and tribal people by working through the supports and services providers. Evidence based practices and promising practices are archived and culturally adapted (e.g. to meet geographical and local cultural traditions) and tested in order to provide an array of clinical and community-based services models from which communities can select. Examples of treatment approaches and service delivery models of all types (clinical, service, public education) will be shown.

M-130 **Track 3 (child)**

Development of a Coping Skills Survey for Urban and Minority Youth

Thompson, Adrian, BA, West Virginia University; Scotti, Joseph, PhD, West Virginia University

Urban/minority youth face many challenges due to the unique environmental stressors presented in inner-city life (high violence, population density, poverty). Existing trauma research with urban/minority youth focuses on the types of stressors and traumatic events to which they are exposed; it does not investigate factors that moderate that exposure, especially coping skills—as defined and exhibited by urban/minority youth. This study reports the initial development of a coping skills measure for urban/minority youth. We sought to identify forms of coping according to urban/minority youth themselves, rather than from existing literature or presuppositions about their response to stress and trauma. Urban/minority youth participated in seven focus groups (10-15 children, ages 10-15 years). Groups developed lists of stressful and traumatic events, as defined by them, and how they respond to such events (thoughts, feelings, behavior). They then listed the "things they did" (i.e., coping strategies) in response to these events, indicating whether these strategies helped in some way. A final coping skills survey was developed from this information, which will be field tested in further studies. The discussion will focus on the types of events and strategies these children reported, and how these coping strategies differ from those on existing coping measures.

M-131 **Track 3 (child)**

PTSD Symptoms and Asthma Quality of Life

Vanderbilt, Douglas, MD, Boston University Medical Center; MacDonald, Helen, MA, Boston University Medical Center; McCampbell, Daphne, BA, Boston University Medical Center; Saxe, Glenn, MD, Boston University Medical Center

The association of posttraumatic stress symptoms with physical health outcomes has only recently begun to be explored in children. Our study looks at the posttraumatic stress symptoms of children with an asthma diagnosis and potential mediating variables through a longitudinal design. We hypothesized that asthma-related quality of life and posttraumatic stress symptoms will be related. To date, 15 parent-child dyads have been enrolled from the asthma clinic and inpatient unit. The Pediatric Asthma

Quality of Life Questionnaire (PAQOL) by Juniper measured asthma-related quality of life. Questions assessed the domains during the past week of activities ("How much of the time have you been bothered by your asthma in physical activities?"), symptoms ("How much did wheezing bother you?"), and emotions ("How often did your asthma make you feel frustrated?"). The Child Posttraumatic Stress Disorder Reaction Index (CPTSD-RI) measured posttraumatic stress symptoms. Preliminary data indicates that higher CPTSD –RI scores were significantly correlated with decreased PAQOL ($r = -0.622$, $p = 0.023$), PAQOL emotion domain ($r = -0.719$, $p = 0.006$), and PAQOL activity domain ($r = -0.608$, $p = 0.028$). CPTSD-RI scores are not related to PAQOL symptom domain. Assessing for posttraumatic stress among children with asthma may help to improve their quality of life.

M-132 **Track 3 (child)**

Children's Religious Coping After Residential Fire: Exploratory Study

Wang, Yanping, MS, Virginia Tech University Department of Psychology; Ollendick, Thomas, PhD, Virginia Tech University Department of Psychology; Jones, Russell, PhD, Virginia Tech University Department of Psychology; Kephart, Christina, PhD, Virginia Tech University Department of Psychology

Recent advancement in the disaster literature underscores the important role of coping in children's postdisaster adjustment. Religious coping in children as a potentially important category of coping strategies has received little attention. Moreover, its role in context of post fire adjustment has not been studied. The present study intended to investigate the psychometric soundness of the application of the Religious Coping Activities Scale (RCAS) in children, the prediction of children's religious coping, and its role in predicting PTSD symptomatology. This study included 140 participants. Factor analyses of the RCAS revealed a 6-factor solution similar to the original factor structure, suggesting that the RCAS is a promising instrument to measure children's religious coping. Hypotheses concerning the prediction of children's religious coping and PTSD symptoms were only partially supported. Overall, our model predicted Religious Discontent better than Spiritually Based Coping. Results from the mixed-effects regression indicated that loss, days since the fire, child's age, race, and race by age interaction significantly predicted PTSD symptoms over time. However, time specific regression analyses revealed somewhat different findings. Finally, this study raised important conceptual and methodological issues and discussed future directions to further investigate the role of religious coping in children's postdisaster adjustment.

M-133 **Track 3 (child)**

Trauma Exposure Among Undergraduates: Descriptive Data and Comorbidities

Wolf, Erika, ALB, National Center for PTSD, VA Boston Healthcare System and Boston University; Greif, Jennifer, BA, University of California, Santa Barbara; Miller, Mark, PhD, National Center for PTSD, VA Boston Healthcare System and Boston University

The purpose of this investigation was to examine rates of trauma exposure in a sample of 110 college undergraduates (mean age = 19, 62% White). Rates of trauma exposure were high: 91% of students reported having experienced one or more traumatic events. The number of traumatic events directly experienced by participants ranged from 0 to 9. The most common events endorsed included transportation accidents (50%), sudden, unexpected death of someone close (45%), natural disasters (38%), physical assault (23%), serious accident (19%) and unwanted sexual experience (17%). Other serious events were also endorsed, such as having experienced a life-threatening injury or illness (9%), exposure to toxic substances (7%), and assault with a weapon (6%). Endorsement of these life events differed by gender. Ten students (9%) met criteria for PTSD. Analyses revealed positive associations between the number of traumatic life events experienced and PTSD, depression, somatization, psychoticism, distress, guilt, shame, and anxiety and also demonstrated that traumatic events of an interpersonal nature were most strongly associated with post-traumatic distress and psychopathology.

Concurrent Sessions – 5
Monday, November 15
2:30 p.m. – 3:45 p.m.

Abstract #2081

Hospital Emergency Room and Terrorism Response

Consultation (war) **Melrose, 3rd Floor**

Shalev, Arieh, MD, Hadassah University Hospital

Dr. Shalev has been working in the field of Hospital Emergency Room and Terrorism Response for years, both clinically and as a researcher. This session is meant to be an informal discussion and question/answer interaction. Dr. Shalev will discuss key issues related to his work in this field, as well as answering any questions participants may bring.

Abstract #1704

Integrating PTSD Prevention and Intervention in Acute Medical Care

Panel (clin res) **Magnolia, 3rd Floor**

Kassam-Adams, Nancy, PhD, Children's Hospital of Philadelphia; O'Donnell, Meaghan, PhD, University of Melbourne; Saxe, Glenn, MD, Boston Medical Center; Zatzick, Douglas, MD, University of Washington; Ruzek, Josef, PhD, National Center for Post-Traumatic Stress Disorder, VA Palo Alto

Traumatic stress reactions have been well documented in adults and children following injury, burns, and other acute medical events. Acute medical settings such as emergency departments and hospital trauma or burn units present unique opportunities for identifying and intervening with individuals at risk for ongoing traumatic stress (including PTSD). Yet potential barriers to the integration of traumatic stress-focused services within healthcare systems include time and financial pressures, varied skill and comfort levels of medical/nursing staff, and inconsistent availability of mental health professionals. This panel discussion will address both opportunities and challenges for integrating traumatic stress prevention and treatment into acute medical care. Panel members are all clinical researchers engaged in developing and evaluating protocols for screening, assessment, secondary prevention, and/or treatment of traumatic stress in healthcare settings. Panelists will highlight current work in this area for adults (O'Donnell, Zatzick) and children (Kassam-Adams, Saxe), including: development of screening instruments for use by medical/nursing staff, models for raising awareness and promoting "trauma-informed practice" among healthcare staff, and models for engagement of injured trauma survivors in effective care. The panel will discuss cross-cutting themes and lessons learned, as well as implications for early intervention models in other settings following acute traumatic events.

Abstract #1503

Amygdala Activation, Neuroscience and PTSD Interventions

Panel (practice) **Elmwood, 3rd Floor**

Smucker, Mervin, PhD, Medical College of Wisconsin; Grunert, Brad, PhD, Medical College of Wisconsin; Weis, Jo, PhD, Medical College of Wisconsin; Braun, Michelle, MS, Yale University

Outcome data have shown that differential emotional reactions to traumatic events are a vital consideration in selecting the most efficacious treatment. In support of these clinical findings, neuroscience research has made great strides in understanding how PTSD emotions are differentially represented and changed at the level of the amygdala and the cortex. This converging evidence provides the basis for a theoretical explanation of how PTSD treatments (e.g., exposure, cognitive restructuring) may differentially target specific brain areas and helps to explain why matching PTSD-related emotions to specific interventions may be vital to recovery. The panelists will present a recently formulated treatment algorithm for PTSD that matches, among other variables, salient PTSD emotions to treatment type. This algorithm is based on 20 years of clinical and research experience with vehicular and work-related accidents. In addition, mechanisms of neurological activation and change will be discussed as they relate to the following domains of PTSD treatment: (a) brain localization of differential emotional reactions to trauma; (b) specific therapeutic interventions that are hypothesized to differentially target abnormally functioning brain areas; and (c) new directions for PTSD treatment. Clinical and neuroscience research findings will be integrated throughout the presentation as a means of offering a comprehensive understanding of PTSD treatment for both clinicians and researchers.

Abstract #1827

Risk, Resistance and Resilience in Trauma-Exposed Populations

Symposium (practice) **Grand Ballroom A, 1st Floor**

Featured

Pynoos, Robert, PhD, National Center for Child Traumatic Stress, University of California, Los Angeles; McFarlane, Alexander, MD, University of Adelaide Department of Psychiatry

A theoretical framework, recommended methodologies, and intervention strategies will be described for conceptualizing, measuring, and promoting positive adaptation following disasters. Relevant concepts, methods, and measures from developmental psychopathology will be reviewed, including the terms risk, vulnerability, resistance and resilience. A concrete application of this model to designing and carrying out a post-disaster intervention program will then be described, including initial conceptualization, risk identification and intervention methods.

Risk, Vulnerability, Resistance and Resilience Following Disaster

Layne, Christopher, PhD, Professor of Psychology, Brigham Young University; Warren, Jared, PhD, Brigham Young University

Concepts, terms, and methods from the 25-year old field of developmental psychopathology will be reviewed to provide a rich backdrop for elucidating mechanisms and processes that increase the likelihood for positive versus negative adaptation following disaster. Such a framework will promote a wide variety of efforts, including theory-building, measure development, research methods, case conceptualization, treatment planning, and treatment monitoring. Implications for defining, measuring, and decreasing/promoting risk, vulnerability, stress resistance, and resilience in trauma-exposed populations will be discussed.

Incorporating Risk and Resilience Concepts into Disaster Preparedness

Vernberg, Eric, PhD, University of Kansas, Clinical Psychology; Jacobs, Anne, PhD, University of Kansas

This presentation describes specific approaches to incorporate lessons learned on risk and resilience in planning and implementing disaster preparedness and response protocols for children and families. Drawing on resources of the Terrorism and Disaster Branch of the National Child Traumatic Stress Network and an ongoing collaboration with the disaster mental health planning committee of a large metropolitan area in the Midwestern United States, the authors describe an ongoing process of blending evidence-based concepts, resources and techniques from developmental psychopathology into community-wide plans for disaster preparedness and response. This approach requires careful consideration of mental health resource allocations for community, school, and family settings to limit traumatic exposure (e.g., safety plans, effective communication procedures), promote psychosocial resources (e.g., use of effective coping resources, access to supportive relationships) known to foster resilience, and deliver evidence-based interventions for vulnerable children who exhibit severe and persistent distress.

Abstract #1734

Dissociation Across the Life Cycle

Symposium (biomed) **Hilton Exhibition Center C, 2nd Floor**

Simeon, Daphne, MD, Mount Sinai School of Medicine

The four presentations describe phenomenological, psychopathological, and biological findings in dissociation, and their relation to PTSD. Data will be presented from three stages of the life cycle, childhood/adolescence (girls with histories of sexual abuse), adulthood (individuals highly exposed to the WTC disaster), and late life (aging Holocaust survivors).

Dissociation and PTSD in NYPD Officers Exposed to the WTC Attacks

Marmar, Charles, MD, University of California, San Francisco and San Francisco VA Medical Center; Metzler, Thomas, MA, San Francisco VA Medical Center; Chemtob, Claude, PhD, Mount Sinai Medical School, New York; Delucchi, Kevin, PhD, University of California, San Francisco; Best, Suzanne, PhD, University of California, San Francisco

The New York Police Department was deeply impacted by the events of 9/11. The uniquely traumatic circumstances of the attacks and recovery operations happened against a background of high levels of ongoing routine work environment and critical incident stressors, including threats of future terrorist attacks. We conducted a prospective cohort study of New York police officers, surveying 541 before the events of 9/11, and reassess-

ing 301 of these officers after 9/11. Female and minority officers were over recruited. Mean time interval from pre-9/11 baseline to post-9/11 follow-up was 3.7 years, range 1.0 – 4.7. Prior to 9/11, 3.5% of NYPD officers were estimated to have PTSD and 3.5 % partial PTSD; this compares with 8.8% with PTSD and 15.0% with partial PTSD after 9/11. An hierarchical linear regression model predicting PTSD symptoms related to 9/11 exposure accounted for 60.3 % of the variance of current PTSD symptoms. Significant predictors in the final model included greater PTSD symptoms prior to 9/11, greater dissociation and emotional distress during 9/11 exposure, and both greater negative life events and lower social support after 9/11. Greater peritraumatic dissociation was related to greater panic and emotional distress during exposure

Dissociation Mediates Psychopathology in Sexually Abused Girls

Putnam, Frank, MD, Cincinnati Children's Hospital Medical Center; Noll, Jennie, PhD, Cincinnati Children's Hospital Medical Center; Hulsmann, Jaclyn, BS, Cincinnati Children's Hospital Medical Center; Trickett, Penelope, PhD, University of Southern California, Los Angeles

Several cross-sectional studies have previously identified dissociation as a mediator of an array of psychopathologies in both adult and child samples. A prospective, repeated measures study over a seven-year period finds that specific psychopathology was mediated by Time 1 dissociation symptoms. Forty sexually abused girls and 52 matched controls were evaluated at four time points beginning with Time 1 (mean age = 11.04, sd = 3.05) and ending with Time 4 (mean age = 18.05, sd = 3.42). Controlling for Time 1 Child Dissociative Checklist (CDC) scores eliminated the significant repeated measures group X time interactions for sexual behavior (from $F(87,4) = 10.8$, $p<.001$ to $F(86,5) = 2.89$, $p = .09$) and externalizing behavior (from $F(87,4) = 8.85$, $p<.01$ to $F(86,5) = 2.68$, $p = .105$) as measured by the Child Behavioral Checklist. CDC scores did not, however, mediate the group X time repeated measures interaction for internalizing behavior, which remained significant ($F(86,5) = 17.05$, $p<.001$) after controlling for Time 1 dissociation. Identifying processes such as dissociation that mediate subsequent psychopathology can inform the focus of early interventions designed to eliminate or reduce the sequelae of sexual abuse and other traumas.

Biological, Psychological and Cognitive Outcomes After the WTC Attack

Simeon, Daphne, MD, Mount Sinai School of Medicine; Yehuda, Rachel, PhD, Mount Sinai School of Medicine; Knutelska, Margaret, MPhil, Mount Sinai School of Medicine; Schmeidler, James, PhD, Mount Sinai School of Medicine

A sample highly exposed to the WTC attack was studied nine months later regarding biological, psychological, and cognitive outcomes. Twenty-one subjects were administered measures of current dissociation and posttraumatic stress, pretraumatic and peritraumatic measures, and tests of general intelligence and memory. Cortisol was measured via 24-hour urine and plasma at baseline, and in response to low-dose dexamethasone challenge and psychosocial stress. Heart rate was recorded at rest and under stress. Current dissociation tended to be associated with greater childhood trauma, greater peritraumatic dissociation, lower basal cortisol, lower heart rate reactivity to stress, and poorer cognitive function. Conversely, current posttraumatic stress was associated with greater exposure and more early posttraumatic stress symptoms. Current dissociation and posttraumatic stress significantly differed in their correlations to exposure, urinary cortisol, and intelligence. Risk factors associated with dissociation versus posttraumatic stress after adult index trauma appear to differ and warrant further dissection.

Abstract #1495

Group Treatment for Complex Posttraumatic Stress Disorder

Symposium (clin res) **Hilton Exhibition Center A, 2nd Floor**

Herman, Judith, MD, Harvard Medical School; Talbot, Nancy, PhD, University of Rochester School of Medicine

Group therapy offers unique opportunities to repair damage to relational capacities wrought by chronic interpersonal violence. The models presented here have shown promise in the treatment of complexly traumatized patients who are often excluded from treatment outcome studies because of their comorbidity, risk behaviors, or chaotic life circumstances.

Treatment for Adolescent Girls with Childhood Abuse

Cloitre, Marylene, PhD, The Institute for Trauma and Stress, NYU Child Study Center; Farina, Lana, PsyD, Institute for Trauma and Stress, NYU Child Study Center; Paula, Susan, PhD, Center for Trauma Program Innovation, Jewish Board of Family and Children's Services; Malta, Loretta, PhD, Institute for Trauma and Stress, NYU Child Study Center; Davis, Lori, PsyD, Institute for Trauma and Stress, NYU Child Study Center; Silva, Raul, MD, NYU School of Medicine

Adolescent girls with childhood abuse show high rates of PTSD and have significant impairments in affect regulation and social competence. In addition, PTSD in adolescence is a powerful risk factor for the development of substance abuse problems, suicide attempts and revictimization in the teen years. Thus, adolescence is a time of tremendous risk for multiple negative outcomes. This presentation will describe a program which targets three central problem domains among adolescent girls with childhood abuse: PTSD symptoms, emotion regulation problems and interpersonal skills difficulties. The program, adapted from a treatment for adult women with complex trauma is a 16 session treatment organized into two sequential components: a 10-week module focused on Skills Training in Affective and Interpersonal Regulation (STAIR) followed by a six-week intervention of emotional processing of the trauma via narrative story telling (NST). Preliminary data of this ongoing program delivered in an academic setting and a residential setting (STAIR only) will be presented. Improvements were noted in PTSD symptoms, affect regulation and social competence measures in both the individual and group format, with greater improvement obtained with individual treatment. Developmental considerations concerning the use of group versus individual therapy and the titration of emotional processing among adolescents will be discussed.

Group Therapy at the Victims of Violence Program: Preliminary Findings

Mendelsohn, Michaela, PhD, Victims of Violence Program, Cambridge Health Alliance; Forman, Evan, PhD, Department of Psychology, Drexel University; Lynch, Shannon, PhD, Department of Psychology, Idaho State University; Zachary, Robin, LICSW, Victims of Violence Program, Cambridge Health Alliance; Herman, Judith, MD, Victims of Violence Program, Cambridge Health Alliance

Over the past 20 years, the Victims of Violence program (VOV) at the Cambridge Hospital has been developing group treatments for patients with complex trauma histories based on a "stages-by-dimensions" approach to trauma recovery. More recently, outcome data has been collected from 113 patients participating in VOV therapy groups, most of whom are multiply traumatized and have experienced physical and/or sexual abuse by a family member or other close person. Prior to treatment and at treatment completion three to four months later, participants were administered self-report measures of depression, posttraumatic stress, dissociation, general psychiatric symptoms, suicidal and self-harming behaviors, social role and interpersonal functioning, self-esteem, substance use and other health-related behaviors. Participants reported a significant decrease in posttraumatic stress symptoms, depression, and global psychiatric symptoms from pre-to post-test. They also demonstrated a significant increase in self-esteem. Patients in early recovery groups emphasizing safety and stabilization showed particular reductions in depression and global distress, whereas patients in later recovery trauma-focused groups displayed specific improvement in self-esteem. These findings are consistent with the limited empirical literature on group treatment for complex trauma, and provide preliminary evidence for the effectiveness of VOV group treatment.

Pilot Evaluation of TARGET for Youths in the Juvenile Justice System

Ford, Julian, PhD, University of Connecticut Health Center; Mahoney, Karen, MA, University of Connecticut Health Center; Devoe, Judi, PhD, University of Connecticut Health Center; Cruz, Marisol, BA, University of Connecticut Health Center; Levine, Joan, BA, University of Connecticut Health Center; Russo, Eileen, MA, University of Connecticut Health Center

More than 90% of America's youth have witnessed violence personally, and more than 75% report directly being victimized by violence (Scarpa, 2003, Community violence exposure in young adults. Trauma, Violence, and Abuse, 4, 210-227). Many of these young adults will develop posttraumatic stress disorders (PTSD), which affects 10% of women and 5% of men in the general population-and 2-3 times more adults who have histories of exposure to violence. School-aged children exposed to violence who do not receive early intervention often experience anxiety, depression, addiction, and severe behavior problems as the result of the biological and psychological changes involved in PTSD (Ford, 2002, Traumatic victimization in childhood and persistent problems with oppositional-defiance. Journal of Trauma, Maltreatment & Aggression, 11, 25-58.). Only one published ran-

domized controlled study has demonstrated efficacy for treating children exposed to violence in a school-based setting (Stein, Jaycox, Kataoka, Wong, Wenli, Elliott, & Fink, 2003, A mental health intervention for schoolchildren exposed to violence. JAMA, 259,603-611). A 10-week group cognitive behavioral treatment (CBT) reduced PTSD symptoms, and children who had reduced PTSD symptoms also showed an improvement in grade-point-average (GPA). While the CBT intervention appears promising, it does not address the self-regulatory problems that often accompany PTSD among children exposed to violence (e.g., depression, impulsivity). To address this need, Trauma Adaptive Recovery Group Education and Therapy (TARGET) is a psychoeducational that differs from CBT in providing children with a step-by-step set of exercises to enable them to better regulate their emotions and behavior. Unlike CBT, TARGET does not require or encourage children to recall past violent experiences, but instead places a focus on the here-and-now and effective coping with stress, emotions, and relationships. The presentation describes a pilot study in which TARGET was delivered in gender-specific groups to youths referred to the Boys and Girls Clubs from the juvenile justice system based upon screening for history and PTSD symptomatology. Results from the first two waves of groups (N = 13 girls; 11 boys) indicate that participation in the 5-week 10-session group was associated with enhanced emotional and behavioral self-regulation and reduced PTSD symptoms and cognitions, by youth and adult report on psychometric instruments. The clinical approach will be described with brief vignettes, and plans for a randomized trial comparing TARGET to CBT in community and school setting will be presented.

Trauma-Focused Group Therapy vs. Present-Focused Group Therapy for High Risk CSA Survivors

Classen, Catherine, PhD, Stanford University School of Medicine; Palesh, Oxana, PhD, Stanford University School of Medicine; Cavanaugh, Courtenay, MA, Alliant University; Aggarwal, Rashi, MD, Stanford University School of Medicine; Koopman, Cheryl, PhD, Stanford University School of Medicine; Spiegel, David, MD, Stanford University School of Medicine

Purpose: The sequelae of childhood sexual abuse includes a large array of long-term effects such as PTSD, depression, affect dysregulation, sexual revictimization, addictive behaviors, and interpersonal problems. The best method of treating this vast array of problems is a pressing concern. This presentation will describe the outcome of a recently completed, controlled, randomized group therapy trial for women with histories of childhood sexual abuse and who are at risk for HIV infection. Method: Women were judged at risk if they met at least one of three criteria: 1) were sexually revictimized within the last year; 2) engaged in unsafe sex within the last year; or 3) met criteria for substance abuse or dependence within the last year. One hundred and seventy-two women were recruited into this study comparing trauma-focused group therapy against present-focused group therapy and a wait-list condition. Participants were provided 6 months of group therapy and followed for 12 months. Follow-up data at 6-months and 12-months will be presented. Findings: Outcome data will include sexual revictimization, sexual behaviors, substance use, PTSD and other trauma symptomatology, interpersonal problems, and posttraumatic growth. Conclusions: Treatment implications will be discussed.

Abstract #1793

Assimilation/Accommodation Process: Modifying EBPs in Trauma

Symposium (clin res) — Jasperwood, 3rd Floor

Murray, Laura, PhD, Columbia University/New York State Psychiatric Institute; Hoagwood, Kimberly, PhD, Columbia University/NYSPI/New York State Office of Mental Health

In bringing evidence-based practices to real-world settings, it is important to pay attention to critical steps. This symposium will address the importance of building flexibility into manuals, some of the challenges that face clinicians and organizations when implementing these manuals, and issues around measuring fidelity within a flexible framework.

Modifications of CBT Trauma Treatment: Culture and Schools

Costantino, Giuseppe, PhD, Lutheran Hospital/Sunset Terrace Mental Health Center; Guajardo, Jacqueline, PhD, Lutheran Hospital/Sunset Terrace Mental Health Center

In response to 9/11, many local and community mental health organizations were called upon to address trauma in children and adolescents. As a participating site in a SAMHSA-funded project evaluating the implementation of evidence-based trauma treatments, we have been trained in two manuals and are currently treating a range of children and adolescents across Brooklyn. This presentation will include a description of the community population and will review some of the major modifications that were needed during the implementation of these manualized CBT trauma treatments. Data will be presented regarding some important adaptations used with Latino families, such as components on dealing with secrets and dreams. In addition, manual flexibility needs and solutions will be addressed specifically around work in school settings.

Importance of Building Flexibility into a Treatment Manual

Cohen, Judith A., MD, Allegheny General Hospital; Mannarino, Tony, PhD, Allegheny General Hospital

As part of the National Child Traumatic Stress Network (NCTSN) and in response to the 9-11 terrorist attacks on New York City, there was interest in adapting and applying our evidence-based treatment for traumatized children, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), for use by community providers in New York as well as other sites in the NCTSN. As manual developers, it was important to recognize the need for building flexibility into our manual from the beginning. It was also crucial to train clinicians on appropriate flexibility while maintaining the integrity of the treatment model. In this presentation, we will discuss issues and challenges that face treatment developers regarding the utility of their manuals in implementation studies, including methods of training and consultation.

Fidelity and Flexibility: Balancing and Measuring

Murray, Laura, PhD, Columbia University/New York State Psychiatric Institute; Rodriguez, James, PhD, Columbia University/NYSPI/New York State Office of Mental Health; Hoagwood, Kimberly, PhD, Columbia University/NYSPI/New York State Office of Mental Health

The Child and Adolescent Treatment and Services Consortium (CATS) is a SAMHSA-funded study of child and adolescent evidence-based trauma treatments for youth affected by 9/11. One of the major goals and evaluation components of CATS is to examine the implementation and adherence of evidence-based treatments across multiple community sites. More than 50 clinicians across six sites in New York have been trained on two evidence-based trauma treatments including "Child and Parent Trauma-Focused Cognitive Behavioral Therapy Treatment Manual" (Cohen, Mannarino, et al., 2002) and the "Trauma/Grief-Focused Group Intervention for Adolescents" (Layne, Saltzman, & Pynoos, 2002). One challenge for all sites has been to adapt and modify these manualized trauma treatments to fit their settings and population, while still adhering to the manual. Data will be presented from adherence checklists that clinicians complete after every session. The variables requiring flexibility (e.g., certain settings, populations, ages) will be reviewed, along with additional clinical components that clinicians naturally use in addition to the treatment manual.

Abstract #1724

Women and Trauma: Domestic, International, and Military Policy

Symposium (culture) — Versailles Ballroom, 3rd Floor

Armsworth, Mary, EdD, University of Houston

This symposium presents action steps and recommendations to support the comprehensive needs resulting from the enormous trauma to women. Policy change, advocacy, education and research are considered as means of influence in the area of gendered violence, an important issue that has no institutional, national or societal boundaries.

Women and Trauma: Impacting International Policy

Braak, Joyce, MD, President, Institute for Research on Women's Health

At the United Nations, decision makers are beginning to appreciate the importance of trauma, particularly for women. Until now, the focus has been solely on physical needs. Kofi Annan, Secretary General of the United Nations recently wrote, "…war, torture, violence, poverty, diseases, discrimination, and domestic abuse: these great human ills sicken the individual psyche,…" The pathogenic power of trauma is an emerging women's issue at the level of international policy. The value of UN policy is that it sets the standard of accountability for all member nations. However, many of the state members of the United Nations (UN) today are not democracies and still embrace the chattel status of women, meaning "movable property" of men. This dehumanized status is the root cause of enormous trauma to the world's women and problematic in reaching consensus on global policy. Working through the UN Expert Group Meeting mechanism, it is possible for an individual advocate for the human rights of traumatized women to

influence policy at the highest international level. This presentation will provide a detailed and intimate illustration of the complexities, demands and delicate communications entailed in that process. Successful impact is possible and gratifying.

Ending the Domestic War on Women Through Policy Change

Elmore, Diane, PhD, Office of U.S. Senator Hillary Rodham Clinton

Half of all women in the U.S. will encounter a traumatic event in their lifetime. These traumatic experiences include physical, sexual and psychological abuse; domestic violence; and exploitation. Currently, violence against women is the leading cause of physical injury and additionally has a devastating impact on a woman's emotional and financial well-being. Research indicates that women, in comparison to their male counterparts, are twice as likely to develop Posttraumatic Stress Disorder (PTSD), experience a longer duration of posttraumatic symptoms, and display more sensitivity to stimuli that remind them of their trauma. Although women are at greater risk for negative trauma consequences, current U.S. policies do not adequately support the comprehensive needs of female survivors of trauma. Many pieces of federal legislation developed to aid female survivors of trauma fail to meet the significant physical, economic, and psychological needs of these women. This presentation will discuss current policies and recent legislative examples focused on research, treatment and social supports to assist women and their families in the aftermath of trauma. Effective strategies and techniques that trauma experts can utilize to end the domestic war on women through social policy change at the national level will be highlighted.

Women at War: The High Cost of Sexual Violence in the Military

Wills, Sharon, PhD, Central Texas Veteran's Health Care System

During the past few years, the once-taboo subject of sexual violence perpetrated against women in the military has received increased public attention. Through the Veterans' Millennium Healthcare Bill, Congress mandated that the Veterans Administration screen and offer treatment to all military veterans reporting military-related sexual trauma (MST). To date more than 34,000 women have screened positive for MST. Recent Senate hearings have increased awareness of MST in women serving on active duty, and in the first 18 months of armed conflict in Iraq, Afghanistan, and Kuwait, roughly 112 rapes were reported, which likely under represents the actual number of rapes occurring. This evidence has strong implications for systemic policy changes in the military and the VA if they are to more effectively prevent, respond to, and treat survivors of military-related sexual violence. Changes in the allocation of resources to both systems are necessary in order to make the early and appropriate interventions that are vital to returning sexual violence victims to any semblance of prior functioning. This presentation will discuss suggested systemic changes, and will utilize case material to illustrate the high cost of untreated Military-related sexual violence in the lives and careers of female survivors.

Abstract #1877

South Africa: A Decade of Democracy

Symposium (culture) **Grand Ballroom B, 1st Floor**

Friedman, Merle, PhD, South African Institute for Traumatic Stress; de Jong, Joop, MD, PhD, Transcultural Psychosocial Organization

Ten years post "the struggle," and on examination, our young democracy reveals a country that has made great strides in constitution building, human rights and economic stability. The gallant attempt at national reconciliation has been less successful. Impacts on ex-combatants, victims of apartheid and the societal impact of the TRC are addressed.

Attempts to Heal a Nation: A Re-Examination of the Impact of the TRC

Friedman, Merle, PhD, South African Institute for Traumatic Stress

Whereas the majority of the South African people had been oppressed by the system of Apartheid, the war opposing the system "The Struggle" also had traumatic impact. The cost of all such intolerable or traumatic exposure is extreme, not only to the victims but to the society as a whole. One of the aims of the TRC was to heal the entire nation through the processes of the TRC hearings. This aim essentially falls within a public mental health approach to trauma. It is now six years since the end of the hearings and ten years into our new dispensation. It is timely to consider the success of lack of success of this approach and understand it within the broad framework of the public mental health approach. The TRC will be evaluated from a trauma perspective and the three aspects of the TRC: Truth and its consequences; Amnesty granted and not granted; Reparations, the delay and the amount, and lastly, the issue of forgiveness will be linked to outcomes. In terms of the public mental health model impact will be examined from the societal, community, family and individual levels—looking at poverty, illness (HIV/Aids), crime and violence, among other indicators.

Healing in the SA TRC: An Investigation of Women's Experiences

Barnett, Lesley-Anne, Midrand Graduate Institute/SA Institute of Traumatic Stress

The research sought to investigate whether the TRC possessed the capacity for psychological healing. It sought to understand the content and the context of the process by conducting a thematic analysis on transcripts from "The Women's Hearings." These hearings were dedicated to documenting and healing the particular experiences of women under apartheid. They were chosen for analysis because the author was present during the proceedings and because they were a poignant window into the wider TRC process. Current literature points to psychological notions of language and interaction as facilitative for psychological healing—this provided the theoretical framework against which the content of the dialogue and the context of the proceedings was analyzed. The findings of the research validated the literature regarding trauma and Western conceptions of psychosocial healing. However it found that it would have been beneficial to employ indigenous healing methods and that the dual purposes of creating a historically accurate archive through a legal context conflicted with requirements of the therapeutic process. The intention was to provide a unique insight into women and the TRC and to make recommendations around why it could have been valuable to incorporate relevant cultural practices into a nationwide healing endeavor.

Reintegration and Treatment of Ex-Combatants

Mogape, Nomfundo, MA, AfSTSS: African Society for Traumatic Stress Studies

"Forgotten is an understatement, they have wished us away." Through the decades of multiple wars soldiers returning from war experience inadequate and inappropriate services, lack of support and understanding, alienation from families and communities. This is compounded by a collective societal tendency to wish away this painful reminder of human destruction. The psychosocial challenges such as lack of resources, illiteracy and political instability faced by developing countries exacerbate the challenges in the reintegration and treatment of ex-combatants. In South Africa this is compounded by a desire for South Africans to wish away some of the painful reminders of apartheid such as the impact of war on those who fought for, or against, the apartheid regime. The integration processes and the impact these have on the soldiers, their families, community and sustaining democracy in the country are discussed. Finally, a holistic, multilevel approach at societal, community, family and individual level, is proposed in improving the reintegration and treatment of ex-soldiers in developing countries.

Abstract #1748

Long-Term Effects of War Captivity in Ex-POWS and Their Spouses

Symposium (war) **Hilton Exhibition Center B, 2nd Floor**

Neria, Yuval, PhD, Department of Psychiatry, Columbia University

War captivity has been recognized as an extremely traumatic experience. It entails numerous repeated harsh stressors deliberatively directed to destroy the POW's identities. The aims of the symposia are to examine the long-term pathogenic and salutogenic effects of captivity in both Israeli ex-POWs from 1973 Yom-Kippur war and their spouses and, to assess the contribution of personality and social factors that impede or promote recovery.

Long-Term Psychological Effects of War Captivity

Solomon, Zahava, Professor, School of Social Work Tel-Aviv University; Dekel, Rachel, PhD, School of Social Work Bar-Ilan University; Ginzburg, Karni, PhD, School of Medicine Stanford University

The literature on the aftermath of war captivity identifies former-POWs as a high-risk group for psychiatric disorders including Posttraumatic Stress disorder (PTSD). At the same time some studies also documented the salutogenic effects of war captivity. This longitudinal study (first wave 18 years after the war and second wave 30 years after the war) assessed both psychopathological and saluthogenic effects among 100 Israeli ex-POWs and 100 matched controls. Results show that ex-POWs report both higher rates of PTSD and posttraumatic growth than controls. Longitudinal data show a rise in PTSD rates over time. The longitudinal course of PTSD in former POWs will be discussed.

Marital Relationships and Distress In Ex-POWS and Their Spouses

Ginzburg, Karni, PhD, School of Medicine Stanford University; Solomon, Zahava, Professor, School of Social Work, Tel-Aviv University; Dekel, Rachel, PhD, School of Social Work, Bar-Ilan University

This study examines (1) the interrelations between ex-POWs' PTSD and their spouses' level of secondary traumatization; (2) the effects of both spouses' level of differentiation on their respective levels of distress. Results show that wives' level of distress is associated with the ex- POWs' level of distress. In addition, ex-POWs' level of differentiation had a detrimental effect on their wives' distress. Spouses of ex-POWs with lower levels of differentiation suffer from higher levels of distress. Interestingly, however, wives' level of differentiation had no effect on the ex-POWs' level of distress. The contribution of marital relations to recovery from war captivity induced trauma will be discussed.

Secondary Traumatization Among Spouses of Ex-POWs

Dekel, Rachel, PhD, School of Social Work, Bar-Ilan University; Solomon, Zahava, Professor, School of Social Work, Tel-Aviv University; Ginzburg, Karni, PhD, School of Medicine, Stanford University

The detrimental effects of trauma on significant others have been observed among spouses of veterans shortly after a war. This study examines the long-term effects of war captivity of ex-POWs on their wives 30 years after the war. Sixty ex-POWs and a group of matched control veterans and the spouses of both groups participated in the study. Results show that spouses of ex-POWs reported higher levels of posttraumatic symptoms and more general symptomatology, and reported less marital satisfaction than spouses of controls. In addition, results demonstrate the moderating effects of forgiveness and differentiation in attenuating the pathogenic effects of war captivity. The study highlights the toll that the hidden victims of war captivity pay.

Abstract #1850

PTSD and Burnout: Assessment and Referral Issues with Aid Workers

Workshop (practice) **Oak Alley, 3rd Floor**

van Gelder, Piet, MA, Psycho Social Care Unit, Médecins Sans Frontières-Holland; Kroon, Nicky, PhD, Psycho Social Care Unit, Médecins Sans Frontières-Holland

Humanitarian aid workers operating in countries affected by war and large-scale suffering are at risk for PTSD. Traumatic experiences combined with the stress of aid work may, moreover, lead to burnout. The support provided by the Psycho Social Care (PSC) Unit at MSF-Holland aims to prevent burnout and PTSD. Therefore, post-mission debriefing requires a reliable and efficient assessment of the extent to which the aid worker has been affected by the stress of field work and exposure to trauma. At the PSC Unit, assessment of post-mission functioning is based on a conceptualization of burnout and trauma that is relevant to aid workers. Moreover, this conceptualization has specific implications for interventions by the PSC Unit and/or referral, in which a cognitive-behavioral approach is emphasized.

Abstract #1908

The Magic Cure for Acute Trauma: Should the Medical Model Prevail?

Workshop (disaster) **Rosedown, 3rd Floor**

Dunning, Chris, PhD, University of Wisconsin-Milwaukee; Stuhlmiller, Cynthia, DNSc, Flinders University

This workshop explores the salutogenic (that which has a salutary effect) and fortigenic (the origin of strengths) paradigms of acute response to trauma vs. the pathogenic models that have developed in group debriefing. The dispute between the pathogenic "medical model" that rely on "magic bullets," treatment protocols with mechanistic procedures touted to prevent or reduce the effects of specific disorders such as PTSD, and the competence models of the wellness movement will be presented. The emphasis will be on human resilience, which refers to recuperation, returning to one's former state, but also includes constructive and growth-enhancing consequences of challenges or adversity. Psychological variables subsumed under the generic heading of resilience, that advance fortigenesis and thus create tendencies contrary to those that produce stress, anxiety and especially trauma will be discussed. Salutogenic approaches to engagement, meaningfulness, enhancement of subjective well-being, generation of positive emotions and proactive restorative coping will be described. Building on the work of Antonovsky and Strümpfer, six constructs of psychological well-being that describe the core of salutogenic and fortigenic functioning—sense of coherence, locus of control, self-efficacy, hardiness, potency and learned resourcefulness—for capacity building in group acute intervention will be analyzed in the context of enabling resources.

Concurrent Sessions – 6
Monday, November 15
4:00 p.m. – 5:15 p.m.

Abstract #1529

Disaster Mental Health: The Integration of Science and Practice

Panel (disaster) **Rosedown, 3rd Floor**

Benight, Charles, PhD, University of Colorado at Colorado Springs; Watson, Patricia, PhD, National Center for Posttraumatic Stress Disorder: Dartmouth Medical College; Norris, Fran, PhD, National Center for Posttraumatic Stress Disorder: Dartmouth Medical College; Casale, Cecilia, PhD, SAMHSA/CMHS: Emergency Services and Disaster Relief; Hamilton, Susan, PhD, American Red Cross

The goal of this panel is to generate important discussion on the ethical, logistical, and intellectual issues related to conducting scientifically valid studies in the aftermath of a major disaster. The panel members are leaders both from the response community (e.g., American Red Cross, and Emergency Services and Disaster Relief- SAMHSA/CMHS) and the scientific community (National Center for Posttraumatic Stress Disorder). The current standard of practice for mental health responding following a major disaster is based on limited empirical evidence. There is a critical need for interagency cooperation to general apriori plans on how to conduct ethical research during mental health interventions following a major event. Through the panel discussion with the audience, an action plan for future coordinating efforts will be developed.

Abstract #1894

Trauma, Gender, Violence and Military Culture

Panel (war) **Hilton Exhibition Center A, 2nd Floor**

Aronson, Eric, PsyD, Amnesty International USA; Moffeit, Miles, The Denver Post; *Herdy, Amy,* The Denver Post

The trauma engendered by war extends beyond familiar concepts such as cluster bombs, combat stress and "collateral damage"; beyond the grief of soldiers' and civilians' family members. In actuality, war trauma extends to the personal and societal impact of violence that few proponents of war would publicly endorse, such as rape, torture and hate crimes: types of violence that inevitably accompany war and the military in many regions of the world. Recent reporting by investigative journalists has revealed that women in the US military have been targets of widespread sexual assault and domestic violence. Military commanders have often failed to provide trauma counseling or medical care for victims, and have colluded to protect the perpetrators from prosecution. This panel will explore how the military fosters a culture of violence, and how military culture and its gender norms both promote and exacerbate trauma for women. Two journalists will present their provocative findings and ways their work has contributed to efforts to secure justice. Subsequent discussion will address human rights issues related to military culture, violence and trauma, particularly in the context of gender.

Abstract #1672

Addressing Stress and Trauma in Humanitarian Assistance Workers

Panel (war) **Magnolia, 3rd Floor**

Levin, Andrew, MD, Westchester Jewish Community Services, Columbia University; Berger, Rony, PsyD, Natal, Israel Trauma Center for Victims of Terror and War, Hebrew University; Pearlman, Laurie, PhD, Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy LLC; Ehrenreich, John, PhD, State University of New York, College at Old Westbury; Stamm, B. Hudnall, PhD, Institute of Rural Health Idaho State University

Problems associated with stress and trauma among humanitarian aid workers have become a matter of increasing concern for aid agencies, donors and staff. Humanitarian workers face challenges providing services to traumatized populations without significant training, support, or supervision, placing them at risk for the development of secondary or vicarious traumatization and burnout. Berger will present his experience debriefing and providing coping strategies to ultra-religious body handlers in Israel, including videotaped interviews that aired on Israeli TV. Pearlman will present her work in Rwanda utilizing the RICH (Respect, Information, Connection, and Hope) approach to address both direct and indirect trauma among various service workers who themselves were often "wounded healers." In response to the needs of humanitarian personnel, the Antares Foundation of Amsterdam, in cooperation with the US Centers for Disease Control, is developing "Minimal Standards for the Management of Stress in Humanitarian Workers." Ehrenreich will present an outline of the evolving standards including staff selection and support, differential needs of national and expatriate staff, and development of training materials. Levin will moderate and Stamm will provide discussion of linkages across the presentations.

Abstract #1615

Longitudinal Outcomes of Childhood Maltreatment

Symposium (assess) **Grand Ballroom B, 1st Floor**

Pelcovitz, David, PhD, Department of Psychiatry, North Shore University Hospital

This symposium will review longitudinal data regarding maltreated children and adolescents Understanding the long-term impact of child maltreatment is crucial to planning interventions for this population. Methodological issues in the design/implementation of longitudinal studies, mental health correlates in young adult survivors, and protective factors in resilient survivors will be presented.

Methodological Issues in Longitudinal Studies of Maltreated Children

Sunday, Suzanne, PhD, Department of Psychiatry, North Shore University Hospital

Child maltreatment has been linked to problems in adulthood such as psychopathy and criminality, mental illness, domestic violence, and the perpetuation of maltreatment into the next generation. However, many of the studies of adults who were maltreated as children have numerous methodological flaws and have often relied on retrospective data. These studies will be discussed. A number of researchers, who have studied children and adolescents immediately after documented incidences of maltreatment, have continued to follow these subjects for ten or more years. A few of these longitudinal studies have now been published with data on adults; however the maltreatment often occurred only during childhood, and many of the studies failed to separate physically and sexually abused subjects. This literature will be reviewed. An overview of our research group's study concerning outcomes of young adults who had been physically abused as adolescents will be presented.

Predictors of Resilience in Abused and Neglected Children Grown Up

Widom, Cathy, PhD, Department of Psychiatry, New Jersey Medical College; DuMont, Kimberly, Department of Psychiatry, New Jersey School of Medicine; Czaja, Sally, Department of Psychiatry, New Jersey School of Medicine

Childhood victimization has the potential to affect a number of domains of functioning (Widom, 2000). Some children, however, display resilience despite the early adversities they faced (McGloin & Widom, 2001). This paper addresses factors that contribute to resilience among abused and/or neglected children grown up. Resilience refers to individuals who have (1) a history of positive psychological adjustment or, conversely, who have never received a diagnosis for major depressive disorder, anxiety disorder, problem behaviors, drug abuse, or alcohol abuse, and who have never attempted suicide; or (2) no self-reported or official record of an arrest and/or no history of violent crime. Data come from a prospective cohort study of a large group of children who were physically or sexually abused and/or neglected (n = 676) and who were followed up into young adulthood (at approximately age 29). Two-hour in-person structured interviews were conducted between 1989 and 1995 and included the DIS-III-R to determine lifetime DSM-III-R diagnoses. Analyses consider resilience in terms of mental health and crime for both childhood/adolescence and adulthood and predictors include child, family, and neighborhood factors. Understanding factors that influence resilience in abused and neglected children will help policy makers and practitioners effectively target intervention efforts.

Longitudinal Studies of Maltreated Youth: Mental Health Problems

Kaplan, Sandra, MD, North Shore University Hospital; Sunday, Suzanne, PhD, North Shore University Hospital; Pelcovitz, David, PhD, North Shore University Hospital; Labruna, Victor, PhD, North Shore University Hospital; Salzinger, Suzanne, PhD, New York State Psychiatry Institute

Maltreatment during childhood and adolescence is associated with a number of psychiatric disorders. Most examinations of psychiatric problems in maltreated children and adolescents are conducted either during or immediately following the abuse. This presentation will focus on the persisting impact of maltreatment into young adulthood. Very few longitudinal studies

of young adults who had experienced documented maltreatment have been conducted and some only examined maltreatment that occurred before age 12, some do not distinguish sufficiently between different forms of maltreatment, and others had very small numbers of subjects in each maltreatment group. The literature on mental health outcomes of maltreatment in young adults who were abused as children/adolescents will be reviewed with a focus on an ongoing longitudinal study of mental health outcomes being conducted by our group. The initial data from our 10-year follow-up study of young adults who were documented as physically abused in adolescence reveal statistically significant differences in DSM-IV Axis I and Axis II pathology in the abuse group compared to the comparison group. The persistence of impairment into young adulthood is remarkable in that the abused subjects had generally experienced relatively mild levels of physical abuse as adolescents and came from largely middle class backgrounds.

Abstract #1575

Refugee Children: Innovative Approaches to Complex Problems

Symposium (child) — Jasperwood, 3rd Floor

Chew, Marion, PhD, Center for Multicultural Human Services; Holland, Anne, PhD, Children's Crisis Treatment Center

This symposium presents the strategies employed by two National Child Traumatic Stress Network sites in their programs for children affected by the complex traumas of war and displacement. Emphasis will be placed on approaches for overcoming cultural barriers, addressing issues arising from acculturation stress, and developing successful treatment activities.

Transforming War-Exposed Youth into "Leaders of Tomorrow"

Heiges, Kelly, PhD, Center for Multicultural Human Services

In the 1990s, the West African country of Sierra Leone was plagued by a violent state of civil chaos. Frighteningly high prevalence rates for traumatic experiences, such as being close to death and the murder of family and friends, were found in adult refugees from Sierra Leone (Fox and Tang, 2000). Sierra Leonean children, many of whom are now in the US, also have been subjected to these extreme traumas. Because traumatic experiences in childhood can lead to difficulties with self-regulation, attention, and attachment (van der Kolk, 2001), children and adolescents from Sierra Leone display significant mental health needs. To address these needs, the Center for Multicultural Human Services, a National Child Traumatic Stress Network (NCTSN) site developed a four-week, intensive therapeutic program, Leaders of Tomorrow. Using cognitive-experiential activities, the LOT Summer Program focused on improving optimism and resilience. Given the far-reaching needs of the children and their families, case management services and a follow-up activities program were implemented after the summer program ended. The rationale for this approach as well as the benefits and limitations of this service delivery model will be discussed. Lastly, we will present plans for future programs based on the Leaders of Tomorrow model.

Meeting the Complex Needs of Traumatized West African Children

Campbell, Julie, MSW, Children's Crisis Treatment Center

Project Tamaa is an innovative community- and school-based program designed to meet the complex mental health and social service needs of the large population of West African refugee children, adolescents, and their caregivers who have relocated to Philadelphia, Pennsylvania. The refugees served originate from the West African countries of Liberia, Sierra Leone, and Guinea where many have experienced significant war-related atrocities in their homelands and refugee camps. In addition, targeted families face numerous acculturative issues, including struggles associated with acculturating in a highly stressed urban environment where they are often exposed to further violence. Although the mental health and social service needs of this refugee population are great, very few individuals have had contact with Philadelphia's mental health system. This presentation will focus on how Project Tamaa is reaching out to this community and seeking to make mental health services culturally acceptable and accessible. It will also provide an overview of Project Tamaa's components, identify the common types of traumatic events and acculturative issues faced by West African refugee children and adolescents, outline the merits and challenges of addressing their complex mental health needs in a school setting, and describe our school-based trauma- and acculturation-focused group therapy model.

Abstract #1951

Interpersonal Violence and Women's Health - Part II

Symposium (clin res) — Hilton Exhibition Center C, 2nd Floor

Taft, Casey, PhD, National Center for PTSD, VA Boston Healthcare System, and Boston University School of Medicine; Schnurr, Paula, PhD, National Center for PTSD and Dartmouth Medical School

This is the second part of a SIG-sponsored series on PTSD and women's health. The first two presentations examine predictors of health symptoms among battered women. The third examines PTSD-related avoidance of medical procedures among MST victims. The fourth examines the impact of PTSD treatment on health among rape victims.

The Effect of PTSD Treatment on Reported Health Symptoms

Resick, Patricia, PhD, VA Boston Healthcare System and University of Missouri-St. Louis; Galovski, Tara, PhD, University of Missouri-St. Louis; Griffin, Michael, PhD, University of Missouri-St. Louis

PTSD is associated with problems in health. It is important to determine whether health improves with treatment of PTSD. This is a secondary analysis of a study comparing cognitive processing therapy (CPT) with prolonged exposure (PE) for PTSD among rape victims (Resick et al., 2002). Purposes are to examine the relationship between trauma history, PTSD, depression, and health symptoms at pretreatment, and to examine effects of treatment on health symptoms. Measures included CAPS, BDI, trauma history, and the PILL. Measures were entered into a regression with trauma variables as Step 1 and CAPS and BDI as Step 2 to predict PILL scores. Both steps were significant, $F(5,91) = 6.03$, $p = .00$, $R2 = .25$. Trauma history accounted for 10% of variance, while symptoms added another 15%. Participants were randomly assigned to either CPT or PE. From pretreatment to posttreatment there was a significant interaction, $F(1,102) = 5.3$, $p =.02$. From pretreatment to the 9-month follow-up there were significant session and group effects. Both groups improved and maintained their improvement. Although there were no differences between types of therapy at pretreatment, CPT participants had fewer healthcare problems at both posttreatment and 9 month follow-up than PE; $F(1,103) = 5.6$, $p = .02$ and $F(1,72) = 6.9$, $p = .01$, respectively. Treatment outcome results will be discussed with reference to the findings of the regression analysis.

PTSD and Physical Health Among Help-Seeking Battered Women

Taft, Casey, PhD, National Center for PTSD, VA Boston Healthcare System, and Boston University School of Medicine; Resick, Patricia, PhD, VA Boston Healthcare System and University of Missouri-St. Louis; Mechanic, Mindy, PhD, University of Missouri-St. Louis; Vogt, Dawne, National Center for PTSD, VA Boston Healthcare System, and BU School of Medicine

Considerable evidence indicates that women who experience relationship abuse are at risk for poor physical health. Beyond direct injuries and conditions related to physical assault and sexual aggression, very little is known about the mechanisms whereby relationship abuse leads to physical health problems. We will use structural equation modeling to test the hypothesis that PTSD symptoms will mediate associations between relationship abuse and physical health symptoms among a sample of help-seeking battered women ($N = 404$). We will also examine factors that may account for PTSD-health relationships, including depression, anger, and anxious arousal. Initial correlational analyses among the full sample revealed significant modest to moderate bivariate associations between physical health symptoms and measures of physical assault, psychological aggression, sexual coercion, PTSD symptoms, depression, anger, and anxious arousal. Multiple regression analyses suggested that PTSD symptoms partially mediated the effects of the abuse variables on physical health symptoms, and depression, anger, and anxious arousal partially mediated the effects of PTSD symptoms on health. These initial findings suggest that PTSD symptoms play an important role with respect to the development of physical health symptoms, and the data speak to some mechanisms through which PTSD symptoms may impact health.

Alcohol Use and Health in Female Domestic Violence Victims

Kaysen, Debra, PhD, University of Washington; Resick, Patricia, PhD, VA Boston Healthcare System and University of Missouri-St. Louis

Extant literature documents frequent co-occurrence of alcohol use disorders (AUD) with PTSD. Comorbid AUD and PTSD has been associated with more medical comorbidity. Women appear at greater risk of developing PTSD than men; women with PTSD appear at increased risk for AUD. Yet PTSD, AUD, and health has been understudied in female trauma survivors. This study examined alcohol use in recently battered women ($N = 331$).

Measures included number of drinking days and peak alcohol use over a typical month in the past six months, Pennebaker Inventory of Limbic Languidness (PILL) and Drinking Motives Measure. As expected, significant correlations were found between the PILL and peak alcohol use (binge drinking), and between the PILL and use of alcohol to cope. A 3 x 2 ANOVA was conducted examining alcohol use (abstainer, controlled use, heavy drinking) and PTSD diagnosis as independent variables, with health problems as the dependent variable. There was a significant main effect for PTSD but not for alcohol or the interaction. Discrepancies in these results will be addressed. Generally, these results highlight motives for drinking, binge drinking, and PTSD, as risk factors for health problems among recently battered women.

MST and Avoidance of Gynecological Health Care Among Female Veterans

Weitlauf, Julie, PhD, Sierra Pacific Mental Illness, Research, Education & Clinical Center, VA Palo Alto Healthcare System; Westrup, Darrah, PhD, Sierra Pacific Mental Illness, Research, Education & Clinical Center, VA Palo Alto Healthcare System; Frayne, Susan, PhD, Sierra Pacific Mental Illness, Research, Education & Clinical Center, VA Palo Alto Healthcare System; Lee, Tina, PhD, Sierra Pacific Mental Illness, Research, Education & Clinical Center, VA Palo Alto Healthcare System; Ruzek, Josef, PhD, Sierra Pacific Mental Illness, Research, Education & Clinical Center, VA Palo Alto Healthcare System; Keller, Jennifer, PhD, Stanford University

A growing body of evidence documents a relationship between a history of military sexual trauma (MST) and decreased health status, particularly with respect to gynecological (GYN) complications. Yet, little extant research has explored the exact mechanisms through which GYN complications are developed or exacerbated, leaving providers with no "blueprint" for providing optimally effective and sensitive care. Potential mechanisms include direct effects of the sexual assault and indirect effects mediated through psychological sequelae (e.g., avoidance of GYN surveillance) of sexual trauma. This pilot study used a cross-sectional design to evaluate the relationship between MST-related PTSD and anxiety/avoidance of GYN care among female veterans. Forty-two female veterans with MST-related PTSD were evaluated on measures of: a) perceived distress / anxiety during GYN care and other invasive medical procedures and b) avoidance of GYN and other invasive medical procedures. Questions were stratified by gender of provider. Results indicated that anxiety and avoidance of GYN care was high, and avoidance for ALL procedures was significantly higher with male providers. These results document a relationship between MST-related PTSD and anxiety / avoidance of GYN surveillance. Implications regarding the impact on broader GYN health and possible intervention will be discussed.

Abstract #1605

Innovative Approaches to Injury Research

Symposium (clin res) — Elmwood, 3rd Floor

O'Donnell, Meaghan, PhD, University of Melbourne; Schnyder, Ulrich, MD, University Hospital Zurich

Psychological injury is a poorly understood consequence of physical injury. This symposium presents three studies which utilize innovative approaches to increase our understanding of injury related psychopathology Utilizing both adult and child injury populations, this symposium moves from discussing vulnerability mechanisms to examining effective early intervention approaches.

Outcomes Following Injury: Impact of Acute Psychological Response

O'Donnell, Meaghan, PhD, University of Melbourne; Creamer, Mark, PhD, University of Melbourne; Elliot, Peter, PhD, Australian Centre for Posttraumatic Mental Health; Atkin, Christopher, FRACS, Alfred Hospital; Kosmann, Thomas, FRACS, National Trauma Research Institute

The relationship between injury characteristics and acute psychological adjustment in determining outcomes following injury is poorly understood. This study identified the unique and shared contributions that injury characteristics and acute psychological responses play in determining 12-month disability and quality of life. Consecutive admissions (N = 363) to a level 1 trauma service were assessed just prior to discharge and followed up at 12 months. Structural equational modeling was used to examine the relationships between the acute factors and 12-month outcomes. Injury characteristics significantly predicted disability and indirectly predicted quality of life. Acute psychological response also directly predicted disability, and both directly and indirectly predicted quality of life to a greater extent than injury characteristics. The findings from this study emphases the importance of an individual's acute psychological response in determining long term outcomes following injury. Trauma care systems must consider both physical and psychological health of injury survivors in order to offer effective and comprehensive health care management.

Effective Early Intervention for Injury Survivors: A Randomized Trial

Zatzick, Douglas, MD, University of Washington and Department of Psychiatry, Harborview Medical Center; Roy-Byrne, Peter, MD, Department of Psychiatry, University of Washington School of Medicine; Russo, Joan, PhD, Department of Psychiatry, University of Washington School of Medicine; Rivara, Fredrick, MD, MPH, Department of Pediatrics, University of Washington School of Medicine; Droesch, Roseanne, MSW, Department of Psychiatry, University of Washington School of Medicine; Wagner, Amy, PhD, Department of Psychiatry, University of Washington; Dunn, Chris, PhD, Department of Psychiatry, University of Washington; Jurkovich, Gregory, MD, Department of Surgery, University of Washington School of Medicine; Uehara, Edwina, PhD, Department of Social Work, University of Washington; Katon, Wayne, MD, Department of Psychiatry, University of Washington

We conducted a randomized effectiveness trial of stepped collaborative care for acutely injured trauma survivors. A population-based sample of 120 injured surgical inpatients ages 18 or older were recruited from the University of Washington's Harborview level I trauma center. Intervention patients (N = 59) received a stepped collaborative care intervention that included: 1) continuous post-injury case management; 2) motivational interviewing targeting alcohol consumption; and 3) evidence-based pharmacotherapy and/or cognitive behavioral therapy targeting PTSD. Control patients (N = 61) received care as usual. PTSD was assessed with the PTSD Checklist 1, 3, 6, and 12-months post-injury and alcohol abuse/dependence was assessed with the CIDI 6 months and 12 months post-injury. Random-coefficient regression analyses demonstrated that over time intervention patients were significantly less symptomatic compared to controls with regard to PTSD ($p < 0.02$) and alcohol abuse/dependence ($p < 0.05$). Intervention patients also demonstrated a non-significant reduction in injury recurrence as documented by automated trauma center health service utilization records (adjusted odds ratio = 0.43, 95% CI = 0.10, 1.96). Early mental health interventions can be feasibly and effectively delivered from trauma centers. Future investigations that refine routine acute care treatment procedures may improve the quality of mental health care for patients injured after individual and mass trauma.

Understanding Mechanisms of Parent Impact on Child Recovery

Kassam-Adams, Nancy, PhD, Children's Hospital of Philadelphia; Winston, Flaura, MD, PhD, Children's Hospital of Philadelphia

Acute and posttraumatic stress have been documented in children and parents after pediatric injury, but the mechanisms through which parent responses influence child PTS outcomes after injury are not well understood. In two prospective studies (n = 243 and n = 150), injured children were identified in an acute medical setting. ASD symptoms were assessed within one month post-injury; PTSD was assessed four to eight months later. Parent-child agreement regarding specific child ASD symptoms and overall child ASD severity was poor to moderate. In both samples, greater parent-child discrepancy regarding child ASD severity was associated with greater child PTSD severity at follow-up. In the first sample, further analyses were undertaken to illuminate the relationships among parent responses, other risk and protective factors, and child PTSD. Parent ASD severity was not associated with degree of parent-child discrepancy, but was the best predictor of parent rating of child ASD. Hierarchical multiple regression analyses demonstrated that parent-child discrepancy remained an independent predictor of child PTSD severity after taking into account child age, gender, trauma history, injury severity and parent ASD severity. Models of preventive care may need to target parents' accurate assessment of child acute stress in the aftermath of pediatric injury.

Abstract #1822

Measuring State Symptoms in Biological Symptom Provocation Research

Symposium (commun) — Oak Alley, 3rd Floor

Hopper, James, PhD, McLean Hospital and Harvard Medical School; Pitman, Roger, MD, Massachusetts General Hospital and Harvard Medical School

Symptom provocation studies of PTSD, particularly those employing trauma-related stimuli, have seldom measured the actual symptoms provoked. We report the development of the Responses to Script-Driven Imagery Scale (RSDI), including psychometric properties across three PTSD samples,

and psychophysiological and functional MRI correlates of the state symptom severities it measures.

Development of the Responses to Script-Driven Imagery Scale (RSDI)

Hopper, James, PhD, McLean Hospital and Harvard Medical School

Symptom provocation studies of PTSD, particularly those employing exposure to trauma-related stimuli, have seldom measured the actual symptoms provoked. However, recent findings suggest that assessing such state symptoms could have several benefits to biological research on PTSD, including illuminating the functional significance of different subtypes of biological responses to trauma reminders. This presentation provides a rationale for measuring state PTSD and dissociative symptoms evoked by script-driven imagery, the most widely used symptom provocation method in psychophysiological and functional brain imaging research on PTSD. This is followed by a description of the development and psychometric properties of the Responses to Script-Driven Imagery Scale (RSDI). The RSDI is a brief structured interview that assesses state PTSD reexperiencing and avoidant symptoms and state dissociative symptoms evoked by script-driven imagery. Across three PTSD samples, the RSDI exhibited excellent simple factor structure and acceptable to high internal consistency reliabilities for each of the three subscales (alphas from .71 to .95). As predicted, Reexperiencing scores were moderately negatively correlated with Avoidance and Dissociation scores, and the latter were moderately positively correlated with each other. The utility of this scale and potential implications for biological PTSD symptom provocation research are briefly discussed.

Reliving and Dissociative Brain Activations in PTSD: Symptom Correlates

Lanius, Ruth, MD, PhD, University of Western Ontario and Robarts Research Institute; Hopper, James, PhD, McLean Hospital and Harvard Medical School; Williamson, Peter, MD, University of Western Ontario; Densmore, Maria, University of Western Ontario; Neufeld, Richard, PhD, University of Western Ontario; Gati, Joseph, Robarts Research Institute; Menon, Ravi, PhD, Robarts Research Institute

Pilot studies in our laboratory have shown that Posttraumatic Stress Disorder (PTSD) patients can have distinctly different responses to traumatic script-driven imagery. Some patients relived their traumatic experience, and others reported a dissociative response. Traumatic memory recall in PTSD was studied using the traumatic script-driven symptom provocation paradigm adapted to functional magnetic resonance imaging (fMRI) at a 4 Tesla field strength in 28 subjects with PTSD and 26 control subjects. Subjects' clinical responses to the scripts were carefully monitored using the Response to Script-Driven Imagery (RSDI; Hopper, in preparation). This rating scale measures state PTSD reexperiencing and avoidant symptoms, as well as state dissociative symptoms associated with the recall of the traumatic material. PTSD subjects with a flashback/reliving response to the traumatic script-driven imagery showed significantly less activation in the thalamus, the anterior cingulate gyrus (AC), and the medial frontal cortex (MPC) as compared to controls. In contrast, dissociated PTSD patients showed more activation in the AC, the MPC, the superior and middle temporal gyri, and the parietal lobe as compared to controls. Correlations between the subscale scores on the RSDI and brain activations associated with different responses to script-driven imagery will be discussed.

Psychological and Psychophysiological Reactions to Script Imagery

Sack, Martin, MD, Department of Psychosomatic Medicine, Hannover Medical School; Lamprecht, Friedhelm, Professor, Department of Psychosomatic Medicine, Hannover Medical School

Script driven imagery is well established as a standard research tool for assessing psychophysiological reactivity to trauma-related stimuli. Though researchers agree that symptoms provoked by script-driven trauma imagery influence physiological reactivity, these have seldom been systematically investigated. We present results from a study of traumatized patients including the Response to Script Driven Imagery Scale (RSDI) a new instrument for assessing symptom responses to script-driven trauma imagery. Subjects were 61 outpatients of a trauma clinic with a variety of trauma exposure histories. Assessment included: Posttraumatic Stress Diagnostic Scale (PDS), Impact of Events Scale (IES), Dissociative Experiences Scale (DES). Symptoms experienced during script-driven imagery were assessed with the RSDI. Heart rate (HR) was recorded during a neutral task and during trauma script listening. Factor analysis clearly replicated the 3 RSDI scales. A significant positive correlation between RSDI-Reexperiencing and IES-Intrusion was found. Trait dissociation as assessed by DES correlated significantly with RSDI-Dissociation. HR change from baseline as well as maximum HR were positively correlated with RSDI-Reexperiencing and negatively correlated with RSDI-Dissociation. The results of our study corroborate the internal and external validity of the RSDI and underscore the utility of assessing symptomatic responses to script-driven traumatic imagery.

Abstract #1753

Complicated and Traumatic Grief

Symposium (practice) **Grand Ballroom A, 1st Floor**

Litz, Brett, PhD, National Center for PTSD; Bonanno, George, PhD, Columbia University

This symposium will examine risk factors associated with post-bereavement recovery following the loss of close friends or relatives. In particular, emotional and psychological complications following unexpected or otherwise traumatic deaths will be examined and discussed. Individual presentations will address traumatic grief resulting from 9-11, perinatal loss and spousal loss.

Impact of Spousal Care Dependency on Spousal Bereavement

Gray, Matt, PhD, University of Wyoming; Demoles, Deborah, Boston VA Medical Center; Sparow, David, Boston VA Medical Center; Litz, Brett, National Center for PTSD

The majority of deaths in the United States occur following a protracted, disabling illness or other condition that involves dependency on caregivers. Increasingly, researchers have examined care needs and dependency of terminally ill populations and the implications that these issues have for survivors' course of bereavement following the loss. For instance, Schulz et al. (2001) found that the impact of spousal bereavement depends on caregiving experiences prior to the death. Specifically, those who provided extensive care for spouses prior to the death did not experience increases in emotional stress but did exhibit reductions in health risk behaviors following the loss unlike noncaregiver counterparts. Utilizing data from the Normative Aging Study, the present investigation employed a prospective design to detect changes in depressive symptoms following spousal loss as a function of spousal care dependency prior to death. Among the 918 veterans who were assessed at multiple time points, 66 had experienced the loss of a spouse within the past three years. Bereaved individuals whose spouses had significant care needs did not exhibit chronic increases in emotional distress following the loss relative to participants whose spouses did not have such needs. The impact of spousal dependency on complicated grief reactions will be presented and discussed.

Traumatic Loss and Psychopathology Following September 11 Attacks

Neria, Yuval, PhD, Columbia University and New York State Psychiatric Institute; Gamerrof, Marc, PhD, New York State Psychiatric Institute; Olfson, Mark, MD, Columbia University and New York State Psychiatric Institute; Gross, Raz, MD, Columbia University; Pilowsky, Daniel, MD, Columbia University and New York State Psychiatric Institute; Blanco, Carlos, MD, Columbia University and New York State Psychiatric Institute; Das, Amar, MD, Columbia University and New York State Psychiatric Institute; Weissman, Myrna, PhD, Columbia University and New York State Psychiatric Institute

Background: Unpredictable loss due to malicious acts of violence creates a cascade of loss and stress in those who are impacted. Despite the tremendous number of individuals who have lost a loved one during 9/11, there has been little empirical examination of the types of psychopathology associated with 9/11related traumatic loss. Objective: To examine the relationship between loss due to the attacks of 9/11, and the risk of psychopathology 7 to 16 months following the attacks. Methods: Structured assessments were conducted in a systematic sample of 980 primary care patients at Columbia University Medical Center. Twenty-six percent (n = 258) reported that they knew someone who died in 9/11. Results: After controlling for family psychiatric history and traumatic exposures other than 9/11 attacks, loss due to 9/11 attacks was significantly related to PTSD (OR = 3.90; 95% CI: 2.06-7.37), major depressive disorder (OR = 1.59; 95% CI: 1.13-2.23), generalized anxiety disorder (OR = 2.67; 95% CI: 1.76-4.05) and mental health related quality of life based on the SF-12 (OR = 3.53; 95% CI 2.79-5.26). Conclusion: 7 to 16 months after 9/11 attacks, persons who experienced traumatic loss are at increased risk for a range of mental health problems. Future research is needed to document the course and long-term consequences of unresolved traumatic loss reactions.

Traumatic Grief and Perinatal Loss: Symptom Course and Early Intervention

Bennett, Shannon, MA, Boston University and the National Center for PTSD; Maguen, Shira, PhD, National Center for Posttraumatic Stress Disorder-Boston VA Health Care System; Norris, Rebecca, BA, National Center for Posttraumatic Stress Disorder-Boston VA Health Care System; Sarnoff Lee, Barbara, LICSW, Beth Israel Deaconess Medical Center; Abele, Ellen, LICSW, Mount Auburn Hospital; Litz, Brett, PhD, National Center for Posttraumatic Stress Disorder-Boston VA Health Care System

As proposed, traumatic grief constitutes a syndrome distinct from normal grief, post-traumatic stress disorder, and depression, with the stressor explicitly identified as the traumatic loss of an important attachment figure. The attachment of a mother to her child is one of the strongest of all human bonds, often beginning long before the birth of the child. Thus, the unanticipated and shocking loss of an expected child can be devastating and traumatizing for parents. In an effort to promote recovery from the loss it is standard practice to facilitate grieving by encouraging the parents to consider having direct contact with their dead or dying infant, including seeing and/or holding the baby. We assessed cohorts of women (n = 40) who suffered a perinatal loss at one of two major Boston area hospitals in the last six years. We measured traumatic grief, PTSD, depression, anxiety, and compared the reported symptomatology of groups of women based on the amount of time since their loss. We also explored how satisfied women were with the care they received in the hospital, as well as how satisfaction with care predicts symptom severity. Further analyses will be presented relative to these findings and limitations will be discussed.

Predictors of Traumatic Grief Resulting from Loss on 9-11-01

Maguen, Shira, PhD, VA Boston Healthcare System; Neria, Yuval, PhD, New York State Psychiatric Institute; Litz, Brett, PhD, VA Boston Healthcare System; Marshall, Randall, MD, New York State Psychiatric Institute; Gross, Raz, MD, New York State Psychiatric Institute; Seirmarco, Gretchen, MS, New York State Psychiatric Institute

For most people, the loss of intimate friends and family members is destabilizing, producing acute anguish accompanied by a period of psychological adjustment. The majority of individuals suffering losses will recover remarkably well (e.g., Bonanno, 2004). However, when people lose loved ones unexpectedly from malicious acts of violence, they are at risk for grief-related problems (Neria & Litz, 2004). Loss due to malicious acts of violence, such as terrorism, creates a cascade of loss and stress in impacted individuals. The sheer number of lives lost due to the tragedies of 9-11-01 and the consequent impact on individuals' lives is unprecedented. Estimates of loss of "friends, family or colleagues," on or after 9-11-01, is 10 million nationally, with 2,500,000 suffering losses in New York City (Schlenger et al., 2002). There has been little empirical examination of the types of risk factors that place these individuals at risk for traumatic grief reactions in a terrorism context. By gathering data from individuals who have experienced loss due to 9-11-01 via a web-based study, we will report predictors of traumatic grief, including prior traumatic experiences, PTSD symptoms, coping, social support, and level of attachment to the loved one who was lost.

Abstract #2031

Assessing Gender-Based Violence in Conflict-Affected Settings

Symposium (disaster) — Melrose, 3rd Floor

Ward, Jeanne, CSW, Reproductive Health Response in Conflict (RHRC) Consortium; Hynes, Michelle, MPH, Centers for Disease Control and Prevention (CDC)

The Reproductive Health Response in Conflict (RHRC) Consortium, in collaboration with Centers for Disease Control and Prevention (CDC), is spearheading the first multi-country research on gender-based violence in conflict-affected settings. The symposium will offer the unprecedented opportunity to examine and compare data generated from select research sites, with a focus on mental health outcomes.

Liberian Refugee Women in Sierra Leone: Mental Health and Gender-Based

Benton, Adia, MPH, International Rescue Committee-Sierra Leone

Purpose: To assess the prevalence of gender-based violence among Liberian women aged 15-49 living in three refugee camps. The presentation highlights associations between psychological distress and conflict-related and domestic violence in the study population. Methods: Using a standardized instrument tested in Kosovo, Colombia and East Timor by the Reproductive Health for Refugees Consortium (RHRC), we interviewed 388 Liberian women aged 15-49 living in three Sierra Leonean refugee camps. The survey included questions about conflict-related physical and sexual violence, domestic violence and mental health. Mental health was evaluated using the General Health Questionnaire (GHQ-12), which assesses the presence of psychological symptoms associated with distress. Findings: A majority of women surveyed experienced war-related sexual (74%) and physical violence (77%) before leaving their homes in Liberia. Forty-eight percent reported intimate partner violence while displaced. Nearly half of women in the sample reported symptoms of psychological distress. Higher levels of psychological distress are significantly associated with experiences of physical violence before displacement ($p<0.01$) and intimate partner sexual violence during displacement ($p<0.01$). Conclusions: Scarcity of prevalence and mental health data hampers planning and implementation of gender-based violence interventions; findings from this study should prove useful in developing initiatives that adequately address the psychosocial needs of gender-based violence survivors.

Gender-Based Violence and Mental Health Among East Timorese Women

Balaban, Victor, PhD, Centers for Disease Control and Prevention (CDC); Hynes, Michelle, MPH, Centers for Disease Control and Prevention (CDC); Ward, Jeanne, CSW, Reproductive Health Response in Conflict Consortium (RHRC)

Background: The prevalence of gender-based violence (GBV) and psychological distress among East Timorese women was evaluated using a standardized instrument developed by the Reproductive Health Response in Conflict (RHRC) Consortium. Methods: The prevalence of GBV was assessed among a sample of 283 East Timorese women 18-49 years of age in surveys administered in July/August 2002. The survey also included two mental health instruments which assess symptoms associated with psychological distress: the Impact of Events Scale-Revised (IES-R) and the General Health Questionnaire (GHQ-12). Results: Preliminary results show that 56.9 % of the women in the sample reported experiencing GBV. In addition, 60.1% of the women in the sample met criteria for psychological distress as measured by the IES-R and 37.8% as measured by the GHQ-12. Higher levels of psychological distress were reported by women who reported GBV than by those who reported no GBV (IES-R $p<.001$, GHQ $p=.05$). Women who sought help after suffering intimate partner violence reported significantly lower levels of distress than women who did not seek help (IES-R $p=.007$, GHQ $p=.03$). Conclusions: This assessment evaluated the impact of GBV during and after war. Associations between seeking help and reduced distress were observed. This study demonstrates the need for reducing GBV and improving mental health programs in conflict-affected societies. Data collected by the RHRC in Kosovo using similar methods will also be described.

Gender-Based Violence and Mental Health Among Colombian Women

Murad, Rocio, Universidad Nacional de Colombia; Ward, Jeanne, CSW, Reproductive Health Response in Conflict Consortium (RHRC)

Background: The Reproductive Health Response in Conflict Consortium (RHRC), has designed a standardized survey instrument to measure the prevalence of gender-based violence (GBV) and intimate partner violence (IPV) in conflict and post-conflict settings. Data on the prevalence of GBV, IPV and psychological distress among internally displaced Colombian women of reproductive age will be presented. Methods: The prevalence of domestic and outsider GBV and IPV was assessed among a sample of 410 Colombian women 15-49 years of age who have been internally displaced by Colombia's civil war. The survey was administered in July/August 2003 in displaced barrios in Cartagena, Colombia. Types of GBV and IPV investigated in the survey included rape and sexual coercion, physical assault, reproductive health outcomes of violence, family/intimate partner violence, and two mental health instruments: the Impact of Events Scale-Revised (IES-R), a self-report measure of posttraumatic disturbance, and the General Health Questionnaire (GHQ-12), a self-report questionnaire which assesses the presence of psychological symptoms associated with distress. Time periods investigated included pre- and post-displacement. Results: Data from Colombia shows that 85.7% of the displaced women in the sample reported symptoms associated with posttraumatic stress as measured by the IES-R and 51.0% reported symptoms of psychological distress as measured by the GHQ. Higher levels of psychological distress (77.8%) were reported by women who had been exposed to GBV before displacement as measured by the IES-R ($p=.085$) and during displacement (42.4%) as measured by the GHQ ($p=.009$). Higher levels of psychological distress (44.6%) were reported by women who had been exposed to IPV the previous year of the survey, as measured by the GHQ ($p=.050$). Women whom reported

being afraid of their current partner reported significantly higher levels of distress (23%) than women who did not report being afraid of their partner (13%) (GHQ p=.002). Women who sought help after suffering IPV reported significantly lower levels of distress than women who did not tell anyone. Conclusions: This assessment of displaced Colombian women showed associations between gender-based violence, intimate partner violence, and psychological distress. This information can provide an important way to identify vulnerable populations and direct resources to them, allowing for improved gender-based violence and mental health programming.

Abstract #1623

Lessons on Trauma from the Great War 1914-1918

Symposium (war) **Hilton Exhibition Center B, 2nd Floor**

McFarlane, Alexander (Sandy), MD, University of Adelaide, South Australia

History provides a lens for understanding the present. This symposium will reflect on how observations made in World War I can inform current paradigms and practice. The role factors such as exposure to chemical weapons and dissociation that mould the somatic manifestations of combat stress remain questions for investigation.

Participant Alert: *This symposium may contain photographs which could cause some distress.*

Trauma Related Dissociative Amnesia in World War I Combat Soldiers

Van der Hart, Onno, PhD, Utrecht University; McFarlane, Alexander (Sandy), MD, University of Adelaide, South Australia; Raftery, John, PhD, University of South Australia; Van Bergen, Leo, PhD, VU-Medical Centre, Department of Medical Humanities

The debate in recent years among scientists and clinicians about amnesia for traumatic events seems to have ended in a consensus that this phenomenon can exist. However, still more light needs to be shed on the dissociative phenomenon. The vast clinical literature on massive World War I combat trauma provides an excellent source to learn more about its phenomenology and treatment, as is exemplified by M. Culpin's (1931, p.27) observation. "There was a graduated series, beginning with the man who wittingly tried to forget war horrors, passing on the man who had thrust beyond the power of recall some of his worst experiences, and ending with the shell-shocked soldier who had lost even the memory of his own identity." It was commonly observed that the chronic cases, treated in the rear, were much more refractory than the acute ones, treated right behind the lines. C.S. Myers' (1940) theoretical model of structural dissociation of amnesia and related phenomena will be explained. Effective treatment approaches for both acute and chronic cases, beginning with A. Leri's (1918) immediate preventive interventions, will be described and weighted for their relevance to modern clinical practice.

Shell Shock and the First World War

van Bergen, Leo, PhD, VU-Medical Centre Amsterdam, Department of Medical Humanities; Raftery, John, PhD, University of South Australia; McFarlane, Alexander (Sandy), MD, University of Adelaide, South Australia; van der Hart, Onno, PhD, Utrecht University

The First World War was characterised by (fairly) new weaponry like machine-guns, flame-throwers, and poison-gas. It was the artillery, though, that ruled the day. Combined with massive armies and the frustrated will to attack, this weaponry resulted in millions of dead and even many more wounded. Not few of whom were mentally wounded. The British called their psychiatric wounded soldiers shell-shocked, and although military psychiatrists soon wanted to get rid of the term, it survived. The British officially had some 80,000 psychiatric cases. However, there are several reasons to question this number, which probably is a gross underestimation. First of all there is the vague border between sanity and insanity. Furthermore military statistics are unreliable; the problem was denied for some time; knowledge of psychiatric war-injury was minimal; psychiatrists or neurologists had a tendency to declare men sane in order to get them back to the front or the weapons-factory. To get this result they used harsh therapies that made the patient go back indeed. This means that, although in some cases the diagnosis 'shell-shock' - or equivalents of it in for instance the French and German army - will have been false, in many more cases that diagnosis has been denied unjustly. Shortly: in WWI thousands and thousands of soldiers could not cope with the horrors of war. Psychiatric care was in the beginning almost absent, and in the rest of the war not always a friend of the patient, to put it mildly. This raises questions at the opinion that psychiatric care of soldiers in present conflicts not lingers, but causes the problem.

Nothing New to Medical Science-British and Australian Psychiatric Practices WW1-WW2

Raftery, John, PhD, University of South Australia

This paper, based on a major review of Australian and British literature and the experiences of Australian soldiers in WW2, explores how the body of psychiatric knowledge emerging from WW1 interfaced with that of WW2. The major premise of psycho-medical ideas arising from WW1 was that the disorders of war were functional in origin, and that 'no cases of psychoneurosis or of mental breakdown…should be classified as a battle casualty any more than sickness or disease is so regarded' (Southborough Inquiry 1922). The dominant medical view in WW1 and WW2 was that the disorders of war presented 'nothing new to medical science'. Between the wars, any lessons of the traumatic impact of war trauma were virtually forgotten in mainstream psychiatry, and by 1939 military psychiatry was forced to reinvent itself, this time with a more clearly defined purpose of enhancing the efficiency of military units. The same labels for dysfunction [hysteria, neurasthenia, anxiety neurosis], with their origins in the 19th C, were used in both the front line and rehabilitation settings. This practice delayed the development of a comprehensive body of knowledge of post-traumatic stress another forty years and significantly restricted personal and professional discourse on war trauma.

Poster Presentations – Session 3

Poster Presentations

Poster sessions are incorporated into the daily conference schedule divided into three sessions per day on both Monday, November 15 and Tuesday, November 16. This program change will give senior investigators a means for increased face-to-face interaction with clinicians, students, and other investigators. Attendees should visit the posters during the poster session time indicated below.

Poster Session 3 **Track 10 (war)**
Monday, November 15, 4:00 p.m.–5:15 p.m.
Posters are numbered M-161 through M-240

Note: This session includes presentations from additional tracks in order to accommodate presenters who had a time conflict with other presentations.

Poster Session Chairs:
Matthew Friedman, Mark Creamer **Napoleon Ballroom, 3rd Floor**

M-161 **Track 10 (war)**

An Evaluation of Support to the Reintegration of Former Child Soldiers

Annan, Jeannie, BA, Indiana University

Since 1986, northern Uganda has been involved in a brutal conflict where children serve as soldiers for the Lord's Resistance Army. The majority of the rebel group is made up of abducted children. When these children escape or are rescued and return to their communities, they often manifest significant behavioral and emotional changes as they face the task of re-entering family and community life. They go back to environments that have been heavily affected by conflict and where the socio-economic structures have severely deteriorated. This study was an evaluation of a one-year project that aimed to support the reintegration of former child soldiers in northern Uganda. It looks at the impact of the armed conflict on the former child soldiers, assesses risk and protective factors, and analyzes the impact of a reintegration program through locally-defined indicators of recovery. The program implementation and the evaluation follow an integrated and reiterative approach of collecting, analyzing and using data to inform the ongoing project. The results show significant correlations between protective factors and the overall well-being of the participants as well as a general trend of improvement in physical, economic, and psychosocial domains following program interventions.

M-162 **Track 10 (war)**

Trauma and its Impact on Bedouin Men Serving in Israel Security Forces

Caspi, Yael, ScD, MA, Department of Psychiatry, Rambam Medical Center; Klein, Ehud, MD, Department of Psychiatry, Rambam Medical Center; School of Medicine, Technion-IIT

The Bedouin community has absorbed multiple losses with many of its sons killed in action and many more wounded and suffering from complex manifestations of post-trauma syndromes. Given the tribal structure of this society and intermarriages between families, there are several communities with hardly a single household left unaffected. There are multiple factors that place this community at an increased risk for long-term trauma-related problems; the complex political situation, built-in cultural barriers to the identification of emotional problems and referral to mental health care, specific cultural beliefs that affect the clinical manifestations of PTSD and that are not sufficiently understood, as well as cultural and societal differences that render the available treatment and rehabilitative options less effective. Project Partnership-The Bedouin Community Needs Assessment Initiative addresses the impact and culture-specific characteristics of trauma and loss in one such community. This presentation describes preliminary findings from a door-to-door survey of all households connected to the security forces. Interviews elicit information about men's traumatic experiences, symptoms of anxiety, depression and PTSD, general health and somatic symptoms, substance abuse, guilt and shame, and SCID-based DSM-IV disorders. Implications of the findings for health care providers and policy makers will be explored.

M-163 **Track 10 (war)**

Psychometric Analysis of the Clinician Administered PTSD Scale (CAPS)

Charney, Meredith, MA, Boston University; Pinjic, Emma, Boston University School of Medicine; Petrovic, Alma, Boston University School of Medicine; Piwowarczyk, Linda, MD, Boston University School of Medicine; Keane, Terence, PhD, Boston University School of Medicine

Refugees from Bosnia-Herzegovina were exposed to multiple stressors related to combat, torture, dislocation, resettlement, and acculturation. Through the use of focus groups, we have designed a cognitive behavioral treatment program along with a comprehensive assessment battery to better understand prevalence rates of psychiatric symptomatology, psychosocial functioning, as well as to evaluate the effects of our intervention. Measures: Included in the battery are the following measures: A) The Clinician Administered PTSD Scale (CAPS); B) The Structured Interview for Survivors of War (SISOW); C) the Beck Depression Inventory; D) the Addiction Severity Index (ASI); E) the SF-36 Scale from the Medical Outcomes Study; F) the Structured Clinical Interview for Diagnoses; G) the Family Functioning Scale (FFSS); and H) the Quality of Life Inventory (QOLI). Analyses: In an effort to further understand the psychometric properties of the CAPS we administered the scale and other measures to 100 participants in the treatment program. The present study examined the properties of the CAPS, the most widely used diagnostic measure for assessing PTSD. Three native Bosnian speakers translated and then back-translated all instruments including the CAPS. We then subjected the CAPS to a series of statistical analyses in order to assess its psychometric properties when administered in Bosnian and by Bosnian speakers. Results: Our data will include a presentation on the extent to which the CAPS diagnostic instrument is functioning as intended within this refugee population. We have conducted a comprehensive analysis of the psychometric properties of the CAPS across participants with and without PTSD. These data analyses included a principal components factor analysis, analysis of internal consistency, item total score correlations, as well as a correlation matrix of the factor scores for the CAPS across other measures included in the assessment battery. Discussion: The CAPS-Bosnian version appears to be accurately assessing the dimensions of PTSD as is reflected in the principal components analysis, the coefficient alpha, and item-total score correlations. As well, factor scores derived from the factor analysis indicated strong correlations of these dimensions of PTSD with other measurement tools measuring psychopathology and psychosocial functioning.

M-164 **Track 10 (war)**

Gulf War Illness: Symptom Patterns and Co-Occurrence

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Upon returning from the first Gulf War (GW), some veterans began to complain about various non-specific health problems they attributed to GW service. Consequently, researchers have investigated the possibility of a "Gulf War illness." To date, there is little empirical evidence consistent with a unique GW illness. Indeed, results from several studies converge to suggest that although a proportion of GW veterans tend to report health difficulties, the symptoms such veterans mention (e.g., fatigue) are actually common in the general population. The purpose of this study was to examine the frequencies of several symptoms that are cardinal to some influential definitions of GW illness (e.g., fatigue, Fukuda et al., 1998). Our sample was 319 male and female veterans from all branches of the armed forces deployed to the Gulf Region. We found that out of those who answered the following questions, a startling 48% reported excessive tiredness, 42% reported excessive moodiness, and 45% reported excessive irritability. Further findings from analysis of symptom patterns will be presented. We conclude that requiring only a very few number of symptoms (e.g., two, Fukuda et al., 1998) for GW illness caseness may result in a very high percent of cases.

M-165 **Track 10 (war)**

The Prevalence and the Analysis of Variables in Veterans with PTSD

Chung, Moon, Yonsei University; Suh, Il, Yonsei University

The purpose of this study was to investigate the prevalence of posttraumatic stress disorder (PTSD) in Korean War veterans and Vietnam war veterans who had been hospitalized at Korea Veterans Hospital, and to find the correlation between the disorder and characteristics of the variables. Data was collected and analysed as a preliminary study for the management of the disorder and healthy social readjustment of veterans. Two hundred and four Korean War veterans and 100 Vietnam War veterans were recruited consecutively who had been admitted to the hospital. These patients were evaluated using psychiatric interview and measurement instruments by psychiatrist. The current prevalence of PTSD in Korean War veterans and Vietnam War veterans were 8.8% and 23%, respectively. There was statistically significant difference in prevalence according to marital status of Korean War veterans.Marital status, education level, occupation, and previous psychiatric treatment were statistically significant variables in Vietnam veterans. From logistic regression analysis, it was found that marital status in Korean War veterans, and education level, marital status, and low income in Vietnam War veterans were statistically significant variables. The PTSD is chronic and treatment-resistant illness especially to the individuals who are sensitive and vulnerable. Marital status, education level, and occupation have statistically significant relationship with PTSD. Based on the results of this study we must consider these variables for the health social readjustment of war veterans in the future.

M-166 **Track 10 (war)**

The Mental Health Effects of Differential Combat Exposure

Cotton, Anthony, Psychology, Australian Department of Defence; Bounty, Daryl, Psychology, Australian Department of Defence; Twomey, Alan, PhD, Australian Department of Defence

The Australian Defence Force uses standardised screening instruments in routine mental health surveillance of service personnel post-deployment. The purpose of this is threefold: first to contribute to identifying individuals who may require immediate mental health support as a result of their service. Second to develop an understanding of the effects of service on the ADF population. Finally to provide a base for research into the aetiology of the mental health problems that may occur as a result of operational service. The purpose of this paper is to report results from screening a number of similar military units. Screening identified different levels of exposure with subsequent differing levels of mental health symptoms. Observations about the likely differences in aetiology of post-service mental health problems will be made.

M-167 **Track 10 (war)**

Trauma Exposure and Complex Adaptation in 4 Post-Conflict Countries

de Jong, Joop, MD, PhD, Transcultural Psychosocial Organization (TPO) and Vrije University; Spinazzola, Joseph, PhD, The Trauma Center, National Child Traumatic Stress Network; Komproe, Ivan, PhD, Transcultural Psychosocial Organization (TPO) and Vrije University; Blaustein, Margaret, PhD, The Trauma Center, National Child Traumatic Stress Network; van Ommeren, Mark, PhD, Transcultural Psychosocial Organization (TPO) and Center for Victims of Torture; van der Kolk, Bessel, MD, The Trauma Center, National Child Traumatic Stress Network

The Western concept of Disorders of Extreme Stress (DESNOS) has been identified in post-conflict countries, and when present found to predict significant impairment in functioning (de Jong, et al., under review). However, given the substantially lower prevalence of this syndrome in these countries versus that observed in the U.S. DSM-IV Field Trials—despite equal or greater trauma exposure in these countries— the cross-cultural equivalence of the DESNOS construct has been questioned (de Jong, et al., in press). In light of these and other findings questioning the validity of DESNOS as a diagnostic construct, recent scholarship has suggested potentially greater clinical utility of this construct when measured in a dimensional manner (Briere & Spinazzola, in press). In the present study, a total of 3048 study participants were randomly selected from 4 post-conflict countries representing different regions of the word: North Africa (Algeria), East Africa (Ethiopia), Southeast Asia (Cambodia), and the Middle East (Gaza). Participants were evaluated for lifetime history of trauma exposure, PTSD, DESNOS (overall and sub-dimensions) and comorbid Axis I disorders. A number of trauma-specific characteristics were assessed (e.g., type, number, developmental period of onset). Statistical models will test the predictive relationship of trauma exposure characteristics on simple versus complex posttraumatic adaptation patterns.

M-168 **Track 10 (war)**

Early Screening and Intervention for War-Related PTSD in Pain Clinics

DeCarvalho, Lorie, PhD, National Center for PTSD; Whealin, Julia, PhD, National Center for PTSD

As the Iraq War continues, American soldiers face frequent physical threats, which pose strong potential for PTSD secondary to chronic pain. In addition, there is an increasing prevalence of military sexual trauma, which may result in chronic pain (e.g. pelvic, irritable bowel syndrome) conditions. Severe pain has been found to predict PTSD in patients with chronic pain conditions (e.g. DeCarvalho, 2003; Schreiber & Galai-Gat, 1993). Exposure to war-related stressors, combined with chronic pain, thereby may increase the likelihood of PTSD. Upon return to the United States, soldiers are most likely to present in medical, primary care, and pain clinic settings to address physical injuries. Psychological symptoms are often not addressed in these settings, and PTSD is likely to go undiagnosed and untreated. This poster describes a screening and early intervention model for pain clinic settings. Initial brief screening is suggested for all new patients, with a follow-up assessment for those who meet screening criteria for PTSD. The early intervention model to be presented combines psychoeducation, stress inoculation therapy, and cognitive-behavioral therapies. Use of this screening and early intervention model will assist in preventing PTSD in America's soldiers.

M-169 **Track 10 (war)**

The Sacred In Combat: Three Perspectives

Decker, Larry, PhD, Readjustment Counseling Service

The psychological recovery from combat trauma may be dependent on discovering a personal meaning in the traumatic experience. Yet most combat veterans struggle with finding meaning in the horror of war. The sense of the sacred is usually reserved for the experience of prayer and worship. The following paper presents several ways in which focusing on the presence of the sacred in combat may be integrated into treatment of the traumatic sequelae thus improving the possibility of finding meaning. The sacred may be viewed as either immanent and/or transcendent. Within the immanent are several levels of understanding such as: the unique, the special, the pivotal, the profound, and the mystery. The facilitation of the realization of the sacred may be adjusted depending on the individual need and awareness. The transcendent may be understood as encompassing several levels of existence beyond the physical such as the experience of the mystical. These perspectives may be integrated into an individual treatment program for the reduction of the psychololgical symptoms of combat trauma.

M-170 **Track 10 (war)**

The Persistence of Traumatic Memories Among WWII Prisoners

Elbaum, Phillip, LCSW, Mental Health Services Line, Hines VA Hospital; Loyola University; Klama, Ed, LCSW, Mental Health Services Line, Hines VA Hospital; Weaver, Frances, PhD, Midwest Center for Health Services and Policy Research, Hines VA Hospital; Rintamaki, Lance, PhD, Midwest Center for Health Services and Policy Research, Hines VA Hospital

Purpose: Identify long-term psychosocial impacts of the prisoner of war (POW) experience on American former POWs from World War II. Methods: To date, 90 American former POWs (13 Pacific Theater, 75 European Theater) have completed survey instruments detailing their POW experiences, the impacts of these experiences on their psychological and physical well-being, and the ways in which these experiences shaped major decisions in their lives. Findings: Pacific Theater POWs reported harsher POW experiences than did their European Theater counterparts. Dreams, recollections, and flashbacks were common for all participants, but highest among Pacific Theater POWS. Most participants reported thinking more about their POW experiences after having retired, with highest rates among Pacific Theater POWs (63% European vs. 77% Pacific). Only 7% (n = 4) of the European Theater and 13% (n = 1) of the Pacific Theater POWs qualified as currently meeting the full DSM-4 PTSD criteria. Conclusions: The effects of the POW experience linger even 60 years after WWII ended. What's more, recollections and troubling thoughts about the POW experience appear to increase after retirement. These findings have important implications for adjustment issues and therapeutic interventions with retired former POWS

and may also be relevant for older adults who have suffered other traumatic experiences.

M-171 **Track 10 (war)**

Spiritual Dynamics of the War Experience

Fergueson, John, MDiv, The Episcopal Church of the Redeemer-Kenmore, Washington

People caught up in the unbridled violence and aggression of warfare are brought face to face with the reality of evil, and the dark aspects of human nature. This encounter places them in a new, psychically overpowering reality, over which they have no hope of control, and to which they can assign no immediate meaning. Thus, the encounter forces the individual to transcend self and all prior spiritual knowledge. This makes war a pivotal spiritual experience. Using illustrative material gained from his own experiences in Vietnam, as well as the experiences of other combat veterans with whom he has worked during the last twelve years, the presenter will describe the spiritual dynamics of the experience of war, giving a model for understanding how these dynamics function. He will also set out the enduring impact of these spiritual dynamics on the lives of those exposed to warfare. The relationship between the spiritual dynamics of the experience of war and Posttraumatic Stress Disorder will be explored. Clinical strategies for using the model and insights gained from this presentation will be provided.

M-172 **Track 10 (war)**

Primary and Intergenerational Effects of War Trauma in Children

Fisher, Katherine, MSW, Center for Multicultural Human Services; Feder, Michael, BA, ABD, Center for Multicultural Human Services

Several studies have examined primary and intergenerational effects of war trauma by comparing children with adults, yet few actually compare posttraumatic symptoms in children resulting from primary traumatization with those that are manifested as a result of intergenerational traumatization. Moreover, child-focused trauma studies related to recent conflict, such as the war in Sierra Leone (S.L.), are limited. This study, conducted as part of the groundbreaking work at the Center for Multicultural Human Services, (1) compares adult and child trauma exposure, (2) contrasts primary and intergenerational effects of trauma exposure, (3) and describes correlation between child functioning and both primary and secondary trauma history. Seventy-three Sierra Leonean refugee children ages 7-16 (51 born in S.L., 23 born in U.S.) participated in the study by completing measures of trauma exposure, trauma exposure symptoms (Traumatic Screening Checklist for Children), attributional style (Children's Attributional Style Questionnaire), and academic ability (Wide-Range of Achievement Test-Revised). Results indicate that children from S.L. were exposed to more trauma then adults from S.L. Children born in S.L. made attributions to negative events that were more pessimistic, illustrated less dissociative symptoms of trauma exposure, and were less skilled academically. Finally, different correlation patterns of primary and intergenerational trauma exposure with child functioning were found. These results indicate that children are affected severely by both primary and intergenerational trauma exposure. Differences are described in further detail in the poster.

M-173 **Track 10 (war)**

A Concise Measure of Anger in Combat-Related PTSD

Forbes, David, MA, University of Melbourne Australia; Hawthorne, Graeme, PhD, University of Melbourne; Elliot, Peter, PhD, Swinburne University; McHugh, Anthony, MA, Austin Health; Biddle, Dirk, MA, University of Melbourne; Creamer, Mark, PhD, University of Melbourne; Novaco, Raymond, University of Irvine

There is a need for a brief specific measure of anger for use in the assessment of posttraumatic mental health problems. One unpublished short scale is the Dimensions of Anger Reactions (DAR, R. Novaco, 1975). This study examined the psychometric properties of the DAR using intake and twelve-month posttreatment follow up data for 192 Australian Vietnam veterans with combat-related PTSD. Results showed the DAR to be unidimensional, reliable and sensitive to change over time, and removal of two items improved the scale's properties. Assessment of convergent validity indicated that the DAR primarily measures Trait Anger. Results suggest that the DAR is a psychometrically strong measure, potentially useful for the evaluation of anger in PTSD.

M-174 **Track 10 (war)**

Association of Attachment Styles and PTSD in Combat Veterans

Hierholzer, Robert, MD, University of California San Francisco Fresno Medical Education Program; Ghafoori, Bita, PhD, University of California San Francisco Fresno Medical Education Program; Howsepian, Barbara, PhD, University of California San Francisco Fresno Medical Education Program; Howsepian, Avak, MD, PhD, University of California San Francisco Fresno Medical Education Program; Boardman, Angela, BA, University of California San Francisco Fresno Medical Education Program; Mallios, Ronna, MA, University of California San Francisco Fresno Medical Education Program

In order to prevent the development of posttraumatic stress disorder (PTSD) and treat it effectively, it is important to identify those factors that serve to protect individuals exposed to significant traumas during military service. This preliminary investigation explored the relationships between combat veterans' attachments to significant persons in their lives and the development of PTSD following military trauma. Method: An observational analytic study with a case-control sampling design was completed. Case subjects (n = 28) were those veterans who currently fulfilled DSM-IV criteria for military-related PTSD while control subjects (n = 33) were those who did not. Subjects completed a clinical interview and measures of adult attachment. The associations between attachment style and PTSD status were assessed. Results: Correlation analysis revealed that attachments to significant others/spouses ($p = .034$) were significantly associated with no current PTSD diagnosis ($p = .034$) and no lifetime PTSD diagnosis ($p = .005$). Fearful attachment styles were most often associated with current and lifetime PTSD diagnoses, while secure attachment styles were most often associated with no current or lifetime PTSD diagnoses. The associations between PTSD diagnoses and attachment to God, friends, and parents yielded nonsignificant results. Conclusions: Implications of the results for the treatment of individuals exposed to combat trauma are discussed.

M-175 **Track 10 (war)**

Survivor Guilt: In Holocaust Survivors and Their Offspring

Hirsch, Judith, PsyD, California School of Professional Psychology Alameda; O'Connor, Lynn, PhD, The Wright Institute Berkeley

In this study sixty-seven adult children of Holocaust survivors residing primarily in California and the East Coast of the US completed the Interpersonal Guilt Questionnaire (IGQ-67), which includes subscales of types of guilt, and the Children of Survivors Questionnaire (CSQ), with subscales of family coping styles. It was found that adult children of survivors were significantly higher than a comparison sample of non-Jewish European Americans of similar age on all subscales of the IGQ, including Survivor, Separation, and Omnipotent Responsibility Guilt, and Self-Hate. A significant correlation was found between family coping styles and proneness to Survivor Guilt. The results of this study suggest that survivor guilt is transmitted across generations, and may be more severe in adult children growing up in families who suffer from greater depression and overt signs of distress, as well as those from families who have little tolerance for expression of emotions. Clinical implications are considered from a Control Mastery (Positive Relational) perspective, in which empathy-based altruism and worry about the well-being of the family is seen as a primary motivation, and when exaggerated, a source of inhibitions and psychological problems.

M-177 **Track 10 (war)**

An Analysis of WWII Prisoners of War and Psychological Trauma

Hudnall, Amy, MA, Idaho State University, Institute of Rural Health

During World War II, about 400,000 prisoners of war, the majority of whom were German, were held on American soil. This study examined multiple sources of evidence to document American camp management policies. Data were gathered from correspondences between camp administrators and from intercepted German intelligence communiqués. Several hundred post-internment interviews conducted by the German Legal Division were read and 50 were translated and transcribed. Additional information was gathered from two atrocity trials. Data were compiled and analyzed using qualitative methods. One of the policies enacted by the U.S. to manage these camps and to deal with cultural issues was to allow the German POWs to run the POW camps. A key finding in regard to the camps is that intrasystem dynamics cannot be ignored because within-group regional cultural and ideological differences can be so distinct. In these camps, a great deal of the negative experiences, many of which could qualify as precursor events to posttraumatic stress disorder, stemmed from intra-group conflict.

A minority of Nazi soldiers bullied the majority, most of whom were German soldier POWs with no strong ideological ties to the Nazi Party.

M-178 **Track 10 (war)**

Family Process and Posttraumatic Stress in Bosnian Youth

Isakson, Brian, BS, Georgia State University; Jurkovic, Gregory, PhD, Georgia State University; Weisshaar, Deborah, MA, Georgia State University

As part of a larger project investigating the long-term effects of children's exposure to war, the present study examined the role of parental depression and family fairness in Bosnian children's posttraumatic stress symptomatology (PTS). It is well established that parental depression significantly relates to children's PTS. However, variables that may help explain this relationship have not been studied. We hypothesized that parental depression disrupts the balance of supportive and fair give-and-take in family relationships, which in turn, interferes with children's resolution of trauma exposure. This mediation model was examined in a sample of 142 Bosnian adolescents five years after the Balkans war. The adolescents completed measures of family fairness and posttraumatic stress symptomatology. The parents also completed a depression inventory in reference to themselves and a measure of their children's posttraumatic symptomatology. The model was examined separately for child and parent report of PTS. The results revealed that family fairness mediated the relation of parental depression to child report of PTS, but not parent report of PTS. It appears that an imbalance in fairness in family relationships is one of the mechanisms linking parental depression to PTS in children. Implications of the findings for theory and practice are discussed.

M-179 **Track 10 (war)**

PTSD, Depression, and Health Symptoms in Gulf War Veterans

Itkowitz, Norman, PsyD, New Orleans Veterans Affairs Medical Center; Valentine, Eugenia, PhD, New Orleans Veterans Affairs Medical Center; Brailey, Kevin, PhD, New Orleans Veterans Affairs Medical Center; Tulane University School of Medicine; Constans, Joseph, PhD, New Orleans Veterans Affairs Medical Center; Vasterling, Jennifer, PhD, New Orleans Veterans Affairs Medical Center; Sutker, Patricia, PhD, Texas Tech University Health Sciences Center

A growing body of literature suggests that trauma exposure, including warzone participation, and its emotional sequelae lead to increased health problems. The purpose of this study was to examine relationships between early- and late-occurring stress-related emotional symptoms and late-occurring health complaints in 1991 Gulf War veterans. Psychological assessments were conducted on 52 nondeployed and 203 deployed Gulf War-era veterans at two time points: ~2 years after return (Time 1) and 5-8 years later (Time 2). ANOVA revealed that SCID-diagnosed, PTSD positive deployed veterans reported more health complaints at Time 2 than did PTSD negative deployed veterans or nondeployed veterans, $F(2,252) = 93.68$, $p<.001$, who did not differ. Regression analyses covarying for age, gender, and education revealed that, among deployed veterans, Time 1 reexperiencing and Time 2 numbing and arousal predicted Time 2 health complaints. When depression severity was added as a predictor, Time 1 reexperiencing ($b = .23$, $t[194] = 2.19$, $p = .03$) and depression ($b = .22$, $t[194] = 2.31$, $p = .02$), and Time 2 arousal ($b = .43$, $t[194] = 5.82$, $p<.001$) and depression ($b = .43$, $t[194] = 6.95$, $p<.001$) were independently associated with health complaints. Results suggest depression is a stable predictor over time of health complaints in PTSD but that, as the disorder progresses, reexperiencing and arousal exchange roles in terms of predictive importance.

M-180 **Track 10 (war)**

CBT in Treating PTSD/Depression in Bosnian Refugees: A Pilot Study

Keane, Terence, PhD, VA Boston Healthcare System and Boston University School of Medicine; Piwowarczyk, Linda, MD, Boston University School of Medicine; Petrovic, Alma, Boston University School of Medicine; Pinjic, Emma, Boston University School of Medicine; Cajdric, Aida, Boston University School of Medicine; Charney, Meredith, MA, Boston University School of Medicine

Refugees from Bosnia experienced considerable distress stemming from the civil war in the former Yugoslavia. Among their experiences includes war zone stressors, combat, torture, and deprivation. In addition, those who made it to refugee resettlement areas experienced further stressors prior to resettlement in foreign countries. The present study developed and piloted a CBT intervention expressly tailored to the needs of this group of war refugees. Two groups were compared: the treatment group and a care-as-usual group. Measures were taken at baseline and at post-treatment and a six month follow-up. More than 100 participants were assigned to one of these two treatment groups. Measures of PTSD, Depression, and psychosocial functioning were administered in the Bosnian language by an evaluator blind to experimental condition. Treatment occurred in small groups for a duration of eight hours across eight treatment modules. Results will be reported for all participants as the active treatment is completed and follow-up is ongoing for all participants.

M-181 **Track 10 (war)**

The Impact of War on the Integration of African Women in Canada

Kerisit, Michèle, PhD, School of Social Work, University of Ottawa; Young, Marta, PhD, School of Psychology, University of Ottawa

Ten years ago, approximately 1 million Rwandans were massacred during a period of 4 months marking the beginning of devastating wars in neighbouring countries. Since 1997, it is estimated that 3 million Congolese people have died through violence, disease and famine and millions more have been displaced. As a result, many have sought refuge in safer havens in Europe and North America, including Canada. This poster presentation will examine the ways in which this extreme and continuous violence has affected the ability of Central African women survivors to adapt and integrate into Canadian society. Based on twenty two narratives collected through in-depth interviews with women survivors, we will analyze the difficulties they have encountered during resettlement as well as the coping strategies they have developed to adjust to their new life. Two levels of analysis will be presented: the gender-specific experience of women during organized violence and (im)migration and the multi-leveled cultural, political and identity issues that are inherent to their traumatic experience and their resettlement strategies. In conclusion, we will highlight some of the challenges and solutions that need to be addressed when delivering services to this widely scattered and thus difficult to reach population.

M-182 **Track 10 (war)**

Coping Among Somali Adolescent Refugees Resettled in the United States

Kia-Keating, Maryam, EdM, Boston Medical Center/Boston University School of Medicine; Ellis, B. Heidi, PhD, Boston Medical Center/Boston University School of Medicine

Many studies of refugee youth focus exclusively on their exposure to war and migration-related stressors, and subsequent mental health sequelae, without taking account of positive functioning and resilience. It is important to gain a better understanding of the factors that protect these youth from the potential negative consequence of exposure to war violence and displacement. This poster presents findings of an on-going NIMH-funded study of Somali adolescent refugees (ages 12-19) resettled in the United States. Coping was assessed using the Responses to Stress Questionnaire (RSQ). Preliminary results ($n = 8$) show that adolescents were most likely to cope with social stress by using the following strategies: acceptance, rumination, avoidance, and problem-solving. They were least likely to endorse physiological arousal, intrusive thoughts, and inaction as responses to social stress. Primary control engagement coping was negatively correlated with PTSD severity, $r = -.78$ ($p<.05$), and symptoms of depression, $r = -.86$ ($p<.01$). Involuntary Disengagement Coping was highly correlated with PTSD severity, $r = .85$ ($p<.01$). The relationship between social support, sense of school membership, and mental health will also be described. Implications for the development of effective interventions using an ecological framework of factors impacting resettled refugee youth will be discussed.

M-183 **Track 10 (war)**

Comorbidity and Elevated Mortality in Vietnam-Era Veterans with PTSD

Kuhn, Eric, MA, VA Palo Alto and University at Albany, State University of New York; Rosen, Craig, PhD, VA National Center for PTSD and Stanford University School of Medicine; Hartl, Tamara, PhD, VA Palo Alto

Elevated mortality has consistently been found among patients with psychiatric and substance use disorders. This finding has also been evidenced in veterans with PTSD. However, due to high comorbidity of other psychiatric and substance use disorders, it remains unclear what contribution these comorbid conditions have on elevated mortality within this group. To address this question, we examined 4-yr mortality and causes of death among over 200,000 Vietnam-era veterans who received VA care for psychiatric disorders in fiscal year 1998 (which includes over 80,000 who were diagnosed with PTSD). Preliminary analyses of one-quarter of the sample

show the 3-year mortality rate among PTSD patients was 5.6%, significantly higher than for age-matched males in the general population, but not significantly higher than that of other VA psychiatric patients. Comorbid substance abuse doubled the risk of 3-year mortality among PTSD patients (8.7%, compared to 4.5% among PTSD patients without a substance use diagnosis). The contributions to risk of mortality from other comorbid psychiatric conditions and number of other psychiatric diagnoses are also evaluated. Findings are discussed in terms of implications for treatment and potential mediators in this relationship are offered.

M-184 **Track 10 (war)**

The Presenting Symptoms of PTSD Among Children in Al-Amiria Shelter

Lafta Al-Aboodi, M., PhD, Al-Rashad Mental Teaching Hospital

Objective: AL-AMIRIA shelter is one of the common shelters in Baghdad, which had been bombard in Feb.1991 during the gulf war. The study is aimed to explore the symptom profile of post traumatic stress disorder (PTSD) and any other associated symptoms among Iraqi children. Method: Thirty children, aged from 7-12 y. who were from the survivors or were watching the catastrophe, and met the DSM4 criteria for PTSD, were interviewed twice in 1993 & 1998 respectively. Semi-structured interview and symptom check list of PTSD and stress related neurotic disorder was used. Results: All of the patients (100%) had flash backs and ruminations of ideas towards the events. Also avoidance of emotionally charged stimuli was present in all of the group (100%). Night mares 72%, frequent failure in school 65%, startle reflex 60%, vague abdominal pain 40%, chronic depressive symptoms 27% and nocturnal enuresis 10%, were the main remaining complaints. Conclusion: PTSD is a chronic and serious problem, which needs attention and proper management. The avoiding attitude among the children may underestimate the PTSD diagnosis. The associated symptoms of depression or anxiety may overlap the diagnosis of PTSD among children.

M-186 **Track 10 (war)**

Defensive Behaviors in the American Public After the Anthrax Attacks

Liegey Dougall, Angela, PhD, University of Pittsburgh; Hayward, Michele, BS, RD, University of Pittsburgh; Roberts, Jodi, MAT, University of Pittsburgh Medical Center; Baum, Andrew, PhD, University of Pittsburgh

After the anthrax attacks in the USA, both the FBI and the United States Postal Service issued advisories urging Americans to take precautions when handling mail. This study examined the adoption of these and other defensive behaviors in a sample of 300 people distant from the attacks. At 2-3 months and at 8 months after the first reported anthrax attack, the majority of the sample reported at least one defensive behavior (220 and 178, respectively). Half of the sample reported defensive behaviors at both assessments, and the remaining participants either reported none of these behaviors or reported them at only one assessment. Across both assessments, people who maintained defensive behaviors reported more distress, negative outlook, and perceived anthrax risk, and reported less positive worldview and lower safety ratings for air travel and government/media buildings than did the other groups, especially when compared to the group that reported no behaviors. Additionally, at Time 2 the consistent group was more likely to report that their lives had not returned to normal. Use of defensive behaviors by the general public could possibly prevent or reduce exposure to future terrorism but appeared to be directly related to negative reactions to preceding terrorist attacks.

M-187 **Track 10 (war)**

War Trauma and PTSD in Somali Adolescent Refugees

MacDonald, Helen, MA, Boston Medical Center, Boston University School of Medicine; Ellis, B. Heidi, PhD, Boston Medical Center, Boston University School of Medicine

While some research has studied trauma exposure in war-affected populations, little empirical literature has examined the types of traumatic experiences to which resettled refugee adolescents have been exposed. Exposure to traumatic events will be examined in an ongoing study of Somali refugee adolescents aged 12 to 19 living in Boston. Participants will be administered a modified version of the War Trauma Screening Scale to assess lifetime trauma exposure and the UCLA PTSD Reaction Index to measure current PTSD symptoms. Preliminary results (N = 8) show that participants endorsed an average of 10 traumas. The most prevalent types of traumatic experiences included being separated from a parent for a month or longer (75%), witnessing another person extremely distraught (75%), having one's home seriously damaged (63%), and having a loved one killed (63%). Sixty-three percent of the sample endorsed being physically assaulted or seriously injured. Differential associations between traumatic events experienced in the war, migration, refugee camp, or United States and posttraumatic stress symptoms will be examined. Implications of the location and type of trauma on the development of PTSD will be discussed.

M-188 **Track 10 (war)**

The Spiritual in Combat

Marlantes, Karl, MA

Whenever we deal with death we deal with the sacred. In war we ask people to either take lives of others or sacrifice their own for the good of their community. Such acts would better be left to the gods, not eighteen-year-olds. Engaging in godlike acts, no matter what the context, has always been dangerous for uninitiated individual psyches. Military training, and even some societal conditioning, teaches young men how to do these godlike acts. Unfortunately that training/conditioning does not prepare us for our later need to understand and emotionally survive after our return to being ordinary. For many combat veterans the "how to relate to it" question occupies years of their lives after returning home; yet that question seems curiously absent from both pre-combat preparation and post combat recovery programs. The presenter will draw on his experiences as a Marine in Vietnam and his own reflections on that experience to explore the spiritual aspects of combat, none of which he found pretty, but several of which he found transcendent.

M-189 **Track 10 (war)**

War Trauma Recovery Project, Inc.—Case Study

Marovic-Johnson, Davorka, NCC, PLPC, The War Trauma Recovery Project, Inc.

The War Trauma Recovery Project, Inc. (WTRP) is a community-based psychological treatment program for war refugees suffering from trauma. WTRP is located in St. Louis, Missouri. Estimates are that 30% or more refugees are tortured before fleeing home countries. As many as 50-65% of war refugees, including rape and torture survivors, suffer from PTSD. Despite the persistence of often disabling PTSD and comorbid disorders, few refugees seek treatment. Additionally, few existing mental health services effectively address war refugees' mental health needs. Since 1997 WTRP has provided native-language-based, culturally sensitive treatment to war refugees, some of whom have been rape and torture survivors. WTRP's program includes psycho-education, psychosocial rehabilitation and cognitive-behavioral treatment. This poster presentation outlines WTRP's course of treatment with one female torture survivor from war in Afghanistan. Pre- and post-treatment Posttraumatic Symptoms Scale (PSS) scores and ratings of social and occupational functioning are presented along with descriptions of the presenting problems and psychopathology of this case, treatment goals, and WTRP's adaptations of existing trauma treatments to fit this client's needs.

M-190 **Track 10 (war)**

Differences in Arousal Ratings of Traumatic Images by Veteran Status

McKinney, Ann, MA, National Center for PTSD and VA Boston Healthcare System; Pedersen, Eric, BA, National Center for PTSD, VA Boston Healthcare System, and Boston University; Wolf, Erika, ALB, National Center for PTSD, VA Boston Healthcare System, and Boston University; Miller, Mark, PhD, National Center for PTSD, VA Boston Healthcare System, and Boston University

This study investigated the relationship between PTSD and self-reported responses to emotionally evocative photographs depicting pleasant, neutral, erotic, threatening, horrific, or Vietnam War-related scenes. Valence and arousal ratings were collected from 20 Vietnam veterans with PTSD, 18 Vietnam veterans without PTSD, and 58 non-Vietnam veterans without PTSD. Group differences were limited to arousal ratings. Vietnam veterans with PTSD and non-Vietnam veterans rated images of horror as significantly more arousing than Vietnam veterans without PTSD, $F(2, 93) = 3.53$, $p < .05$. Veterans with PTSD rated images of Vietnam as significantly more arousing than the other veteran groups, $F(2, 93) = 6.83$, $p < .01$. Results revealed a similar trend among groups for ratings of threatening images, $F(2, 93) = 3.0$, $p < .06$. However, there were no significant differences among groups on ratings of pleasant, neutral, and erotic images. In addition, there were group differences in overall mood, including greater distress, guilt, and anxiety among Vietnam veterans with PTSD. The emotional processing

of individuals with PTSD is characterized by defensive hyper-reactivity indexed by reports of arousal. In contrast, individuals without PTSD show an emotional hyporesponsivity which relates to their resilience to posttraumatic psychopathology.

M-191 **Track 10 (war)**

Early Results from an Ongoing Randomized Trial of the PTSD ME Group

Murphy, Ronald, PhD, Dillard University; Thompson, Karin, PhD, New Orleans VA Medical Center and Tulane University School of Medicine; Rainey, Quaneecia, Dillard University; Murray, Marsheena, Dillard University

The present paper presents early results from the first randomized trial of the PTSD Motivation Enhancement (PME) Group, which aims to improve treatment engagement by increasing problem recognition. Forty-one veterans in a VA outpatient PTSD program were randomly assigned to four sessions of the PME Group (n = 21) or a psychoeducation group (PE Control, n = 19). Measures included the Treatment Questionnaire (TQ), assessing attitudes towards the need to change, and the Treatment Satisfaction and Relevance Questionnaire (TSRQ). A 2 (Intervention: PME Group vs. PE Control) X 2 (Time: Pre vs. Post Intervention) ANOVA with Repeated Measures yielded significant interactions on four TQ items. Post-hoc analyses indicated that in contrast to controls, the PME group showed increased agreement with items concerning the need to consider others' feedback, t (21) = -3.80, p<.001, importance of considering behavior pros and cons, t (21) = -3.23, p<.01, helpfulness of comparing behavior to norms, t (21) = -3.80, p<.001, and taking responsibility for handling difficult or anger-provoking situations, t (21) = -3.0,7 p<.01. At one month follow-up (n = 14), the PME Group (M = 94.14, SD = 9.23) reported greater perceived percent of treatment relevant to them than controls (M = 74.29, SD = 17.89), t (12) = 2.61, p<.05. These preliminary results from an ongoing study suggest that the group is having intended effects on readiness to change.

M-192 **Track 1 (assess)**

PTSD, Depression and Grief: Predicting Suicide in Combat Veterans

Pivar, Ilona, PhD, National Center for PTSD; Drescher, Kent, PhD, National Center for PTSD

A sample of 110 male Vietnam-era combat veterans, admitted sequentially to the National Center for PTSD Men's Rehabilitation Program at Menlo Park, were assessed for PTSD (Mississippi Scale), Depression (BDI), Complicated Grief (Texas Revised Inventory of Grief;Core Bereavement Items) and suicidality (have you made an attempt; number of previous attempts) at the point of intake to the program. A separate study (Pivar, 2000) found that 70% of these same veterans were diagnosed with sufficiently high levels of grief to warrant diagnoses of Complicated Grief. New analysis of the data finds that while Complicated Grief correlates modestly (.06) with the number of suicide attempts an individual reports, it fails to predict whether or not any individual will make an attempt. Grieving correlated significantly (p<.01) with bonding and closeness to the unit, suggesting that such bonding may act as a buffer against active suicidality. In a stepwise multiple regression analysis, the best predictor of a suicide attempt was a high score on the Mississippi Scale. High scores on the BDI predicted a greater number of attempts made by a veteran. While measures of depression, grief and PTSD were significantly correlated (p<.01),this analysis suggests that each distress syndrome may have separate consequences for the individual veteran.

M-193 **Track 10 (war)**

Group Based Exposure Therapy for PTSD Combat Veterans

Ready, David, PhD, Atlanta VA Medical Center (116A-4); Worley, Virgina, MSW, Atlanta VA Medical Center; Lorenz, Amanda, PhD, Atlanta VA Medical Center; Brown, Kaprice, PhD, Atlanta VA Medical Center; Baltzell, David, MD, Atlanta VA Medical Center

Exposure therapy has strong empirical support for PTSD. A controlled study indicated that exposure therapy might be useful in VA group treatment if there were not too many dropouts. Group Based Exposure Therapy (GBET) is a manualized, 16-week intensive outpatient program in which patients attend group therapy twice week for three hours per day and describe their combat traumatic experiences twice during group and listen to recordings of these presentations ten times each. Pilot data on 19 Vietnam veterans indicated that GBET produces significant reductions in self-reported post-treatment PTSD symptoms when compared to pre-treatment measures with a low dropout rate. The average reduction in PTSD symptoms was 30 percent. Suicidal thoughts, anger, and feelings of panic also showed significant reductions while measures of the patients' sense of productivity and happiness were found to increase significantly. All subjects previously had been in treatment for years with limited gains. GBET has high patient satisfaction. Anecdotal reports suggest that it produces significant desensitization of specific traumatic experiences, which previous studies indicate is important in producing lasting reductions in PTSD symptoms. A study of GBET continues and six-month follow-up assessments are planned. GBET could be a model for effective VA intensive PTSD Group treatment.

M-194 **Track 10 (war)**

Ambiguous Grief: Children of MIA and KIA Servicemen from the Vietnam War

Reisman, Ayelet, PhD, New School Universiy and Columbia University

Purpose: Studies of adult children of Missing-In-Action (MIA) servicemen from the Vietnam War point to the severe psychological effects of ambiguous grief as a result of not knowing whether the father is dead or alive (e.g., Boss, 1980; Campbell & Demi, 2000; Clark, 2000; Hunter- King, 1988). To this day, however, no study has directly compared such an ambiguous grief group with an unambiguous grief group consisting of sons and daughters of Killed-In-Action (KIA) servicemen. Method: Eighty four sons and daughters of MIA/KIA responded to questionnaires assessing the following variables: Grief, forgiveness (e.g., of the U.S. Government, God), trauma, attachment style, illusions of invulnerability, optimism, spirituality, affective bonds, psychological presence of the father. Findings and Conclusion: Contrary to predictions, findings on the whole indicated that adult children of KIA and MIA servicemen exhibited similar psychological effects. Thus, it is argued that ambiguous grief encompasses many other types of ambiguity (i.e., internal, external) that are not necessarily related to the ambiguous death of the father. Accordingly, the groups were combined and sons and daughters who were likely to remember their father (age of loss between 4-16+) were compared with sons and daughters who were simply too young to remember the father (age of loss between 0-3). Adult children with early loss suffered significantly more. The earlier the loss the more the self-perception of low self-worth and low illusions of invulnerability, and the greater the likelihood of an insecure attachment style and psychological presence of the father. Such concrete presence of the father is associated with lack of grief closure (Boss, 1980; Reisman, 2001). Grief was inversely related to secure attachment style, to positive illusions of invulnerability and to forgiveness. In sum, it is not the ambiguous or unambiguous death of the father that is the only critical dimension in adjustment to grief, but primarily the early establishment of positive assumptions and an unambiguous bond (i.e., remembering a loving interaction) with the father and mother that can serve as a resource to draw upon in later stressful encounters involving grief and loss.

M-195 **Track 1 (asess)**

Quality-of-Life of UN Peacekeepers and WWII/Korean Veterans with PTSD

Richardson, Donald, MD, FRCPC, Parkwood Operational Stress Injury Clinic, University of Western Ontario, Busse, Jason, CMCC, The Department of Clinical Epidemiology and Biostatistics, McMaster University; Balsom, Rod, PhD, Parkwood Operational Stress Injury Clinic, University of Western Ontario; Ray, Susan, BScNM, Parkwood Operational Stress Injury Clinic, University of Western Ontario

It has been established that PTSD can have significant impact on quality of life. This retrospective study will examine and compare the quality of life of 91 UN peacekeepers veterans and 89 World War II/Korean veterans who were administered a battery of tests including Clinician Administered PTSD Scale (CAPS) and the SF 36 as part of their initial assessment. Preliminary findings demonstrate that all veterans suffering from PTSD were significantly impaired when compared to the veterans who did not have PTSD. However, the older World War II/Korean veterans were impaired mainly in the mental health scales while peacekeeper veterans were impaired in both the physical and mental health scales.

Poster Presentations – Session 3

M-196 **Track 10 (war)**

War-Zone Stressors and Physical Health: PTSD as a Mediator

Samper, Rita, BA, National Center for PTSD, VA Boston Healthcare System; Vogt, Dawne, PhD, National Center for PTSD, VA Boston Healthcare System; King, Daniel, PhD, National Center for PTSD, VA Boston Healthcare System; King, Lynda, PhD, National Center for PTSD, VA Boston Healthcare System; Knight, Jeffrey, PhD, National Center for PTSD, VA Boston Healthcare System

Evidence indicates that PTSD acts as a mediator between war-zone exposures and physical health (Friedman & Schnurr, 1995; Taft et al., 1999; Wolfe et al., 1994). In this study, we examined whether PTSD would mediate relationships between five war-zone stressors (combat, perceived threat, difficult living and working environment, aftermath of battle, and perceived exposure to nuclear, biological, and chemical agents) and two physical health outcomes (count of current symptoms and SF-12 physical functioning score) in a sample of 319 Gulf War I veterans. Regression analyses showed that the relationships between combat, aftermath of battle, and both physical health outcomes were fully mediated by PTSD. However, the relationship between NBC exposures and physical health outcomes remained significant even with PTSD as a mediator. This finding is not surprising considering that NBCs may represent physical stressors, while the other variables represent psychological stressors. Also, there was full mediation of the relationships of perceived threat and difficult living and working environment with SF-12 score, but not with symptom count. Perhaps another mediator besides PTSD, such as risky health behaviors, is relevant here. Overall, results suggest that war-zone stressors have their impact on physical health, at least in part, through their association with PTSD.

M-197 **Track 10 (war)**

Loss of Pleasant Affect in Male and Female Bosnian Refugees with PTSD

Spahic-Mihajlovic, Aida, MD, University of Illinois Chicago, Department of Psychiatry (MC912); Crayton, John, MD, Loyola University Stritch School of Medicine, Department of Psychiatry; Neafsey, Edward, PhD, Loyola University Stritch School of Medicine

Emotional numbing is an important symptom of PTSD, but it is not clear whether it affects both positive and negative affect equally or not. To address this question we administered Lang's Looking at Pictures test, in which a series of pictures are rated for valence (pleasant—unpleasant) and arousal (high—low), to 10 male and 11 female Bosnian refugees suffering from PTSD (DSM-IV criteria) and to control groups of 11 male and 10 female Bosnian refugees with similar trauma exposure but without PTSD or any other major mental illness. The mean valence ratings for unpleasant, neutral, and pleasant pictures of both PTSD and control males and females were similar to normal ratings, as analyzed by ANOVA and regression. Likewise, the mean arousal ratings for unpleasant, neutral, and pleasant pictures of both male and female controls were similar to normals, with both unpleasant and pleasant pictures rated more arousing than neutral pictures. However, both males and females with PTSD rated pleasant pictures as almost completely non-arousing. Thus, in Bosnian refugees with relatively recent PTSD affective numbing is seen primarily with pleasant or positive stimuli, a finding not seen when studying long-lasting PTSD in Vietnam veterans.

M-198 **Track 10 (war)**

Disempowerment and War: Trauma Exposure and Distress in El Salvador

Walling, Sherry, MA, Headington Program, Graduate School of Psychology, Fuller Theological Seminary; de Castillo, Carla, MA, Centro de Clinicas Escalon; Montgomery, Catherine, MA, Headington Program, Graduate School of Psychology, Fuller Theological Seminary; Schrock, Daryl, MA, Headington Program, Graduate School of Psychology, Fuller Theological Seminary; Meese, Katharine, PsyD, Headington Program, Graduate School of Psychology, Fuller Theological Seminary; Eriksson, Cynthia, PhD, Headington Program, Graduate School of Psychology, Fuller Theological Seminary; Foy, David, PhD, Graduate School of Education and Psychology, Pepperdine University

Ignacio Martín-Baró, a Spanish social psychologist and Jesuit priest in El Salvador, theorized that members of Salvadoran society with less power were more vulnerable to trauma exposure and psychological distress in the context of the civil war (1979-1991). Salvadoran residents (N = 302) were administered a structured interview that contained the War Trauma Questionnaire (WTQ) and the 43-item Los Angeles Symptom Checklist (LASC), a measure of general psychological distress (GD) and PTSD symptoms. This archival project examined Martín-Baró's hypothesis by rating participants on a disempowerment variable composed of key demographic variables (age, gender, SES, and religion) and comparing these scores with participants' scores on the WTQ and LASC scales. Disempowerment was significantly associated with WTQ exposure scores in the opposite direction predicted, $r(300) = -.14$, $p < .01$, but not significantly associated with GD distress, $r(300) = .07$, $p = .13$, or PTSD symptoms, $r(300) = .08$, $p = .09$. Posthoc multiple regression analyses, however, suggested that gender contributed significantly to the ability to predict general distress, $sr(295) = .20$, $p < .001$, and PTSD symptoms, $sr(295) = .21$, $p < .001$, from trauma exposure. These results suggest partial support for Martín-Baró's disempowerment hypothesis.

Media Presentations
Monday, November 15
5:30 p.m. – 7:00 p.m.

Each media presentation will be shown both Sunday and Monday evening starting at 5:30 p.m. running concurrently in four different rooms. Presentations vary in length and may not last the full 1.5 hours. These sessions do not offer CE or CME credit.

Abstract #1834

Between Heaven and Earth

Media **Grand Ballroom A, 1st Floor**

Dubrow, Nancy, PhD, Taylor Institute

"Between Heaven and Earth" is a 2003 production of the Palestine Red Crescent Society (PRCS). It documents the physical and psychological trauma experienced by individual members of the PRCS Emergency Medical Teams (EMTS) in the course of assisting injured people during the current conflict in the West Bank and Gaza. Interviews with the injured personnel and their family members offers an inside look into the trauma of these humanitarian workers—humanitarian workers who should be afforded all protection under international conventions and agreements. In fact, the film documents how the EMTs work under siege on a daily basis.

Abstract #1506

Should I Cry?

Media **Hilton Exhibition Center A, 2nd Floor**

De Jong, Kaz, MA, Psy, Doctors Without Borders, Medecins Sans Frontieres (MSF); Wester Keegstra, Moniek, Film Director

After 10 years of civil war, a large part of the population of Sierra Leone is suffering from stress and psychological trauma. MSF-Holland (the Holland section of the organization) has started a mental health program to support people in their process of coping with past and present experiences. This video shows a variety of MSF counseling activities to help people regain control of their lives. Both victims and perpetrators share their problems and suffering.

Abstract #1889

Survival from Domestic Violence: Stories of Hope and Healing

Media **Hilton Exhibition Center B, 2nd Floor**

Panos, Angelea, PhD, Gift from Within

This film presents stories of women who transformed their lives after living through domestic violence. The steps they took to create safety, build a support system and find independence are described. Through their first hand accounts they give other victims hope that healing and recovery is possible.

Abstract #1728

Survivor Stories: Journeys of the Continuum of Care

Media **Hilton Exhibition Center C, 2nd Floor**

Munroe, James, EdD, Boston VA Outpatient Clinic

This documentary was created to provide a voice for survivors of trauma to describe their experience to professionals who respond to them. It presents five first-person accounts to illustrate the survivor's experience from the initial impact of trauma through the journey of healing and recovery. The survivors who are interviewed suffered a variety of traumas including workplace violence, domestic violence, street violence and terrorism. They speak from perspectives of a few, to many years after their initial trauma. Along the path to healing and recovery, victims enter into a series of relationships with a variety of caregivers and service providers. The survivors speak of their good and bad experiences with media personnel, EMS members, firefighters, police officers, clergy, mental health workers, hospital personnel and the criminal justice system. The film offers a unique opportunity to hear from a survivor's perspective what works and what doesn't, what has meaning and what causes additional trauma. Discussion of the 35-minute film will include the content and significance of the survivor stories and also the process of creating the documentary so that it would become part of their healing process rather than a re-traumatization.

Concurrent Sessions – 7
Tuesday, November 16
8:30 a.m. – 9:45 a.m.

Abstract #1858

Research Issues in a Sociocultural Context

Panel (clin res) **Rosedown, 3rd Floor**

de Jong, Joop, MD, PhD, Transcultural Psychosocial Organisation, Vrije Universiteit; Osterman, Janet, MD, Boston University School of Medicine; Komproe, Ivan, PhD, Transcultural Psychosocial Organisation

The global impact of war and conflicts has resulted in many refugees and internally displaced persons, who suffer from posttraumatic stress disorder (PTSD), depression, and/or anxiety. One of the challenges facing clinicians treating people traumatized by war and violence is the variety of cultures and the need to have culturally competent assessments and treatments. An understanding of the culture, its constructs of mental well-being and illness, the impact of conflict and severe violence within the community are essential to support healing within a population. Implementation of treatment programs in post-conflict countries must include a thoughtful exploration of these issues through research. This panel will discuss a methodology to ensure that cultural competency is achieved. We will address translation and cultural adaptation of assessment measures using a WHO-endorsed 7-stage procedure with extensive use of focus groups. The panel will discuss the extension of this methodology to develop culturally competent psychological treatments that have proven efficacy in the West and are now undergoing adaptation for a non-Western population. The panel will discuss their work and challenges faced in conducting research in post-conflict communities across African and Asia.

Abstract #1606

Terrorism, the US Experience: Questions Answered, Questions Raised

Panel (disaster) **Magnolia, 3rd Floor**

Featured

Danieli, Yael, PhD, Group Project for Holocaust Survivors and Their Children; Galea, Sandro, MD, DrPH, New York Academy of Medicine; Greiger, Thomas, MD, Uniformed Services University of the Health Sciences; Cohen Silver, Roxanne, PhD, University of California, Irvine; Friedman, Matthew, MD, PhD, National Center for PTSD

Recent studies have immensely improved our appreciation of the consequences of mass trauma. However, the ongoing threat of terrorist events that affect large numbers of people raises important questions about the potential consequences of these events. The experience of terrorism in the US is relatively limited compared to that in other countries. However, recent terrorist events in the US have been subject to a number of studies that answer some questions but raise others. This Panel Discussion will feature presentations focusing on what we have learned from the Oklahoma City bombing and the September 11 terrorist attacks in the United States. Each presenter will focus on (a) the primary lessons learned from these events about the consequences of terrorism; (b) the primary questions raised from these events about the consequences of terrorism in the US; (c) implications of these lessons and questions for the public health response and for research

Abstract #1978

Psychiatric Care for the American Soldier Back from War

Panel (war) **Melrose, 3rd Floor**

Mason, Sarah, MD, Walter Reed Army Medical Center, Department of Psychiatry; Waldrep, Douglas, MD, Walter Reed Army Medical Center, Department of Psychiatry; Gary-Stephens, Mary, RN, Walter Reed Army Medical Center, Department of Psychiatry; Keller, Richard, RN, Walter Reed Army Medical Center, Department of Psychiatry

The recent military operations in Iraq and Afghanistan have resulted in an influx of psychiatric patients to Walter Reed Army Medical Center (WRAMC). Continuity Service, WRAMC's, intensive outpatient service, developed the Continuity Service Case Management (CSCMS) to provide mental health case management for soldiers returning from the war zone with a primary psychiatric diagnosis. A true multidisciplinary approach was taken to insure the highest standard of care and accountability were provided for the returning war veterans. To date a total of 213 outpatient soldiers have been processed through this service. The top four diagnoses include depression (all types) 27%; adjustment disorders 21%; anxiety disorders 15%; (72% of these were war zone stress related disorders) and bipolar affective disorder 11%. Discussion will include development of the process and the management of this important population to include a discussion of the treatment available in the war zone, the military medical evacuation system, management of patients en route to WRAMC and the management and treatment upon arrival as well as the types of dispositions given to the soldiers.

Abstract #1762

Methods for Examining Temporal Dynamics Among PTSD Symptom Clusters

Symposium (assess) **Bridge, Riverside Building**

Niles, Barbara, PhD, National Center for PTSD, Department of Psychiatry Boston University School of Medicine; King, Daniel, PhD, National Center for PTSD, Department of Psychiatry Boston University School of Medicine

A discussant will compare and contrast autoregressive models using both between- and within-subjects longitudinal methodologies. Two clinical researchers will examine how symptom clusters of PTSD lead or lag one another across time. Findings suggest a prominent role of hyperarousal in driving other clusters in both emerging and chronic PTSD.

The Prospective Influence of Hyperarousal on Other PTSD Symptoms

Schell, Terry, PhD, RAND, Santa Monica; Marshall, Grant, PhD, RAND, Santa Monica

This 3-wave longitudinal study examined the interrelations among PTSD symptom clusters over time. Symptom data were collected from 264 victims of traumatic injuries who required surgical treatment for mandible fractures. Patients were recruited from a large public hospital in Los Angeles, California and were assessed at 1, 6 and 12 months after that trauma. Cross-lagged panel analysis revealed that hyperarousal strongly influences other symptoms clusters over time, but is only weakly influenced by these other types of symptoms. Trajectory analysis demonstrated that respondents for whom hyperarousal was the most pronounced baseline symptom showed reduced overall symptom improvement relative to those trauma exposed counterparts for whom hyperarousal was a less prominent early symptom. These results replicate our recent findings (Schell, Marshall & Jaycox, 2004) on a new sample using a different assessment instrument. Implications for theory, research, and clinical practice are discussed.

Temporal Relationships Among Symptom Clusters in Chronic PTSD

Doron-LaMarca, Susan, MA, National Center for PTSD, Behavioral Sciences Div, Boston VA Healthcare System; Niles, Barbara, PhD, National Center for PTSD, Department of Psychiatry Boston University School of Medicine; King, Daniel, PhD, National Center for PTSD, Department of Psychiatry Boston University School of Medicine

This presentation will discuss recent findings of a two-year longitudinal study examining temporal fluctuations in chronic PTSD symptoms among 57 male Vietnam combat veterans. Bi-weekly telephone assessments of PTSD symptoms, current life stressors, and social support were conducted for 34 subjects. Preliminary analyses concur with Schell, Marshall, and Jaycox (2004) findings that hyperarousal symptoms significantly predict other PTSD symptom clusters across time. Cross-lagged autoregression analyses of within-subjects effects using hierarchical linear modeling demonstrated a similar prominence of hyperarousal symptoms in predicting other PTSD symptom clusters at subsequent two-week and four-week time intervals. Although consistency of findings across both chronic and emergent samples suggests stability of a mechanism of hyperarousal influence, observed differences will be presented as well. In the present study, emotional numbing was the strongest predictor of both reexperiencing and avoidance symptoms at subsequent two-week time points. Antecedent life stressors predicted subsequent hyperarousal. Individual difference indicators of risk and resiliency will be further examined as between-subjects predictors of temporal relationships among the symptom clusters.

Abstract #1581

Effects of Treatment of PTSD on Psychobiological Measures

Symposium (biomed) **Hilton Exhibition Center C, 2nd Floor**

Olff, Miranda, PhD, Department of Psychiatry, Academic Medical Center, University of Amsterdam

It is well known that PTSD is associated with changes in several biological systems. However little research has been done on whether it is possible to "reset" these biological systems with effective psychotherapy of pharmacological therapy. This symposium will present data on neuroendocrine and neuroimaging outcome measures.

Biological Changes in Arousal and Cortisol Following PTSD Treatment

van der Kolk, Bessel, MD, Trauma Center/Boston University School of Medicine; Hopper, James, PhD, Trauma Center/ McLean/Boston University School of Medicine; Spinazzola, Joseph, PhD, Trauma Center/ Boston University School of Medicine

This presentation will discuss the results of a controlled treatment outcome study comparing EMDR, fluoxetine and pill placebo and demonstrate how effective treatment resulted in changes in memory processes, utilizing the Traumatic Memory Inventrory. In the EMDR condition, but not fluoxetine, the change in traumatic memory towards an integrated narrative was linearly correlated with physiological arousal in response to script driven imagery. This presentation will also present the relationship between clinical improvement in the three conditions and change in the cortisol response to a dexamethasone challenge.

Effects of Psychotherapy on Hormones, Heart Rate and Hippocampus

Olff, Miranda, PhD, Academic Medical Center/De Meren, University of Amsterdam, Department of Psychiatry; Lindauer, Ramon, MD, Academic Medical Center/De Meren, University of Amsterdam, Department of Psychiatry; Guzlecan, Yener, MD, Academic Medical Center/De Meren, University of Amsterdam, Department of Psychiatry; Gersons, Berthold, MD, PhD, Academic Medical Center/De Meren, University of Amsterdam, Department of Psychiatry

In this presentation the effects of psychotherapy on biological outcome measures will be presented from two studies. In the first study 49 civilian PTSD patients and 45 healthy volunteers participated. The following hormones were determined: plasma cortisol, prolactin, thyrotropine (TSH), free thyroxine (fT4), dehydroepiandosterone (DHEA) and DHEA-S. In 21 patients these hormones were also collected after psychotherapy. The results show that before treatment PTSD patients had significantly lower levels of plasma cortisol, which increased significantly after successful treatment. In the second study 24 patients with PTSD—who were randomly assigned to psychotherapy or a waiting list—and 15 traumatized control subjects without PTSD participated. They were compared on hippocampal volumes (MRI) and psychophysiological responses in reaction to different scripts. The results show that after successful psychotherapy, the increased heart rate (HR) response in reaction to trauma scripts in PTSD was normalized. The MRI results show that civilian outpatients with PTSD had significantly reduced hippocampal volumes at baseline. However, no volume changes were found in the hippocampus or in other brain structures after successful psychotherapy which lends support to the hypothesis that reduced hippocampal volume is a risk factor rather than a direct cause for PTSD.

Effects of Long-Term Treatment with SSRI on Stress Reactivity in PTSD

Vermetten, Eric, MD, PhD, Central Military Hospital/University Medical Center; Vythilingam, Meena, MD, Program for Mood and Anxiety Disorders, NIMH, Bethesda, USA; de Kloet, Carien, MD, Central Military Hospital Utrecht; Southwick, Steve, MD, Natinal Center for PTSD/Yale University, New Haven, USA; Charney, Dennis, MD, Program for Mood and Anxiety Disorders, NIMH, USA; Bremner, J. Douglas, MD, Emory University

Introduction: The hypothalamic-pituitary-adrenal (HPA) axis play a critical role in the stress response. Alterations in baseline HPA-axis function are associated with PTSD. The purpose of this study was to assess the effect of treatment with paroxetine on the HPA-axis. Method: We assessed diurnal salivary cortisol and urinary cortisol as well as cortisol, heart rate, and behavioral responses to a cognitive stress challenge, in 13 female patients with chronic PTSD before and after 9-12 months of paroxetine treatment (20 mg/day). Results: Both diurnal cortisol as well as urinary cortisol were lower compared to baseline after successful treatment. Cortisol response to a cognitive stress challenge resulted in a 26.5% relative decrease in stress-induced salivary cortisol with treatment. Conclusion: These results suggest that successful treatment with SSRI in chronic PTSD is associated with decrease in baseline diurnal cortisol and reduced cortisol response to a cognitive stress challenge test.

Abstract #1647

Neuroimaging Developments in Posttraumatic Stress Disorder

Symposium (biomed) **Grand Ballroom B, 1st Floor**

Bryant, Richard, PhD, University of New South Wales

Biological models of posttraumatic stress disorder (PTSD) are recognizing the importance of neural networks in the major dysfunctions observed in PTSD. This symposium will present four studies from four different laboratories that employ diverse indices of brain functioning. These studies employ fMRI, ERP, and skin conductance response to delineate the neurophysiological profile of PTSD.

Integrated Neuroscience Method to Working Memory Abnormalities in PTSD

McFarlane, Alexander (Sandy), MD, University of Adelaide; Bryant, Richard, PhD, University of New South Wales; Clark, Richard, PhD, Flinders University; Gordon, Evian, BSv, University of New South Wales

The literature about event-related potential measures that have demonstrated attentional and memory abnormalities in PTSD have been poorly integrated with the findings from standardized psychometric measures of cognition. This paper will present an examination of the relationship between EEG based measures of working memory processing and a standardized touch screen set of neuropsychological assessments. As part of a large scale project to standardize and automate electrophysiological measures of cognition and cognitive functioning has involved the collection of a group of 40 posttraumatic stress disorder patients. This group was then compared with a normative data sample of 1,500 individuals. The previously described P300 and N100 abnormalities in PTSD were replicated in this study. This data set allowed the opportunity of factor analyzing the model measures of cognitive functioning and examining the inter-relationship between these processes and the electrophysiological measures. A series of significant behavioral abnormalities were identified in the PTSD group that have a direct relationship to the underlying abnormalities of cortical processing as demonstrated using event related potentials.

Corticolimbic Activity to Conscious and Unconscious Fear Faces in PTSD

Felmingham, Kim, PhD, School of Psychology, University of New South Wales and Brain Dynamics Centre; Bryant, Richard, PhD, School of Psychology, University of New South Wales; Kemp, Andrew, BA, Brain Dynamics Centre; Barton, Matthew, BSci, Brain Dynamics Centre and School of Medicine, University of Sydney; Peduto, Anthony, MBBS, MRI Unit, Department of Radiology, Westmead Hospital; Gordon, Evian, PhD, Brain Resource International Database, Brain Resource Company; Williams, Leanne, PhD, School of Psychology, University of Sydney

Medial prefrontal (MPFC)-amygdala networks are thought to be dysregulated in response to threat in PTSD. Recent evidence suggests amygdala hyperreactivity occurs to masked fear faces in combat PTSD. The current fMRI study explored amygdala and MPFC activity in response to both conscious and masked fear faces in non-combat PTSD. Secondly, this study explored MPFC-amygdala activation in relation to autonomic reactivity. Fifteen participants with PTSD and 15 non-traumatized controls viewed conscious and masked fear and neutral faces in consecutive paradigms. Stimuli were presented for 500 ms for conscious perception. Stimulus duration was 16ms followed by a 150ms neutral mask for non-conscious perception. Random effects analyses examined amygdala and MPFC function. Results suggest a dissociation of amygdala and MPFC activity in conscious and non-conscious fear perception in PTSD. The PTSD group revealed reduced MPFC activity and minimal amygdala activation in conscious fear perception, but increased MPFC and increased amygdala activation in non-conscious fear perception relative to controls. Findings suggest amygdala hyperresponsivity is particularly apparent during non-conscious fear perception in PTSD. Further, although the MPFC appears activated during non-conscious fear perception, it appears insufficient to inhibit amygdala hyperresponsiveness. Data will be discussed in relation to simultaneously recorded skin conductance data.

Structural MRI Results in Identical Twins Discordant for Combat

Pitman, Roger, MD, Massachusetts General Hospital/Harvard Medical School; Gilbertson, Mark, PhD, VA Medical Center, Manchester, NH/Harvard Medical School; Kasai, Kiyoto, MD, University of Tokyo; May, Flavia, BS, Massachusetts General Hospital/Harvard Medical School; Shenton, Martha, PhD, Brigham and Women's Hospital/Harvard Medical School

A number of structural neuroimaging abnormalities have been described in posttraumatic stress disorder (PTSD), but until recently their origin has remained obscure. Specifically, it has not been possible to resolve whether these abnormalities are acquired as a result of the traumatic event and/or resulting PTSD, or whether they serve as pre-existing risk factors for PTSD. On the working assumption that a combat veteran's identical twin is a valid representation of what the veteran would be like minus the combat exposure, we have examined a number of abnormalities reported to be associated with PTSD in Vietnam combat veterans and their identical, non-combat exposed twins. Using manual tracing, we have replicated findings of smaller hippocampus and larger cavum septum pellucidum (so-called fifth ventricle) in combat veterans with vs. without PTSD. Using voxel-based morphometry, we have found diminished volume of hippocampus, anterior cingulate cortex, and insula in PTSD. All of these structural abnormalities found in the combat veterans with PTSD were also found in their non-combat-exposed, identical co-twins, who differed significantly from the non-combat-exposed, identical co-twins of veterans without PTSD. These results suggest that specific, familial (probably genetic) neuroanatomical abnormalities of the limbic system are risk factors for PTSD upon exposure to psychological trauma.

Comparison of Dissociative and Reliving Responses in PTSD: An fMRI Study

Lanius, Ruth, MD, PhD, University of Western Ontario and Robarts Research Institute; Williamson, Peter, MD, University of Western Ontario/Robarts Research Institute; Boksman, Kristine, University of Western Ontario; Densmore, Maria, University of Western Ontario; Neufeld, Richard, PhD, University of Western Ontario; Gati, Joseph, Robarts Research Institute; Menon, Ravi, PhD, Robarts Research Institute

The goal of this study was to compare areas of brain activation and inter-regional brain activity correlations during two different types of response (flashback/reliving and dissociative) to the recall of traumatic memories in traumatized subjects with posttraumatic stress disorder (PTSD) using standard subtraction- and functional connectivity analyses. 4.0 Tesla functional magnetic resonance imaging (fMRI), subtraction and functional connectivity analyses (psychophysiological interactions (PPI) (SPM99) were used to assess inter-regional brain activity correlations during script-driven symptom provocation in traumatized subjects with (n = 31) and without (n = 25) PTSD. PTSD subjects with flashback/reliving responses showed greater activation of the prefrontal cortex (BA 9, 10, 11) bilaterally, the left inferior parietal lobe (BA 40), and the left precentral gyrus (BA 6). In contrast, dissociated PTSD subjects showed greater activation in the occipital lobes (BA 19) and bilateral thalami. Comparison of connectivity maps of PTSD patients with flashback/reliving and dissociative responses showed significant differences in brain areas involved in autobiographical memory and emotional processing. The heterogeneity of response to symptom provocation observed in PTSD may be important in further elucidating neuronal mechanisms underlying different subtypes of the disorder and thus be contribute to the development of better treatment strategies for PTSD and other stress-related disorders.

Abstract #1743

Beyond RCT Research: Evaluating Common and New Treatment Components

Symposium (clin res) **Grand Ballroom A, 1st Floor**

Maercker, Andreas, University of Zurich, Clinical Psychology and Psychotherapy; Gersons, Berthold, MD, PhD, University of Amsterdam, Department of Psychiatry

During the past years, PTSD treatment competencies raised tremendously due to the development and evaluation in randomized controlled trials. Exposure and cognitive restructuring techniques are basics of a variety of effective psychotherapies. Our symposium discusses challenges, possible shortcomings, implications, and new applications of efficacious techniques (e.g., using the internet).

First Do No Harm: Worsening or Improvement After Prolonged Exposure

Cahill, Shawn, PhD, University of Pennsylvania, Philadelphia; Foa, Edna, PhD, University of Pennsylvania, Philadelphia; Rothbaum, Barbara, PhD, Emory University School of Medicine; Resick, Patricia, PhD, National Center for Posttraumatic Stress Disorder

Despite a substantial body of research accumulated over the 15 years indicating that exposure therapy programs are highly effective in reducing PTSD symptom severity and associated anxiety and depression across a wide range of trauma populations, few therapists utilize this treatment. One reason offered by therapists for not providing this treatment is their concern that exposure therapy may result in symptom worsening among individuals with PTSD (Becker et al., 2003). The purpose of this study was to investigate the frequency of symptoms worsening and symptom improvement following Prolonged Exposure (PE), one particular exposure therapy protocol developed for use in the treatment of PTSD, across five separate treatment studies (Foa et al., 1991, 1999, in preparation; Resick et al., 2002; Rothbaum et al., in preparation) and to compare it with other forms of cognitive behavior therapy (stress inoculation training, cognitive processing therapy, EMDR) and waitlist controls. Preliminary results based on two of the five studies (Foa et al., 1999; in preparation) found worsening of PTSD symptom in less than 1% of participants completing active treatment (N = 162) and 8% of participants completing waitlist (N = 39). PTSD symptom improvement was found in 90% of participants completing cognitive behavior therapy (N = 149) compared to 36% participants completing waitlist.

Interapy: An Internet-Based Treatment Trial of CBT of Traumatic Stress

Maercker, Andreas, PhD, MD, University of Zurich, Clinical Psychology and Psychotherapy; Knaevelsrud, Christine, University of Zurich, Clinical Psychology and Psychotherapy; Wagner, Birgit, University of Zurich, Clinical Psychology and Psychotherapy; Lange, Alfred, PhD, University of Amsterdam, Department of Psychology

Interapy is an internet-based treatment approach that includes psychoeducation, screening, and a protocol-driven treatment for people suffering from posttraumatic stress and complicated grief that has been developed in the Netherlands by Lange et al. (2002, 2003). The treatment consists primarily of exposure and cognitive restructuring. The treatment is applied in 10 writing assignments during a period of 5 weeks. We present results of the first RCT in German language in persons who manifested mild to relatively severe PTSD symptoms. Recruitment was mainly done through the internet (e.g., psychology homepages). A majority of participants are from regions that lack mental health facilities or they explicitly prefer online treatment. Their mean age was 35.2 years (range18-68y). Exclusion criteria as well as general psychopathology was assessed by the BSI, SDQ-5 (for dissociation) and SF-12 (somatization). PTSD symptoms were measured by the IES-R. We report pre-post comparisons. Participants of treatment condition (n = 45) improved significantly more than participants in the wait-list control condition (n = 42) on trauma-related symptoms and general psychopathology. Effect sizes are comparatively large as in the first Dutch studies. The results will be discussed with regard to the use of the internet for trauma treatment in non-conventional samples.

Why Talking Is Not Enough: About Essentials in the Treatment of PTSD

Gersons, Berthold, MD, PhD, University of Amsterdam, Department of Psychiatry; Olff, Miranda, PhD, University of Amsterdam, Department of Psychiatry; Lindauer, Ramon, PhD, University of Amsterdam, Department of Psychiatry

Traumatic experiences are always awful, terrible, grotesque and saddening. Those who were victims or survivors of such traumatic experiences always induce compassion from others. For instance in the Netherlands as elsewhere after disasters it seems self-evident victims are in need of some form of professional help. And if such immediate help on the long run did not help enough often many people think they are in need of a talking cure. Evidence from epidemiology however has made clear only one out of four or five persons who experiences traumatic events will develop a disorder after such a traumatic incident. Most people will not develop symptoms and therefore are not in need of treatment by a mental health professional. Those who develop PTSD suffer from the remembrances of traumatic events and its impact of the feeling of safeness. But they suffer also and sometimes even more, from a disequilibrium of there stress response system in the brain. Foa has called this a fear structure. From research it is evident all patients with PTSD need some form of exposure to brake down this fear structure before the talking can start. Without sufficient psychoeduca-

tion patients however are afraid the treatment protocols for PTSD like CBT, BEP and EMDR will even more traumatize them. Much explanation of PTSD as a memory disorder is needed to motivate patients for treatment. Also it seems necessary to add the 'domain of meaning' and a farewell ritual as the learning part in the treatment to adapt to live again like in 'brief eclectic psychotherapy' (BEP). Data from recent neuroimaging research on BEP will be presented to explain.

Posttraumatic Growth as Outcome of CBT with Accident Victims

Zoellner, Tanja, PhD, University of Tech Dresden, Department of Psychology; Rabe, Sirko, MSc, University of Tech Dresden, Department of Psychology; Karl, Anke, PhD, University of Tech Dresden, Department of Psychology; Maercker, Andreas, PhD, MD, University of Zurich, Clinical Psychol and Psychotherapy

This is one of the first randomized controlled therapy trials that investigates treatment effects on posttraumatic growth. Within a cognitive-behavioral treatment program for PTSD including prolonged imaginal exposure, cognitive restructuring, and in-vivo exposure, 40 accident survivors were randomly assigned to a treatment (TC) or waiting condition (WC). TC took on average 10 double sessions. Multiple psychometric assessments were introduced including diagnosing PTSD by blind assessors (CAPS). Posttraumatic growth was measured by the PTGI (Tedeschi & Calhoun, 1996) and complemented by its possible predictors (optimism, openness to experience, cognitive avoidance). We report pre-post comparisons: In addition to a favorable treatment effects on general treatment measures there was an increase in overall level of posttraumatic growth for both groups, and an additional interaction effect with the TC showing a larger increase. This interaction effect was caused by the increase of the PTGI subscores new possibilities and personal strength in the TC. Predictive patterns of the PTGI changed over time with an increase of the negative correlation between PTG and cognitive avoidance. Positive outcomes such as posttraumatic growth have wrongly been neglected as additional worthy outcome variables of controlled treatment studies. Analyses of pre-post-follow up changes will follow.

Abstract #1760

Providing Services After Disasters and Terrorism: Three Case Studies

Symposium (disaster) — Versailles Ballroom, 3rd Floor

Norris, Fran, PhD, Dartmouth Medical School/NCPTSD

To learn lessons that could be useful to communities that must respond to major disasters and terrorism, we conducted case studies of past mental health system responses. The chair will describe the studies' purpose, conceptual framework, and methodology. Panelists will present results from Oklahoma City, New York, and North Carolina.

The Oklahoma City Bombing

Hamblen, Jessica, PhD, National Center for PTSD

Seven years after the bombing of the Murrah federal building in Oklahoma City, 34 individuals representing 12 organizations were interviewed seven years after the bombing about their experiences in providing disaster mental health services to victims and the community. Participants were asked broad questions about their organizations' roles, activities, and length of involvement in the local response to the bombing. Opinions about training, interagency coordination, service characteristics, and barriers to providing quality care were elicited. Interviews were audiotaped and transcribed. Six themes emerged in data analysis: (1) preparing for disaster, (2) training the workers, (3) negotiating insider-outsider dynamics, (4) implementing an interagency response; (5) caring for the workers, and (6) serving the consumer. Findings emphasized barriers to preparedness, potential for professional conflicts according to pre-existing ideologies, issues regarding professional vs. paraprofessional roles, and threat to providers' health and well-being. Opinions regarding the community's needs and the quality of care provided in Oklahoma City varied markedly.

World Trade Center Disaster, September 11, 2001

Watson, Patricia, PhD, National Center for PTSD

Between January and December 2003, 103 state and city administrators, mental health agency directors, and disaster mental health providers were interviewed were interviewed about their experiences in providing disaster mental health services to victims and the community, using the same structured interview used in the Oklahoma City study. The participants in the study offered sound and concrete advice about preparing for disaster, responding to crisis, managing complex systems, training and supporting providers, and delivering and enhancing mental health services. Many elements of New York's response to the attacks were impressive—the early involvement of mental health; the strong communication infrastructure; the rapid evolution from chaos to structure; the vision of what it means to do public mental health work; the serious attempt to evaluate services; the incredible collaborations; the number and diversity of training opportunities; the universal recognition of the need to support providers; the efforts to de-stigmatize mental health care; the creativity of outreach efforts; and the innovative enhanced services initiative, which may serve to re-define crisis counseling as we know it.

A Case Study of Rural North Carolina's Response to Hurricane Floyd

Gibson, Laura, PhD, University of Vermont and National Center for PTSD

Five years after Hurricane Floyd struck the eastern seaboard of the United States, a team of researchers from the National Center for PTSD and the University of Vermont conducted structured interviews with a diverse array of mental health personnel who had been involved in the disaster response (labeled "Hope After Floyd"). This case study was designed to provide an example of the mental health response to a natural disaster that affected a large rural area and caused widespread property damage, financial devastation, and substantial loss of life. The purpose of the case study was not to evaluate the effectiveness of "Hope After Floyd," but rather to document specific challenges associated with the mental health response to a large-scale disaster in a rural area. The mental health response to Floyd will be discussed in terms of service characteristics that had been previously studied in New York and Oklahoma. These characteristics include credibility, acceptability, proactivity, continuance, and confidentiality of mental health services. Lessons learned after the Floyd disaster will be discussed in the context of other case studies in the symposium, including New York's response to the 9-11 terrorist attacks and Oklahoma City's response to the bombing of the Murrah Federal Building.

Abstract #1785

Psychological Experiences and Adjustments of the Military

Symposium (war) — Hilton Exhibition Center B, 2nd Floor

Osofsky, Howard, MD, LSU Health Sciences Center; Holloway, Harry, MD, Uniformed Services University of the Health Sciences in Bethesda

The symposium will focus on experience of United States, United Kingdom and Norwegian military in Iraq. Emphasis will be placed on coping strengths, situationally reactions and mental health difficulties, including helpful prevention and intervention efforts. The roles of and advanced communication will be considered.

Psychological Experiences in the United States Military

Noji, Eric, MD, US Public Health Service

It has been one year since the beginning of Operation Iraqi Freedom and many United State troops are returning. Like all soldiers returning from past wars, many suffer flashbacks, disturbing dreams, depression and anxiety. They may use alcohol or drugs. However, exposure to violence in Iraq exceeds that of any of the nation's conflicts since Vietnam. Early statistics show that as many as 1 of every 10 soldiers from the war zone evacuated to the Army's major hospital were sent for "psychiatric or behavioral health issues." That means about 1,000 soldiers evacuated for mental problems. The Army's suicide rate in Iraq has been a third higher than past rates for troops during peacetime. In the past seven months, at least 11 soldiers and three Marines have committed suicide in Iraq. Interestingly, most have occurred since May 1, after major combat operations were ended. It appears even in the current period of recovery and reconstruction, there is significant exposure to warfare experiences. This prolonged exposure to "low intensity" conflict defers from the invasions of Grenada and Panama and the ground war offensive of the Persian Gulf War. The presentation will address unique characteristics and needs of military personnel deployed to Iraq.

Psychological Experiences in the Norwegian Military

Weisaeth, Lars, MD, University of Oslo

During their last week of service in southern Iraq, 84% of first Norwegian contingent of IZ SFOR responded to a 25-page questionnaire "Perception of risks, threats and meaningful service." Three most frequently mentioned positive aspects were teamwork, excitement and carrying out a job one was prepared to do. Half of the soldiers judged the Norwegian force contribution in Iraq as highly successful, two thirds believed their own contribution in a similar light. Separation for family, the physical conditions in AO and media coverage was the most negative aspects. Improvised explosive devices (IEDs), extreme heat and hostile public crowds were reported as the

most significant risks. Some 80% experienced stone throwing from crowds, 25% were exposed to small arms fire, 16% were involved in severe danger situations. One out of four stated the service was a strain on the relationship to partner. The fear arousing effect upon the families by media coverage—and its consequences for the family support to the soldier appears to be a major concern. The study sheds some light on the effects of the Former Regime Loyalists' strategy of inflicting losses in the force in order to arouse family and public concern in home country.

Psychological Adjustments in United Kingdom Armed Forces

Wessely, Simon, MD, Guy's, King's & St. Thomas's School of Medicine and Institute of Psychiatry

This presentation describes series of epidemiological and nested case controls studies carried out on the health of the United Kingdom Armed Forces who served in the 1991 Gulf War. There is overwhelming evidence that subjective symptomatic health has been impaired in a considerable number of those who served. However, no single illness can be found to account for this increase, nor is there a single cause. Formal psychiatric disorders such as PTSD only account for a minority of this increase. Three factors appear important—unexpected side effects triggered by the regime of medical counter measures used by the UK Armed Forces, anxiety about the threat from chemical and biological weapons, and cultural and social pressures. The presentation will outline current studies being undertaken to monitor the health of the UK Armed Forces after the 2003 Iraq War, Operation TELIC. A major study has been initiated focusing on the physical and psychological health of over 7,000 veterans of Op TELIC, 7,000 members of the Armed Forces who have served in other conflicts, and 3,000 veterans for whom data were obtained before the start of Op TELIC, about half went to Iraq. Current results of the study to date will be presented.

Abstract #1799

Challenges and Innovations in Providing Services to Refugee Children

Symposium (war) — Hilton Exhibition Center A, 2nd Floor

Benson, Molly, PhD, Boston Medical Center/Boston University School of Medicine

Refugee children and adolescents represent a growing segment of the population seeking psychosocial services in the United States. Representatives from the National Child Traumatic Stress Network refugee working group will outline the current status of child and adolescent refugee mental health services. Specific challenges in service delivery, measurement, and barriers to accessing care will be discussed. Presenters will identify strategies for addressing these issues in clinical practice with a focus on innovative and culturally sensitive treatment approaches.

Challenges of Psychiatric Services for Traumatized Refugee Children

Tsai, Jenny, MD, Oregon Health & Science University; Cheng, Keith, MD, Oregon Health & Science University; Kinzie, J. David, MD, Oregon Health & Science University

There are multiple difficulties in providing services to traumatized refugee children. In addition to having cultural and language barriers, the children's parents are usually also traumatized. The parents' mistrust and poor understanding of children's problems leads to frequent noncompliance in following through on psychiatric care. Refugee parents have difficulties in continuing regular visits, following behavioral plans in the home, and participating in enrichment activities for their children. Obtaining mental health services for the parents is commonly necessary. The most realistic approach for our refugee child trauma clinic has been to provide medication for depression, hyperactivity and PTSD and gentle persuasion for simple improved parental practices. Examples of realistic approaches provided.

National Survey of Mental Health Services for Refugee Children

Benson, Molly, PhD, Boston Medical Center/Boston University School of Medicine; Ellis, B. Heidi, PhD, Boston Medical Center/Boston University School of Medicine; Grant-Knight, Wanda, PhD, Boston Medical Center/Boston University School of Medicine; Chew, Marion, International CHILD/Center for Multicultural Human Services

This presentation will provide an update on mental health services currently provided to refugee children and families, as well as barriers to accessing care. The data reviewed summarize findings from a national survey of refugee working group sites (N = 13) within the National Child Traumatic Stress Network. The goal of this survey is to coordinate and inform clinical services provided to war-affected children. These sites serve approximately 1,900 refugee clients per month combined, in primarily urban areas through community-based, clinic, and academic settings. Across sites, initial assessments primarily screen for symptoms of depression, PTSD, school functioning, and health problems. These programs provide a range of services with 50% or more endorsing the provision of individual, family, and group treatment, case management, psychopharmacology, education support/advocacy, and community-based outreach. Over 30% of the programs also provide medical and legal services. More than 58% of programs identify specific services for torture survivors. In addition to a range of services provided on site, the survey reveals a strong emphasis on collaboration with community agencies such as legal services, resettlement agencies, schools, housing, religious/faith based organizations, advocacy, health clinics, and police. The most identified barriers to refugee families accessing care include identification and perception of mental health issues by family members, community perception of mental health services, and discrepancy between western mental health approaches and cultural beliefs. In addition to these barriers, structural barriers such as transportation, as well as families preferring to utilize traditional supports, contribute to challenges in treatment engagement over time. Community outreach, collaboration with resettlement agencies, provision of services in the community, and school-based services are identified as important efforts to overcoming barriers to care. Findings will be discussed in relation to the current state of care for refugee children and future directions for improving the accessibility and effectiveness of these services.

Mental Health Interventions with Refugee Children

Birman, Dina, PhD, University of Illinois at Chicago; Ho, Joyce, PhD, University of Illinois at Chicago; Basu, Archana, MA, University of Illinois at Chicago; Pulley, Emily, MA, University of Illinois at Chicago; Beehler, Sarah, University of Illinois at Chicago

This presentation will provide a review of the scientific literature on effectiveness of interventions with refugee children and offer recommendations for mental health services with this population. The presentation will be based on the work being carried out by the Refugee Task Force of the National Child Traumatic Stress Network. The Refugee Task force has produced a White Paper that reviews a large literature on the mental health consequences of migration and trauma on refugee children, and offers recommendations for researchers, policy makers, and service providers. Currently, the Task Force is working on "White Paper II" that will focus on how to intervene with refugee children in order to address these mental health concerns. The presentation will include a synthesis of intervention research literature that is most relevant to refugee children including: (a) engagement and retention of children in services, (b) addressing cultural issues in mental health services, (c) efficacious treatment of PTSD in children, and (d) comprehensive services that define mental health concerns broadly and include attention to the larger ecology of refugee families' lives in providing services. Based on this literature, specific recommendations for interventions with refugees will be offered.

Abstract #1631

Screening of Psychological Distress in Refugee and Migrant Adolescents

Workshop (child) — Steering, Riverside Building

Mooren, Trudy, PhD, Center '45; Derluyn, Ilse, MA, Department of Orthopedagogics, Ghent University; Bean, Tammy, Center '45

The purpose of this workshop is to present a reliable and valid screening instrument for the assessment of trauma-related psychological distress of (unaccompanied) refugee and migrant adolescents. The psychometric properties of the screening instrument have been thoroughly examined. The questionnaires used in the screening instrument are the Hopkins Symptom Checklist-37A (HSCL-37A), assessing anxiety, depression and externalising behavior; the Self Inventory Checklist for Adolescents (ZIL-A), assessing posttraumatic stress; and the Stressful Life Events (SLE), assessing the number of stressful life events experienced. The questionnaires were used with four different research populations (age range 10 to 21): unaccompanied refugee minors residing in the Netherlands (N = 1103), newly arrived refugee/migrant adolescents staying in Belgium (N = 1292), native Belgian adolescents (N = 732), and native Dutch adolescents (N = 1069). The psychometric properties of the questionnaires appear to remain valid and reliable across all language versions (19 in total) for all research populations. Unaccompanied refugee minors reported significant higher scores for anxiety and depression symptoms and posttraumatic stress reactions than the other three population groups. Native Dutch and native Belgium adolescents report significant higher externalizing behaviour than migrants,

refugee and unaccompanied adolescents. Unaccompanied refugee minors experienced at least two times as many stressful life events as the other population groups. In conclusion, the psychometric properties of the screening instrument appear to be good for all of the research populations. The findings also indicate that unaccompanied refugee minors are a high-risk group, with significantly higher levels of anxiety, depression and post-traumatic stress reactions than the other research populations.

Abstract #1801

How Can We Better Spread Best Practices in Child Trauma Treatment?

Workshop (child) **Jasperwood, 3rd Floor**

Wilson, Charles, MSSW, Chadwick Center for Children and Families; Saunders, Benjamin, PhD, Medical University of South Carolina

Recent reviews have identified several empirically supported treatment protocols for children and families experiencing abuse (Saunders et al., 2003; Cohen et al., 2000). However, traditional means of spreading these demonstrated best practices to front-line child trauma service settings have met with limited success, and adoption of these treatments by child trauma therapists has been slow. This workshop will present the findings and recommendations of the NCTSN's Kauffman Best Practices Task Force, which examined how to more effectively disseminate and promote the adoption of three empirically supported treatments for child abuse. The project used reviews of the child health services literature, a consensus-building process with more than 25 national experts in child trauma treatment, surveys of child trauma treatment developers, and surveys of child trauma service professionals to identify barriers to implementing evidence-based treatments in front-line settings and discern strategies for overcoming those barriers. This workshop will discuss the general methodology of diffusion of innovation, lessons learned from other service environments such as medical settings, common barriers to implementation, and specific multisystem solutions that can be used to speed the dissemination and adoption of evidence-supported treatments for child trauma. These strategies include approaches related to training, supervision, consultation, support, administration, productivity rewards, community support, and policy changes. Significant audience participation will be encouraged.

Abstract #1977

Abuse Risk Reduction in Children with Developmental Disabilities

Workshop (commun) **Compass, Riverside Building**

Shuman, Tara, PsyD, Childrens Hospital Los Angeles/University of Southern California University Affiliated Program; Ayres, Jennifer, PhD, Childrens Hospital Los Angeles/University of Southern California University Affiliated Program

In comparison to children without disabilities, children with developmental disabilities are at increased risk to be victims of all types of maltreatment, including physical abuse, sexual abuse, emotional abuse, and neglect. Children with disabilities are 1.5 -10 times more likely to be abused than children without disabilities. Children and adolescents with disabilities are particularly vulnerable to sexual abuse. There is a need for prevention efforts aimed at reducing the risk for abuse, and thus traumatic stress, in children with disabilities. To address this need, an abuse risk reduction and social skills group therapy program for children with disabilities, "Making Friends and Staying Safe" was developed through Project Heal, the trauma treatment program at Childrens Hospital Los Angeles. The Making Friends and Staying Safe program has two components, a child treatment group and a collateral caregivers group for parents of children with disabilities. Children are referred by several local Regional Centers and by therapists and physicians at CHLA. The curriculum of the program has five modules, which are each important for abuse prevention. The modules are: (1.) Identification and Expression of Feelings, (2.) Enhancing Self-Esteem, (3.) Personal Boundaries and Body Rights, (4.) Sexual Development/Sexual Education, and (5.) Personal Safety Skills.

Abstract #1829

Culturally Competent Care: Can We Train People to Provide It?

Workshop (culture) **Oak Alley, 3rd Floor**

De Jong, Kaz, MA Psy., Doctors Without Borders/Medecins Sans Frontieres (MSF); Etherington, Carol, MSN, RN, Vanderbilt University Medical Center, Doctors Without Borders/Medecins Sans Frontieres

Cultural diversity, cultural sensitivity, cultural awareness and cultural competence are terms increasingly used by academicians and practitioners throughout health and mental health care systems around the globe. The actual meaning of these terms, however, as well as their effective and meaningful application in patient care settings is often elusive, complicated or simply absent. The workshop will explore a continuum of cultural competence and identify specific components that create "the domains of culture." Case studies will be offered to illustrate practical application and to assist participants in understanding how one moves through the continuum from "unconsciously incompetent" to the more desirable end of the spectrum. The exploration will result in a model for psychosocial intervention that is applicable in individual crisis situations or in post-trauma environments with mass casualties. Presenters will stress that the model is for use as a tool to enable field workers to operationalize culture in their specific programs. Adaptation of the model is a key element of achieving success, and becoming more culturally competent in the process. Presenters will offer specific examples from their own experiences and ask for participants to share theirs as well. The workshop was developed on the premise that care of multi-ethnic populations in daily life and in crisis situations can be significantly enhanced by discussion and exchange among provider groups.

Abstract #1669

The Inner Actions of War: Traumatization as an Internal War Zone

Workshop (practice) **Elmwood, 3rd Floor**

Van der Hart, Onno, PhD, Utrecht University, Department of Clinical Psychology; Steele, Kathy, MN,CS, Metropolitan Counseling Services; Ogden, Pat, PhD, Naropa University

Individuals with trauma-related disorders must cope with daily life while continuing to re-experience danger related to overwhelming events. They are fixated in an innate psychobiological action system of defense based on fear—the "actions of war." These intrusive mental and physical actions are meant to protect against threat: separation cry, hyper- and hypoarousal, flight, freeze, fight, and collapse/submission. However, daily life requires drastically different actions systems: attachment, sociability, caretaking, exploration, play, and energy regulation. An insoluble conflict ensues as one part of the mind avoids the inner actions of war in order to live normal life, while another part of the mind is chronically engaged in these actions of war. Dissociated actions of war are frequently inaccessible to verbal recall or processing. The avoidant part of the mind becomes phobic of the part of the mind fixed in actions of war, and a chronic internal conflict ensues, contributing to yet another level of "war." This workshop will focus on the process of integrating defensive action systems with those of daily life, and will demonstrate both sensorimotor and psychotherapeutic approaches to evoke and resolve the internal actions of war. A videotaped session with a traumatized war veteran will demonstrate somatic interventions.

Participant Alert: *Video excerpts of therapy sessions will be shown and may be emotionally moving to participants.*

Poster Presentations

Poster sessions are incorporated into the daily conference schedule divided into three sessions per day on both Monday, November 15 and Tuesday, November 16. This program change will give senior investigators a means for increased face-to-face interaction with clinicians, students, and other investigators. Attendees should visit the posters during the poster session time indicated below.

Poster Session 4 **Track 4 (clin res)**
Tuesday, November 16, 8:30 a.m.–9:45 a.m.
Posters are numbered T-1 through T-80

Note: This session includes presentations from additional tracks in order to accommodate presenters who had a time conflict with other presentations.

Poster Session Chairs:
Edna Foa, Barbara Rothbaum **Napoleon Ballroom, 3rd Floor**

T-1 **Track 4 (clin res)**

Quetiapine as an Adjunctive Treatment for Refractory PTSD

Ahearn, Eileen, MD, PhD, William S. Middleton VA Hospital, University of Wisconsin Hospital; Mussey, Mary, RN CCRC, William S. Middleton VA Hospital; Krohn, Amy, MD, William S. Middleton VA Hospital; Johnson, Catherine, PharmD, William S. Middleton VA Hospital; Krahn, Dean, MD, MS, William S. Middleton VA Hospital

OBJECTIVE: To review the efficacy of quetiapine as an adjunctive medication to an SSRI for the treatment of posttraumatic stress disorder: an eight week open label trial. METHOD: Fifteen subjects were recruited from the Madison VA outpatient clinic. Subjects met DSM-IV Criteria for PTSD as determined by the Mini-international Neuropsychiatric Interview and the Clinician Administered PTSD Scale (CAPS). Subjects with either combat or noncombat PTSD were required to have a score of 50 or higher on the CAPS at baseline. Exclusion criteria included substance abuse in the last 6 months, history of bipolar, schizophrenic, or other psychotic disorder. Pt were on a stable dose of an SSRI. No other psychotropic medications were allowed. The 8 week study was an open-label, flexible dose trial of quetiapine for the treatment of chronic PTSD. Dosing of quetiapine was started at 25 mg/day, and could be increased by 100 mg per week, to a maximum of 400 mg per day. Study measures included the CAPS, the Clinical Global Impressions Severity Scale (CGI-S), the Sheehan Disability Scale (SDS), the 17-item Hamilton Scale (HAM-D), and the Pittsburgh Sleep Quality Index (PSQI). Clinical response was defined as at least a 30% improvement of the CAPS and a CGI-I of 1 or 2. Remission is defined as a CAPS score of <20. RESULTS: Preliminary data analysis show an average reduction of 55% in the CAPS scores and improvement on the CGI which met criteria for clinical response. These trends were supported by ancillary measures. Mean dose was 233 mg. CONCLUSION: Atypical antipsychotics show promise for the amelioration of PTSD symptoms.

T-2 **Track 4 (clin res)**

Writing About Betrayal Trauma: Examining Gender and Narrative Structure

Allard, Carolyn, MS, University of Oregon; Freyd, Jennifer, PhD, University of Oregon

In Pennebaker's writing paradigm, participants are instructed either to write about emotional events or neutral topics. Those assigned to the emotional writing condition typically display physical and psychological health improvements (Pennebaker, 1997; Smyth, 1998). Up until now, the writing paradigm has for the most part been applied to events which have been described as emotional but not specifically traumatic. Betrayal trauma is perpetrated by someone who is close to the victim and has been associated with various negative consequences. Sixty-five university undergraduates (51 female, 14 male) were randomly assigned to write either about a distressing interpersonal event they experienced during childhood or how they spent their time during the previous day. Over 50% of all participants reported having experienced at least one betrayal trauma, women reported more betrayal trauma than men, and betrayal trauma and health measures were found to be negatively related. While a main effect of writing on symptomatology reduction was not found, a significant gender by writing condition interaction emerged, which revealed that, in general, women in the trauma writing condition benefited more than men. Examination of the essays points to the importance of narrative structure in predicting outcome.

T-3 **Track 4 (clin res)**

Personality Characteristics of Adult Survivors of Childhood Trauma

Allen, Brian, BA, Indiana University of Pennsylvania; Lauterbach, Dean, PhD, Eastern Michigan University

Terr (1991) proposed a framework for childhood trauma that distinguishes between single-incident trauma (Type I) and repeated or prolonged trauma (Type II). Many adult personality disorders (e.g., Borderline Personality Disorder) have been linked to traumatic experiences during childhood. Adult survivors of childhood trauma may also differ from adults not traumatized as children on non-clinical personality characteristics. This paper uses Terr's framework and data collected from the National Comorbidity Survey (NCS) to examine differences in personality between adult survivors of childhood Type I trauma, childhood Type II trauma, and a group of adults not traumatized as children. Persons in the Type I and Type II trauma categories were significantly higher on neuroticism than individuals in the control group. Persons in the Type II trauma group scored higher on neuroticism than individuals in the Type I group. The Type I and Type II groups were also significantly higher than the control group on openness to experience, but did not differ significantly from each other. The Type I group was significantly higher in a brief just world scale than the control group. Additional findings involving the relationship between trauma type and personality will be discussed.

T-4 **Track 4 (clin res)**

Processing Trauma Memories: An Active Component of Exposure for PTSD?

Alvarez, Jennifer, MA, University of Pennsylvania; Pontoski, Kristin, BA, University of Pennsylvania; Riggs, David, PhD, University of Pennsylvania; Foa, Edna, PhD, University of Pennsylvania

Prolonged exposure (PE) has been shown to be an extremely effective treatment for Posttraumatic Stress Disorder (PTSD). This treatment is comprised of several components including recounting of the trauma memory (imaginal exposure) and in-vivo exposure to feared situations. The mechanisms underlying in-vivo and imaginal exposure have been examined in many studies. One component of PE treatment that has not been examined is the discussion of thoughts and emotions elicited during imaginal exposure ("processing"). The current study analyzes transcripts of the processing component and relates elements of processing to treatment outcome. Seventeen clients were randomly selected from larger ongoing studies of PE treatment for PTSD. The processing section of an early treatment session was transcribed and coded for specific content categories. Codes were designed to capture the amount of discussion focused on emotions, cognitions and the process of therapy as well as other dimensions such as whether comments reflected change. Based on these codes, elements of processing are described and related to symptom change. Results suggest specific aspects of processing are related to outcome. Clinical implications are discussed.

T-5 **Track 4 (clin res)**

The Impact of Blame on PTSD Symptoms in People Living With HIV

Armelie, Aaron, BA, Kent State University; Boarts, Jessica, BS, Kent State University; Bogart, Laura, PhD, Rand Corporation; Figler, Jacqueline, BA, Violet's Cupboard; Delahanty, Douglas, PhD, Kent State University

The present study examined the impact of self- versus other-blame regarding HIV contraction on PTSD symptoms in people living with HIV (PLWH). Participants were 58 (47 males, 11 females) PLWH recruited from an AIDS social service agency. Participants had been diagnosed with HIV, on average, 8.5 years prior to assessment. Assessment instruments included a questionnaire measuring the degree to which participants blamed themselves versus others for their contracting HIV. In addition, PTSD symptoms related to HIV status were measured with the Impact of Event Scale (IES), and depressive symptoms were assessed using the Center for Epidemiological Studies Depression scale (CES-D). Self-blame was not associated with PTSD symptoms ($r = .267$, $p = .100$), but other-blame related significantly to PTSD symptoms ($r = .367$, $p = .022$). A subsequent multiple linear regression analysis revealed that, after controlling for demographic variables and depressive symptoms, other-blame continued to predict a significant percentage of the variance in IES total scores ($R2$ Change = .092, $F(1,33)$, $p = .023$). Findings suggest that PLWH who blame someone else for contracting HIV are more likely to experience PTSD symptoms and highlight the importance of addressing blame in treating PLWH with PTSD.

T-8 **Track 4 (clin res)**

Trauma, Attention and Biases for Threatening Faces

Beall, Paula, PhD, University of Denver; DePrince, Anne, PhD, University of Denver

Correctly recognizing emotion expressed by others is critical to navigating interpersonal relationships successfully. Children and adults from violent environments demonstrate a bias for recognizing anger in others (Pollak & Sinha, 2002; Wagner & Lineham, 1999). Previous research points to attentional context as an important factor in evaluating how trauma survivors process trauma-related information (e.g. DePrince & Freyd, 1999; 2001). We examined the influence of attentional demand (selective versus divided) on processing threatening information in faces. Undergraduates (N = 132) were shown faces within a spatial attention task on a computer. Facial expressions (fear, anger, happiness) were paired with neutral faces. A probe stimulus (a dot) followed either the expression or the neutral face. Participants responded to the location of the dot. In the divided attention condition, participants listened to a recording of words to which they had to make responses while performing the dot probe task. Participants completed several measures, including the Dissociative Experiences, Trauma Symptom Checklist-40, and Brief Betrayal Trauma Survey. Regardless of trauma history, individuals responded similarly to fear faces in the selective attention task; however, participants who reported a trauma history responded faster to fear faces than those with no trauma when their attention was taxed.

T-9 **Track 4 (clin res)**

Treatment for PTSD and Substance Abuse in Adolescents: A Pilot Study

Bennett, Shannon, MA, Boston University and the Center for Anxiety and Related Disorders; Ehrenreich, Jill, PhD, Boston University and the Center for Anxiety and Related Disorders; Pincus, Donna, PhD, Boston University and the Center for Anxiety and Related Disorders; Fabbro, Amanda, BA, University of Connecticut; Barlow, David, PhD, Boston University and the Center for Anxiety and Related Disorders

A growing body of literature supports a strong association between posttraumatic stress disorder (PTSD) and substance abuse in adolescence. Lipschitz et al (2003) found that girls with partial and full PTSD were significantly more likely to use nicotine, marijuana, and/or alcohol on a regular basis than traumatized girls without PTSD. Similarly, Reijneveld et al. (2003) studied adolescent mental health functioning and substance use after a café fire disaster in Volendam, Netherlands and found that after the fire, these adolescents had larger increases in clinical scores than controls for total problems and excessive use of alcohol when compared to pre-fire scores. Despite the need for appropriate intervention services to assist traumatized adolescents with substance abuse difficulties, no developmentally appropriate and empirically supported treatments currently exist. This research investigation aims to correct this by conducting a large, multi-site treatment development and evaluation study of a new treatment protocol for PTSD and substance abuse in adolescence. The current presentation details a pilot investigation testing the initial utility of this new treatment with subjects presenting at research clinic and community mental health sites. Components of the pilot treatment will be described. Issues of diversity, treatment compliance, and multi-site management will also be addressed.

T-10 **Track 4 (clin res)**

Predicting War-Related PTSD Treatment Drop-Out

Bernardy, Nancy, PhD, VA National Center for PTSD and Dartmouth Medical School; Monson, Candice, PhD, VA National Center for PTSD and Dartmouth Medical School; Schnurr, Paula, PhD, VA National Center for PTSD and Dartmouth Medical School; Price, Jennifer, PhD, VA National Center for PTSD and Dartmouth Medical School; Friedman, Matthew, MD, PhD, VA National Center for PTSD and Dartmouth Medical School; Thurston, Veronica, MBA, VA National Center for PTSD and Dartmouth Medical School

The efficacy of posttraumatic stress disorder (PTSD) treatments that include imaginal and in vivo exposure interventions are well established. Concerns have been raised, however, that exposure interventions lead to treatment drop-out. This study examined factors associated with drop-out from a large (N = 360) randomized clinical trial of trauma-focused group therapy (TFGT) versus a present-centered group therapy control (PCGT) for the treatment of chronic PTSD in male Vietnam veterans. Both treatments were delivered weekly to groups of six participants for 30 weeks (active treatment), followed by five monthly booster sessions (maintenance). Follow-up assessments were conducted at the end of treatment (7 months) and at the end of boosters (12 months) for all participants. Eighty-four participants dropped out during the active treatment phase, with greater dropout from TFGT than PCGT (22.8% vs. 8.6%). Younger age, minority status, unemployment, alcohol use, and poor social and global functioning predicted overall drop-out. In addition to these variables, more severe PTSD symptoms, especially avoidance/numbing and hyperarousal symptoms, and poorer quality of life predicted drop-out from TFGT, but not PCGT. Implications for the successful delivery of trauma-focused treatment to victims of war and other traumas will be discussed.

T-11 **Track 4 (clin res)**

Narratives of Negative and Traumatic Events: Relations to Outcome

Bohanek, Jennifer, MA, Emory University

A controversial issue in the field of trauma research is whether trauma narratives differ from other negative event narratives, and how these differences may relate to psychological outcome. Thus, we compared 44 mostly white middle-class women's narratives of traumatic, intensely negative, and moderately negative experiences in relation to psychological well-being. Based on previous theory and research, we specifically examined the use of cognitive processing words (e.g., comprehend, understand), positive and negative emotion words, negations, the use of tense and pronouns, and complexity and fragmentation of the narratives. Hierarchical linear regressions revealed that different narrative variables predicted anxiety and depression for different types of negative events. For moderately negative narratives, positive emotion and cognitive processing words predicted higher levels of anxiety. For intensely negative narratives, future tense predicted lower levels of depression, while negations predicted higher levels of depression. For traumatic events, negations predicted higher levels of depression. Various measures of narrative fragmentation and complexity showed no relations to outcome. Implications of these findings for understanding trauma memory, and relations between memory and outcome, are discussed.

T-12 **Track 4 (clin res)**

Social Support and Grief in Same-Sex Couples Who Have Lost a Partner

Boswell, Cathy, MEd, University of Houston; Armsworth, Mary, EdD, University of Houston; Gaa, John, PhD, University of Houston; Hawkins, Jackqueline, EdD, University of Houston

Death of a spouse is recognized as an emotionally devastating event and is considered one of the most stressful losses. Because the relationship may not be socially acknowledged, partner loss in same-sex couples may not be recognized resulting in the grief and the griever being disenfranchised. Surviving partners may be excluded from funeral arrangements or be treated with indifference or hostility by the biological family. Perceived social support may be a critical factor in a same-sex partner's experience of grief. Data from 17 surviving partners of same-sex couples participated in this preliminary study. 11 male and 6 female subjects completed the Inventory of Complicated Grief (ICG), Perceived Social Support From Friends (PSS-Fr) and the Perceived Social Support from Family (PSS-Fa) and provided information on the relationship and issues related to the death of their partner. Mean age of subjects was 42 years, with 2.3 years since partner death, and 65% reported no or little involvement in the funeral. 70% of participant's scores on the ICG indicated they may be suffering extensively from symptoms of complicated grief. Data from the social support measures is presented. Suggestions for future studies of grief and mourning from a gay and lesbian frame of reference are offered. Discussion will consider clinical applications for assisting this population in times of loss.

Poster Presentations – Session 4

T-13 **Track 4 (clin res)**

PTSD Symptoms and Social Support: Differences Between Men and Women

Bousquet-Des Groseilliers, Isabeau, BA, Université du Québec à Montréal and Douglas Hospital; Ruzek, Josef, PhD, Palo Alto VA Hospital; Cordova, Matthew, PhD, Palo Alto VA Hospital; Alain, Brunet, PhD, McGill University and Douglas Hospital

Previous studies have shown that lack of social support is an important risk factor for developing posttraumatic stress symptoms. However, it's unclear what component of social support is important and if there are gender differences in that respect. Our study aimed to verify if (1) negative social support is more important than the positive social support in predicting traumatic stress symptoms, and (2) if the buffing effect of social support is observed across genders. Thirty-one men and 30 women presenting to the ER as a result of trauma exposure of miscellaneous types were followed for 3 months as part of an early intervention program (described elsewhere). They were assessed for PTSD (CAPS), as well as for negative (Social Constraints Scale) and positive (Sources of Support Scale) social support, 1and 3 months posttrauma. Using a backward multiple regression model, positive but not negative support measured 3 months posttrauma predicted PTSD symptoms in men (r2 = .18, p = .024). In women, contrary to men, negative support but not positive support measured 1 month posttrauma predicted PTSD symptoms (r2 =.18, p = .01). If replicated, interventions for treating PTSD should be adapted for the differential social support needs of men and women.

T-14 **Track 4 (clin res)**

A Family Systems Perspective on Unresolved Loss

Busch, Amy, MA, UC Berkeley

The death of a loved person can be a traumatic experience, resulting in feelings of fear and helplessness. Some individuals remain unresolved following loss, meaning that they appear disorganized and disoriented when confronted with reminders of the death (Main & Hesse, 1990). Because unresolved individuals appear to have difficulty coping with the loss of an important relationship, they also may experience problems in their current close relationships. This study tested this hypothesis by examining how unresolved women relate to their husbands and children, both from their own and outside observers' perspectives. Participants included 80 women who had experienced loss, their husbands, and their preschool children. Unresolved loss was assessed using the Adult Attachment Interview (22% of mothers were "unresolved"), and individual, marital, and parenting adaptation was assessed through laboratory observations and women's self-reports. Results suggest that, compared to non-unresolved women, women with unresolved loss display more anxiety, anger, conflict, and controlling behavior in their marital and parenting interactions, but they do not describe these problems on self-report measures. Thus, simply asking a woman with unresolved loss about her relationship functioning may not reveal difficulties when they exist; family observations may be necessary to accurately assess the effects of unresolved loss.

T-15 **Track 4 (clin res)**

Overgeneral Traumatic Memory and PTSD in Survivors of Taiwan Earthquake

Chen, Sue-Huei, PhD, Department of Psychology, National Taiwan University; Kung, Yie-Wen, BS, Department of Psychology, National Taiwan University

This study aims to investigate the possible association between overgenerality of autobiographical memory and PTSD symptoms in earthquake survivors in Taiwan. A sample of 202 adult survivors (60 men and 142 women) residing near the epicenter were recruited three years post the earthquake. The Impact of Events Scale-Chinese Version (IES-C) was used to assess intrusive and avoidance symptoms and the depression subscale of SCL-90-R was used for depressive symptoms. The 10-item Index of Specific and Overgeneral Memory (ISOM), designed by the authors and composed of four categories, i.e., events, time, place, and person, was used to assess overgenerality of autobiographical memory. Participants were asked to write down their memory about the Chi-Chi earthquake occurred in September 21, 1999. Trained raters then used the ISOM to encode the autobiographical memory. Preliminary analyses show that overgeneral memory correlates inversely with intrusion, but the association no longer exists after controlling for depression. Differently and more specifically, overgeneral memory of event, rather than other categories, correlates inversely with intrusion and such an association still exists after controlling for depression. The plausibility of trauma-specific overgeneral autobiographical memory will be discussed and future research with various traumas and clinical samples will be suggested accordingly.

T-16 **Track 4 (clin res)**

Divalproex for PTSD: A Retrospective Chart Review

Davis, Lori, MD, VA Medical Center; Ambrose, Sandra, BSN, Tuscaloosa VA Medical Center; Waldrop, Elizabeth, RN, Tuscaloosa VA Medical Center; Williams, Raela, PharmD, Tuscaloosa VA Medical Center; Cates, Marshall, PharmD, Tuscaloosa VA Medical Center

Objective: To evaluate divalproex in the treatment of posttraumatic stress disorder (PTSD). Method: A retrospective analysis was performed on 325 patient charts identified through a computerized search of PTSD diagnosis matched with pharmacy records (any form of divalproex) at the TVAMC during fiscal year 2001. The medication names, doses, labs, and dates (except for the divalproex index visit) were blackened. Investigators blinded to the order of visits and blackened information rated the progress notes with Clinical Global Impression Scale for improvement (CGI-I). Results: Fifty meet eligibility criteria. The following reasons were exclusionary: 135 had no follow-up at the TVAMC, 80 had an exclusionary psychiatric diagnosis, 30 had an active substance use disorder, 19 never took the divalproex, 14 were on more than 4 psychotropics, 11 had no PTSD, 11 had no start date, and 5 were over age 65. Based on the CGI-I, 44% (n = 22) were very much or much improved, 38% (n = 19) were minimally improved, and 16% (n = 8) had no change after initiation of divalproex for the treatment of PTSD. Limitations include small sample, retrospective design, and variability in documentation and number of visits. Conclusion: Divalproex may be effective in reducing the symptoms of PTSD. A randomized controlled trial is warranted.

T-17 **Track 4 (clin res)**

EMDR vs. CBT for Disaster-Exposed Children: A Controlled Study

de Roos, Carlijn, Rijngeestgroep, Child and Youth Department; Greenwald, Ricky, PsyD, Child Trauma Institute; Noorthoorn, Erik, MD, PhD, University of Enschede; de Jongh, Ad, PhD, University of Amsterdam; Centre for Psychotherapy and Psychotrauma

In May 2000 a firework depot exploded in the city of Enschede (The Netherlands), leaving 22 people dead, 947 injured, more than 500 houses destroyed, and about 1500 houses significantly damaged. In total 4,163 people were affected, including many children and adolescents. Children with chronic posttraumatic stress reactions were referred for treatment to the Ambultant Mental Health Care team in Enschede. A randomized controlled trial was conducted to evaluate the relative efficacy of EMDR versus a CBT approach for reducing children's symptoms of PTSD, depression, anxiety and behavior problems. All participants treated from 2001 to 2003 were included. They received 4 sessions EMDR or 4 sessions CBT. Moreover, four sessions of parent guidance were included in both groups. The final N was 53 children (age 3-18). Assessment took place prior to the intervention, immediately after the intervention and at 3 months follow-up. The main outcome measures were: UCLA PTSD Index (parent, child and adolescent version), Child Report of Post-traumatic Symptoms (CROPS), the Parent Report of Post-traumatic Symptoms (PROPS), the Problem Rating Scale (PRS), the Birleson Depression Scale and the Multidimensional Anxiety Scale for Children (MASQ, anxiety). Also parent-reported psychosocial dysfunction and teacher-reported problems were assessed (Child Behavior Check List: parent form and teacher form and for children aged 11 and older: self report form). For the youngest group (0-6 years) the Trauma Symptom Checklist for Young Children (TSCYC) was included.

T-18 **Track 4 (clin res)**

What Factors Influence the Persistence of Symptoms After Psychotherapy

de Vries, Giel-Jan, MA, Academic Medical Center / De Meren - University of Amsterdam; Olff, Miranda, PhD, Academic Medical Center / De Meren - University of Amsterdam; Westerveld, Gre, MA, Academic Medical Center / De Meren – University of Amsterdam

In order to further improve the psychological treatment for posttraumatic stress disorder we investigated which symptoms persist after treatment is completed and what factors contribute to the persistence of these complaints. We therefore analyzed the files of 132 patients who did no longer meet criteria for PTSD diagnosis after being treated with Brief Eclectic

Psychotherapy (BEP). BEP combines cognitive-behavioral and psychodynamic approaches within one treatment method and one of its essential components is imaginary exposure to the traumatic experience. Pretreatment and posttreatment data were assembled: PTSD symptoms with the Structured Interview for Posttraumatic Stress Disorder (SI-PTSD), coexisting psychopathology using the Structured Clinical Interview for DSM-IV disorders (SCID-I), and personality with the Personality Diagnostic Questionnaire (PDQ-4+). It was assumed that hyperarousal symptoms such as insomnia and concentration problems are the most persistent. Furthermore, we assumed that comorbid depression influences the persistence of hyperarousal symptoms since the symptoms overlap considerably. The results show that insomnia, nightmares and concentration problems are the most persistent. In addition, insomnia is influenced by suffering from depression at the start of therapy. Depression had no influence on other symptoms. Other findings, such as the strong relationship between personality and residual symptoms are presented as well.

T-19 **Track 4 (clin res)**

Relations Among Proactive Coping, Positive Emotions, and PTSD Severity

Dillon, Jacqueline, MA, Auburn University; Vernon, Laura, PhD, Auburn University; Rousseau, Glenna, Auburn University; Amstadter, Ananda, Auburn University; Rotzell, Amanda, Auburn University

A growing body of literature examining thriving and resilience following trauma and other negative experiences has emphasized the adaptive function of positive emotions and proactive coping. For example, positive reframing of the traumatic event has been associated with fewer PTSD symptoms. This study examined a new measure of coping, the Proactive Coping Inventory, in relation to trauma. We examined the relationship between proactive coping, positive emotions reported during trauma (e.g., pride, relief), and current PTSD symptom level. We hypothesized that proactive coping and positive emotions during trauma would be positively associated with one another and negatively associated with PTSD symptom level. Participants (N = 187) were administered the Proactive Coping Inventory, the PTSD Checklist, and a self report measure of positive emotions during trauma. Proactive coping and positive emotions were significantly positively associated with one another, $r = .15$, $p<.05$. A regression analysis was conducted with proactive coping and positive emotional responses to trauma as predictors of PTSD symptoms. Both proactive coping, $t (184) = -1.96$, $p<.06$, and positive emotional responses to trauma, $t (184) = -2.51$, $p<.05$, were strongly negatively associated with current PTSD symptom level, $F (2, 184) = 5.95$, $p<.01$. Links between coping and emotional responding as well as the implications for trauma treatment will be discussed.

T-20 **Track 4 (clin res)**

Group Cohesion Among Diverse Women with a History of Incest

Douglas-Vidas, Jennifer, MA, George Washington University; Marotta, Sylvia, PhD, George Washington University; Asner-Self, Kim, EdD, Southern Illinois University

Positive outcomes for an individual in group therapy are typically associated with group cohesion. Group cohesion, or member-to-member relationships, can be conceptualized as a within-therapy "outcome" variable that reflects therapist effectiveness in building trust. Cohesion in therapy groups has proven difficult to quantify in the past. However, social network analysis can be used in psychotherapy research to address this issue. Social network analysis can produce representations of social structure and position, using measurements of interaction among all group members. In this study, participants are a diverse group of women with a history of incest. The interventions were organized around both process and content variables. Social network analysis was used to measure level of cohesion among group members. Using data coded from videotaped sessions, a matrix was constructed to operationalize the concept of cohesion for the data analysis. Preliminary results indicate that cohesion, as measured through social network analysis, developed over the course of therapy. Implications of this study will include applications of social network analysis to the measurement of group dynamics for women with a history of incest.

T-21 **Track 4 (clin res)**

Prolonged Exposure vs. Sertraline: Secondary Outcomes in PTSD Treatment

Eftekhari, Afsoon, PhD, University of Washington; Miller, Helen, BS, University of Washington; Zoellner, Lori, PhD, University of Washington; Feeny, Norah, PhD, Case Western Reserve University

Of the available treatments for chronic PTSD, both prolonged exposure and sertraline have some of the strongest empirical support (e.g., Brady et al., 2000; Davidson et al., 2001; Foa et al., 1999). Typically, major trials that examine the efficacy of various treatments have only focused on reporting primary psychopathology outcomes (e.g., re-experiencing symptoms, avoidance, hyperarousal, depression). However, it is unclear how these treatments impact secondary outcomes (e.g., anger, guilt, dissociation). As part of a trial examining the effectiveness of sertraline and prolonged exposure as well as the role of choice in the treatment of chronic PTSD, the current study examined the effects of these treatments on secondary outcomes such as trauma-related guilt, dissociation, anger, and cognitive distortions. Participants included 31 female assault survivors (sexual and non-sexual), meeting DSM-IV criteria for chronic PTSD. After viewing standardized, videotaped rationales for both treatments, participants chose either prolonged exposure or sertraline. They then took part in a 10-week course of treatment during which independent evaluations occurred at pretreatment and posttreatment. Results of treatment choice on secondary outcomes will be presented. Preliminary results indicate group differences for all secondary outcomes, with the prolonged exposure group demonstrating larger treatment effects.

T-22 **Track 4 (clin res)**

Symptom and Function Change with Mindfulness Meditation in PTSD Veterans

Farr, Denise, MS, Minneapolis Veterans Administration Medical Center; Billig, John, PhD, Minneapolis Veterans Administration Medical Center; Landes, Allan, PhD, Minneapolis Veterans Administration Medical Center; Thuras, Paul, PhD, Minneapolis Veterans Administration Medical Center

Mindfulness-Based Stress Reduction (MBSR) is a systematic program developed by Dr. Jon Kabat-Zinn that uses mindfulness mediation techniques to directly promote contact with private experience and discourage avoidance of negative affect. This has been shown to reduce symptoms of stress and improve functioning in multiple domains of living. There is no research on mindfulness meditation in patients with PTSD. Over the course of this 2-year descriptive study, 81 subjects, 40% diagnosed with PTSD and 16% females, participated in an 8-week course systematically teaching mindfulness meditation. Pre-, post-, and 6-month self-report measures were obtained assessing physical and mental health symptoms and functioning, including symptoms of physical pain and PTSD, experiential avoidance, and thought suppression. Demographic and medical information was collected to evaluate changes in medical status and medical utilization. Preliminary analyses using Hierarchical Linear Models reveal the following changes over time for group participants: decrease in AAQ (avoidance of private experience) $F (4,71) = 5.73$, $p = .0005$; and decrease in PCL total score (PTSD symptoms) $F (4,69) = 5.68$, $p = .0005$. Results suggest use of mindfulness techniques by patients diagnosed with PTSD may lead to increased acceptance of re-experiencing symptoms, decreased avoidance symptoms, and overall improved functioning.

T-23 **Track 4 (clin res)**

Tonic Immobility and Psychopathology in Sexual Assault Survivors

Fuse, Tiffany, MS, State University of New York at Albany; Forsyth, John, PhD, State University of New York at Albany; Marx, Brian, PhD, Temple University; Gallup, Gordon, PhD, State University of New York at Albany

Tonic Immobility (TI), an involuntary response to physical restraint found in a diverse number of species, is a catatonic-like state, with tremors, periods of eye closure, and a decrease in body temperature and heart rate. Victim responses to sexual assault can include reactions that resemble TI, including the feeling of being "frozen" during the attack and an inability to resist. The purpose of the present research was to examine the association between the presence of TI during sexual assault, and posttraumatic stress disorder (PTSD) and other psychopathology. One hundred seventy-seven undergraduate females who reported TI during sexual assault and 50 participants who reported sexual assault with no accompanying TI were compared on the presence of current PTSD symptomotology. TI was assessed

with the Tonic Immobility Scale (TIS), an instrument designed to assess for characteristics of TI in humans and animals. Victims who reported TI during sexual assault endorsed more PTSD symptomotology compared to non-TI assault victims F (1, 229) 4.09, p< .044. These and other results on TI and psychological impairment will be discussed in terms of their implications for the assessment and treatment of sexual assault survivors.

T-24 **Track 4 (clin res)**

Predicting Injured Trauma Survivors' Engagement in Case Management

Ghesquiere, Angela, MSW, University of Washington, Harborview Medical Center, Department of Psychiatry; Wagner, Amy, PhD, University of Washington; Russo, Joan, PhD, University of Washington; Zatzick, Douglas, MD, University of Washington

Several reports suggested that acutely traumatized patients do not engage easily in early mental health interventions. To address this, we developed a multifaceted collaborative care intervention targeting posttraumatic stress disorder and alcohol abuse/dependence in physically injured symptomatic trauma survivors. 120 inpatients ages 18 or older were recruited from a level I trauma center and randomly assigned to collaborative intervention (N = 59) or usual care control (N = 61) conditions. The intervention began with a year-long case management procedure designed to optimize engagement. A MSW-level case manager met patients at bedside and focused on patient posttraumatic concerns. Three months post-injury, the MSW also referred patients with persistent PTSD for evidence-based pharmacotherapy and psychotherapy. This poster will describe the MSW engagement procedure, detail specific MSW activities, and characterize levels and predictors of engagement. 53 (85%) of intervention subjects entered into a longitudinal relationship with the MSW. On average the MSW spent 4.3 hours (SD = 2.9) with each patient in month 1 post-injury, 3.1 (SD = 3.65) hours between months 1-3, 2.0 (SD = 3.4) hours in months 3-6, and 1.3 (SD = 3.2) hours per patient 6-12 months post-injury. Future analyses to be presented will characterize levels of patient engagement in case management. Multivariate regression models will also explore demographic, injury, and clinical characteristics as predictors of engagement level.

T-25 **Track 4 (clin res)**

Assessing PTSD Symptomatology in Young Children

Ghosh Ippen, Chandra, PhD, University of California, San Francisco; Briscoe-Smith, Allison, MA, University of California, San Francisco; Lieberman, Alicia, PhD, University of California, San Francisco

Recent studies suggest that the diagnostic criteria for PTSD may need to be modified for young children. The category of Traumatic Stress Disorder (TSD) proposed by the Diagnostic Classification: 0-3 (Zero to Three, 1994) represents one set of alternative criteria. To date, no study has examined the factor structure of young children's PTSD symptoms using this classification system or the DSM IV. We present an exploratory factor analysis of children's TSD symptoms, examine the rates of diagnosis using different algorithms, and look at whether children who meet TSD criteria differ from those who meet one or two cluster criteria on measures of behavioral difficulties and relationship with their mothers. Preliminary data on121 children age 2 to 6 were gathered through interviews with their mothers and observations of the mother and child. 52% had experienced one type of trauma, 33% had experienced two types of traumas, and 15% had experienced 3 or more types of traumas. Preliminary analyses suggest the presence of two factors accounting for 27% of the variance. Using DC: 0-3 criteria, 48% met criteria for TSD. Children who met criteria had significantly higher levels of externalizing and internalizing behavior problems. The implications of these findings are discussed.

T-26 **Track 4 (clin res)**

Anger Management Therapy via Videoteleconferencing in Rural Areas

Greene, Carolyn, PhD, National Center for PTSD, Pacific Islands Division; Morland, Leslie, PsyD, National Center for PTSD, Pacific Islands Division

For veterans who reside on Pacific Islands other than Oahu, access to mental health services ranges from limited to none. The poster will discuss a current project which seeks to provide a specialized intervention, Anger Management Therapy (AMT), via videoteleconferencing (VTC) technology to veterans with PTSD in remote locations in the Hawaiian Islands. This project will address the obstacles to providing care to a rural PTSD population for whom limited services are available. Treatment of the anger component of PTSD is considered an essential element in the trauma recovery process. We expect to find that providing AMT using the VTC modality will be effective in reducing anger. Outcome variables will include reduction in anger symptoms, patient satisfaction, and treatment attrition and adherence. Finally, this project will also address the identified gap in clinical service provision where anger management has been established as an unmet need in many VA clinics providing PTSD services. It is expected that the results from this project can be applied to other VA situations where specialized services are needed but unavailable due to distance.

T-28 **Track 4 (clin res)**

Secondary Stress Reactions in Spouses and Partners of Police Officers

Hirshfeld, Ayelet, MA, San Francisco VA Medical Center, PTSD Research Program; Best, Suzanne, PhD, San Francisco VA Medical Center, PTSD Research Program; Metzler, Thomas, MA, San Francisco VA Medical Center, PTSD Research Program; Henn-Haase, Clare, PsyD, San Francisco VA Medical Center, PTSD Research Program; Marmar, Charles, MD, San Francisco VA Medical Center, PTSD Research Program

Secondary Stress Reactions have been widely documented among therapists working with trauma survivors, families of combat veterans, and families of Holocaust survivors (Danieli, 1982; Kulka et al., 1990; Van der Ploeg et al., 2002). These reactions include general psychiatric distress, interpersonal difficulties, and the development of symptoms characteristics of PTSD such as avoidance and intrusion (Motta et al., 1999; Solomon, 1992). Scarce literature exists on the effects of secondary stress among spouses and partners of emergency services personnel. Furthermore, police officers are repeatedly exposed to traumatic events in the line of duty and hence are at heightened risk for developing PTSD (Liberman et al., 2002; Robinson et al., 1997). The present substudy examined the secondary effects of traumatization among 30 police couples, 6 months into the officer's police service. The officer and spouse/partner surveys were conducted as part of a larger longitudinal study of PTSD in police officers from several Bay Area departments. Preliminary results show significant correlations between officer's duty-related PTSD symptoms and the couple's level of conflict and violence, spousal simple fears, and spousal secondary posttraumatic stress symptoms. The implications of these findings will be discussed and recommendations made for preventive interventions with law enforcement families.

T-29 **Track 4 (clin res)**

Treatment of PTSD-Associated Hallucinatory Experiences with Quetiapine

Hoeper, Edwin, MD, Goldsboro Psychiatric Clinic, North Carolina

The major categories of symptoms associated with posttraumatic stress disorder (PTSD) are reexperiencing, avoidance, and heightened arousal. Some patients describe unique auditory and visual hallucinations. A proposed theoretical model of the functional neuroanatomy and molecular biology of PTSD may explain the etiology of these symptoms. A retrospective study was conducted of PTSD patients who received quetiapine as adjunctive therapy due to nightmares, flashbacks, panic attacks, and hallucinations despite treatment with benzodiazepines and antidepressants. The Global Assessment of Function (GAF) test was used to evaluate the results. Of 82 PTSD patients who received quetiapine, 62 (76%) achieved stability, defined as being free of nightmares, flashbacks, panic attacks, and hallucinations; sleep disturbances and depression were reduced. Mean duration of treatment with quetiapine until hallucinations ceased was 6 months. Although 50 of the 62 patients had at least 1 relapse brought on by current stressors, most relapses resolved and 57 patients achieved stability. Treatment with quetiapine resulted in a 15-point mean improvement in GAF score. These results suggest that in patients with chronic PTSD, hallucinations and other symptoms respond to quetiapine used as an adjunct to benzodiazepine and antidepressant therapy, which is consistent with the proposed biological model of PTSD.

T-30 **Track 4 (clin res)**

Self-Perception of Symptom Change in the Treatment of PTSD

Hopper, Elizabeth, PhD, The Trauma Center; Simpson, William, PhD, New England Research Institutes; Blaustein, Margaret, PhD, The Trauma Center; Spinazzola, Joseph, PhD, The Trauma Center; van der Kolk, Bessel, MD, The Trauma Center

The current study examined client self-perception of change in posttraumatic stress symptoms during and after treatment in three treatment conditions: psychopharmacology (fluoxetine), an exposure-based psychotherapeutic treatment (EMDR), and a pill placebo. Subjects were 88 patients with mixed-trauma exposure and primarily chronic trauma response. Subjects completed the Davidson Trauma Scale (DTS) prior to beginning treatment, during the treatment phase, and during follow-up. In all conditions, self-reported symptoms of posttraumatic stress decreased during the treatment phase. After treatment, average DTS score for subjects in the therapy condition continued to decrease, while mean score for subjects who received pharmacological treatment increased slightly. Two months after termination of treatment, the average DTS score was 21 for the EMDR condition and 43 for the fluoxetine condition. Results revealed that subjects perceived themselves as improving steadily during the course of treatment, regardless of treatment condition. These results support the idea that there are non-specific factors in therapy (perhaps including factors such as instillation of hope, treatment expectations, and empathy) that lead to self-perceived improvement in symptoms. However, maintenance of perceived gains did appear to favor exposure-based therapy as a treatment for posttraumatic stress disorder.

T-31 **Track 4 (clin res)**

Gender Differences in High-Risk Behavior Following Trauma Experience

Inness, Tera, University of Tulsa; Wright, David, University of Tulsa; Davis, Joanne, PhD, University of Tulsa; Christiane, Schneider, University of Tulsa

Extensive research indicates that trauma victims are more likely than non-victims to report involvement in high risk behaviors (e.g., alcohol abuse, substance use and/or abuse, risky sexual behaviors). It is unclear, however, whether men and women differ in post-trauma high risk behaviors. In general, studies find that men engage in risk behaviors more often than women and that men and women report different types and severity of post-trauma symptoms (e.g. Sonne, Back, Zuniga, Randall, & Brady, 2003). The purpose of the present study was to examine possible gender differences in university students on: (1) prevalence of traumatic events; (2) previous, current, and expected involvement in high risk behaviors; and (3) perceived consequences of these behaviors. Preliminary analyses indicate that following trauma exposure, men are more likely to endorse positive consequences of high risk behaviors, while women are more likely to endorse negative consequences. Additionally, men were more likely to engage in substance use and/or abuse, while women were more likely to engage in risky sexual behavior (Sonne, S.C., Back, S.E., Zuniga, C.D., Randall, C.L., & Brady, K.T., 2003).

T-32 **Track 1 (assess)**

Fear of Emotions and Expressivity in Men with Symptoms of PTSD

Jakupcak, Matthew, PhD, Seattle VA Division of the Puget Sound Health Care System; Tull, Matthew, MA, University of Massachusetts Boston; Roemer, Lizabeth, PhD, University of Massachusetts Boston

This study investigated fear of emotions and emotional expressivity in a sample of traumatized and non-traumatized men. Self-reported fear and expression of emotions were compared in 31 men reporting exposure to a potentially traumatizing event (PTE) and clinically significant symptoms of posttraumatic stress disorder (PTSD) and 40 men who reported no exposure to a PTE and who scored within the normal range on an assessment of PTSD symptoms. Eight men from the trauma group and six men from the non-trauma group also completed an experimental protocol in which they verbally responded to hypothetical social situations, prior to, and following a presentation of a negative emotional cue. Verbal responses to social situations were assessed and coded. The trauma group reported significantly greater fear of emotions and significantly less emotional expressiveness than the non-trauma group. In the experimental protocol, the trauma group used significantly less positive affect words during the initial situation compared to men in the non-trauma group; there were no differences in the use of negative affect words. Following the presentation of the rape scene, there were no differences in the verbal expression of positive affect. However, the trauma group used significantly fewer negative affect words than the non-trauma group.

T-33 **Track 4 (clin res)**

Switching PTSD Patients from Simvastatin to Pravastatin on Nefazodone

Johnson, Catherine, PharmD, William S. Middleton Veterans Memorial Hospital; Milhans, Sara, PharmD, William S. Middleton Veterans Memorial Hospital; Ahearn, Eileen, MD, PhD, William S. Middleton Veterans Memorial Hospital; Krohn, Amy, MD, William S. Middleton Veterans Memorial Hospital

Treatment refractory PTSD can be difficult to treat and finding the right medication class or adjunctive options can prove to be difficult. One option is the use of nefazodone. However, this choice may be complicated by it's potent inhibition of CYP 3A4. Combination of nefazodone and simvastatin can lead to an increase of blood levels of simvastatin by 20X, therefore increasing the chances of rhabdomyosis which is characterized by severe muscle pain/weakness. Patient's with PTSD can be more sensitive to pain issues which may lead to worsening of mood/PTSD symptoms. The purpose of this study is to examine what occurs to pain in patients with PTSD who are on concominant nefazodone/simvastatin and are changed to a non CYP 450 metabolized statin, pravastatin. Patients will be seen for follow-up at 4-6 weeks after switching statin agents in order to monitor cholesterol levels, liver enzymes, creatine kinase, and pain scores. They will continue to be followed for 3-6 months or until the cholesterol is under adequate control. This study is currently ongoing and plan for study completion in July 2004. Currently the data looks promising that patient's pain rating scales have decreased. Results will be available for presentation at ISTSS.

T-34 **Track 4 (clin res)**

Effects of PTSD Treatment on Veterans' Utilization of Health Services

Keyes, Megan, PhD, Atlanta VAMC, Center for Behavioral Neuroscience; Jovanovic, Tanja, PhD, Emory University School of Medicine, Atlanta VAMC, Center for Behavioral Neuroscience; Gordon-Brown, Vanessa, MD, Atlanta VA Medical Center; Shipherd, Jillian, PhD, VA Boston Healthcare System, National Center for PTSD, Boston University School of Medicine; Ready, David, PhD, Atlanta VA Medical Center; Baltzell, David, MD, Atlanta VA Medical Center; Duncan, Erica, MD, Emory University School of Medicine, Atlanta VA Medical Center, Center for Behavioral Neuroscience

Posttraumatic stress disorder (PTSD) is rapidly becoming one of the most common mental health disorders and is highly comorbid with physical illnesses. Compared to other anxiety disorders, PTSD accounts for the largest degree of health service utilization. However, few studies have examined whether PTSD treatment improves health. Using a retrospective chart review (N = 81), we analyzed the effects of the Atlanta VAMC PTSD group treatment program on health service utilization. We found that the use of non-psychiatric specialty clinic appointments decreased with treatment ($F(2,140) = 5.24, p<0.01$). We found that current world events impacted treatment outcome. We separated the patients into 3 subgroups: the first was treated immediately after the 9/11 terrorist attacks, the second was treated between January 2002 and March 2003, and the third began treatment after the declaration of war on Iraq in 2003. The first subgroup had higher pain ratings and primary-care appointments than the other subgroups throughout the study. Prior to treatment, the third subgroup had higher rates of ER visits, psychiatric hospitalizations, and specialty clinic appointments than the other subgroups; these group differences were not present after treatment. These results suggest that PTSD treatment delivered during the current Iraq war contributed to a decline in health service utilization.

T-35 **Track 4 (clin res)**

Traumatic Events and PTSD in Korean Inpatients with Schizophrenia

Kim, Daeho, MD, Department of Neuropsychiatry, Hanyang University and Guri Hospital; Lee, Gyeong-Woo, MD, Department of Neuropsychiatry, Hanyang University and Guri Hospital; Lee, Geyong-Ha, MD, Department of Neuropsychiatry, Hanyang University; Lee, Hae Won, MD, Department of Neuropsychiatry, Hanyang University and Guri Hospital; Choi, Joonho, MD, Department of Neuropsychiatry, Hanyang University and Guri Hospital

Objective: This study investigated the prevalence of traumatic events and posttraumatic stress disorder (PTSD) in an admission cohort of schizophrenic patients in Korea. The association of traumatic experience with symptoms was also assessed. Methods: The consecutive fifty-four inpa-

tients with SCID-I confirmed schizophrenia completed the Clinician-Administered PTSD Scale (CAPS), the Positive and Negative Syndrome Scale (PANSS), and Symptom Checklist-90-Revised. Results: Thirty-three patients (63%) had at least one traumatic event: e.g., child physical abuse (28%), life-threatening accidents (24%), child sexual abuse (6%), adult sexual assaults (6%). However, only one patient (2%) was diagnosed current PTSD. Patients with traumatic events, compared to those without any, demonstrated significantly higher scores on general psychopathology subscale of PANSS ($t = 2.8$, $df = 51$, $p = .007$) and Phobia subscale of SCL-90-R ($t = 2.2$, $df = 21.1$, $p = .042$). Conclusion: Low rate (2%) of PTSD found in this study is comparable to North American literature reporting 10-46% of PTSD within schizophrenic population. Absence of substance abuse or homelessness and low rate of sexual violence in these Korean patients may explain the discrepancy. The result from this study implies that schizophrenia per se may not be associated with increased prevalence in PTSD.

T-36 **Track 4 (clin res)**

Global Coding of Trauma Essays: Correlations with Health Outcomes

Klest, Bridget, MS, University of Oregon; Freyd, Jennifer, PhD, University of Oregon

Past research has demonstrated in a variety of contexts that writing about emotional topics can benefit physical health and general well being. Most of this prior research has used a computer program, but not global essay ratings, to assess what aspects of written essays might be associated with such benefits. Yet scoring rubrics are commonly used in the field of education to score global aspects of student writing. The current study used a sub-sample of essays from a larger research project on trauma, writing and health to develop a global rating rubric for essays about trauma based on rubrics used in education. The resulting rubric was reliably applied to participants' essays about trauma. Global ratings of the coherence or organization of participants' essays were correlated with improvements in physical and mental health measures at a six-month follow-up. Possible implications of these findings and future research directions are discussed.

T-37 **Track 4 (clin res)**

Does Stressor Type Affect Traumatic Memory Characteristics?

Krause, Elizabeth, PhD, Georgetown University; Stockton, Patricia, PhD, Georgetown University; Green, Bonnie, PhD, Georgetown University

This study examined the impact of unique stressor types on traumatic autobiographical memory while controlling for posttraumatic symptomatology. Participants were undergraduate women with a history of sexual trauma ($n = 73$), physical trauma without sexual trauma ($n = 84$), or traumatic bereavement only ($n = 31$). Four aspects of event memory were examined, including clarity, nonvisual sensory detail, affect, and reexperiencing. Groups were also compared on continuity of the traumatic memory. Event type was not associated with memory clarity. However, quality of the trauma did predict clarity among sexual trauma survivors such that sexual abuse survivors reported more event clarity than those having experienced a single sexual assault. Sexual trauma history tended to predict greater nonvisual sensory detail than traumatic bereavement. Compared to the physical trauma group, the sexual trauma and bereavement groups had significantly higher levels of affect and reexperiencing. Trauma type predicted continuity of event memory, with more survivors of sexual trauma than physical trauma or traumatic bereavement reporting a time when they had less or no memory of the event. While 25% of those who had a period of less or no event memory reported discussing the event in therapy, none of these participants reported recovering memories in treatment. Findings highlight the importance of considering stressor type when examining autobiographical memory for traumatic events.

T-38 **Track 4 (clin res)**

PTSD with and Without BPD Symptoms Among Low-Income Minority Women

Krause, Elizabeth, PhD, Georgetown University; Krupnick, Janice, PhD, Georgetown University; Green, Bonnie, PhD, Georgetown University; Miranda, Jeanne, PhD, University California at Los Angeles

The present study compared abuse characteristics, current functioning, and treatment experiences of two groups of women with a history of interpersonal violence: those with PTSD only ($N = 18$) and those with PTSD and borderline personality disorder characteristics (BPDC) (Full BPD criteria $N = 8$; partial BPD criteria $N = 10$). Participants included low-income, mostly minority women drawn from a larger treatment study of interpersonal psychotherapy (IPT) for PTSD. The groups did not differ in type (physical or sexual) or duration of childhood or adult violence exposure. However, the addition of BPDC was associated with earlier age of onset of childhood sexual abuse. Severity and frequency of PTSD symptom clusters were not affected by BPDC. However, an item analysis revealed that women with PTSD and BPDC were more likely to experience startle reactions. Consistent with studies of mostly Caucasian samples (e.g., Heffernan & Cloitre, 2000), low-income minority women with PTSD and BPDC scored higher on measures of dissociation and interpersonal problems, including interpersonal sensitivity, interpersonal ambivalence, aggression, and need for social approval. Preliminary analyses of treatment retention and response suggest that traumatized minority women with PTSD and BPDC are as likely as those with just PTSD to stay in and benefit from IPT for PTSD.

T-39 **Track 7 (practice)**

Effect of Childhood Social Support on Later Emergence of PTSD

Lauterbach, Dean, PhD, Eastern Michigan University; Koch, Ellen, PhD, Eastern Michigan University

Social support has been found to ameliorate the psychological effects of trauma exposure and buffer persons from development of PTSD. The purpose of this paper is to examine the buffering effect of three sources of social support: mother, father, and friends. This paper utilized data from the National Comorbidity Survey (NCS), a large ($n = 8{,}098$) nationally representative population survey assessing the Social support has been found to ameliorate the psychological effects of trauma exposure and buffer persons from development of PTSD. The purpose of this paper is to examine the buffering effect of three sources of social support: mother, father, and friends. This paper utilized data from the National Comorbidity Survey (NCS), a large ($n = 8{,}098$) nationally representative population survey assessing the prevalence of numerous DSM-III-R disorders. Persons with and without a lifetime history of PTSD were compared on levels of social support received prior to age 15. Persons with a history of PTSD reported that they received less support as children than those without PTSD. Most importantly, persons who developed PTSD after the age of 15 also reported lower levels of early childhood support. Elevations in three dimensions of parental relationships were consistently associated with PTSD: overall quality, feeling understood, and ability to confide. Two dimensions of peer support were associated with PTSD: perceived popularity and number of friends. Taken together, these data suggest a prospective buffering effect. The relative effectiveness of different types of support from these three sources will be discussed.

T-40 **Track 4 (clin res)**

Caregiver Burden and Distress in Partners of Veterans with PTSD

Manguno-Mire, Gina, PhD, Tulane University Health Sciences Center; Lyons, Judith, PhD, Jackson VAMC, South Central MIRECC, and University of Mississippi Medical Center; Sautter, Frederic, PhD, Tulane University Health Sciences Center and VA South Central MIRECC; Perry, Dana, MA, South Central MIRECC and University of Arkansas for Medical Sciences; Han, Xiaotong, MS, University of Arkansas for Medical Sciences; Landis, Ron, PhD, Tulane University; Sherman, Michelle, PhD, Oklahoma City VAMC, South Central MIRECC and University of Oklahoma Health Sciences Center; Sullivan, Greer, MD, MSPH, South Central MIRECC, University of Arkansas for Medical Sciences, Tulane University, RAND Corporation

Research examining the effects of posttraumatic stress disorder on family functioning demonstrates significant familial disruption, including increased relationship conflict, marital dissatisfaction, and decreased psychological adjustment of family members. A telephone survey, the Partner Experiences with PTSD survey (PEP), was developed to investigate factors related to psychological adjustment in intimate partners of veterans with PTSD. Eighty-nine Vietnam veterans in outpatient PTSD treatment and their cohabitating female partners were interviewed by telephone. High levels of psychological distress were reported by partners. Elevations on clinical scales were at or above the 90th percentile, indicating severe levels of psychological distress, depression (including recent suicidal ideation), anxiety, and somatic complaints. Analyses using multiple regression procedures indicated that caregiver burden and mental health treatment were significant predictors of global distress. An examination of variables related to increased caregiver burden was conducted and indicated that greater PTSD symptom severity and the level of threat posed by the veteran to the partners' emotional and physical well-being were related to increased burden. Findings will be discussed in light of related empirical studies and potential impact on marital/family intervention approaches to the treatment of PTSD.

T-41 **Track 4 (clin res)**

Fluoxetine in the Treatment of Combat-Related PTSD

Martenyi, Ferenc, MD, Eli Lilly Regional Medical Center; Basson, Bruce, MS, Eli Lilly Regional Medical Center

Efficacy and safety of fluoxetine (20-80 mg) was compared to placebo in a subgroup of 144 Serbian, Croatian and Bosnian veterans, diagnosed with combat-related PTSD from a 12-week acute plus 24-week relapse prevention blinded, randomized clinical trial in PTSD. The mean (SD) age of the patients was 36.23 (8.77) years, 6.44 (3.48) years after the traumatic event. Mean (SD) CAPS total scores were 78.73 (16.01) and 77.65 (13.36) in the fluoxetine and placebo groups respectively at baseline. Improvements favored fluoxetine treatment vs. placebo during the acute 12 weeks treatment in all disease-specific outcome measures (SE) : TOP-8 total score: - 9.05 (0.90) and -5.20 (1.23), p = 0.001, CAPS total scores: -31.12 (2.72) and -16.07 (4.23), p<0.001 respectively. Differences were also seen in CAPS subscores , DTS total scores, HAMA, MADRS, and the mental health component of the SF-36. Responders to the fluoxetine treatment were randomized into 24 weeks fluoxetine maintenance or placebo treatment arms (N = 31, both groups). Fluoxetine was superior to placebo in providing sustained improvement as measured by the TOP-8 [-1.01 (0.91) and 1.56 (0.95)] as well CAPS [-4.93 (3.54) and 5.48 (3.66)] respectively. The risk of relapse in placebo arm was significantly higher compared to the fluoxetine (log-rank test ÷ 2 = 4.090 df = 1, p = 0.043). Fluoxetine was well tolerated. Mean daily dose after 6 weeks was 65 mg.

T-42 **Track 4 (clin res)**

Open Trial of CBT for the Treatment of PTSD in Vietnam Veterans

McCaslin-Rodrigo, Shannon, PhD, The University of California, San Francisco; Best, Suzanne, PhD, The University of California, San Francisco; Mohr, David, PhD, The University of California, San Francisco; Franklin, Kristin, PhD, San Francisco VA Medical Center; Otte, Christian, MD, The University of California, San Francisco; Marmar, Charles, MD, The University of California, San Francisco

Vietnam combat veterans receiving treatment for PTSD show relatively poor treatment outcomes and have proven to be a particularly chronic and difficult to treat population. Despite its demonstrated efficacy for treating PTSD, direct therapeutic exposure (DTE) is seldom used in individual treatment with Vietnam veterans. Among the reasons cited are patients' excessive reactivity to traumatic memories, inability to tolerate intense levels of arousal, and the presence of comorbid conditions. This study aimed to; 1) to develop a manual to effectively treat chronic PTSD in this population using an exposure based individual treatment, and 2) to test this manual in an open trial of 10 Vietnam veterans with war-zone related PTSD. The two-phase manual flexibly integrates a first phase of skills training, expected to maximize the veteran's capacity to tolerate the frequently intense levels of emotion induced during exposure-based treatment, and a second phase of DTE. The manual has been developed and is currently being tested. An outline of the manual will be presented along with preliminary results of the treatment's effectiveness. If found to be effective, the manual developed for this study will provide mental health practitioners with an alternative treatment option for this historically difficult to treat population.

T-43 **Track 4 (clin res)**

Sexual Assault Narratives, Memory Characteristics, and Outcome

Mennuti-Washburn, Jean, BA, Emory University; Bohanek, Jennifer, MA, Emory University; Fivush, Robyn, PhD, Emory University; Koss, Mary, PhD, University of Arizona

The majority of women experiencing sexual assault display symptoms of post-traumatic stress that normally dissipate over time. In this study, we assessed if and how memory of the assault relates to symptom outcome both concurrently and over time. We compared narratives of 22 mostly white women between the ages of 18 and 57 years both within 3 months of the sexual assault (Time 1) and 2 years later (Time 2), and compared the narrative content and structure to their subjective ratings of their memory (using the Memory Characteristics Questionnaire) and PTSD symptoms. Over time, women rated their memories as more vague, and their actual narratives included fewer expressions of re-experiencing, less sensory detail, and less clarity overall. Importantly, neither women's rating of affect nor their affective narrative content changed over time, remaining high and vivid. There were no relations between memory and PTSD at Time 1, but women who expressed more positive emotion in their narratives at both time points reported fewer PTSD symptoms at Time 2, and women who included more sensory detail in their Time 2 narratives reported higher PTSD symptoms. Methodological implications for studying trauma memory and implications for intervention are discussed.

T-44 **Track 4 (clin res)**

Narratives of 9/11 and Long-Term Well-Being

Miner, Christina, BA, Emory University

Research has shown that expressive writing is an effective therapeutic tool in coping with trauma. As traumatic memories are oftentimes fragmented and largely sensory, it has been theorized that it is the organization of the traumatic memory into an integrated, narrative framework that promotes coping and well-being. Thus, an individual's ability to create coherent, organized narratives of traumatic events should be related to better post-traumatic outcome, exemplified as decreased posttraumatic stress and increased posttraumatic growth. In this study, relations between narratives and posttraumatic outcomes to the events of 9/11 were assessed. Undergraduate student participants engaged in five days of expressive writing about their deepest thoughts and feeling concerning the events of 9/11 within 2 months of the event. Narratives were scored on structural, emotional, and cognitive dimensions. Six months later, posttraumatic stress and posttraumatic growth were assessed. Effects of several individual difference variables were also examined, including social proximity to the event, prior trauma exposure, and attachment status. Relations between the narrative dimensions, personal outcomes, and individual difference variables were examined. Preliminary analyses support the hypothesis that more coherent and more emotionally integrated narratives are related to lower levels of posttraumatic stress and higher levels of posttraumatic growth.

T-45 **Track 4 (clin res)**

Trauma in Couples: A Qualitative Study of Interpersonal Relationships

Nelson Goff, Briana, PhD, Kansas State University

Much of the literature on trauma and traumatic stress focuses on the individual, without an empirical description of the systemic impact of trauma. The couple relationship provides a unique context for examining the interpersonal or systemic impact of trauma and understanding how exposure to traumatic events and posttraumatic responses can impact both the primary trauma survivor, the spouse/partner of the trauma survivor, and the interpersonal dynamics of the relationships of trauma survivors. This poster presents data from research examining the effects of trauma on the couple relationship. A mixed method design, including separate qualitative interviews with each partner in 8 couples, was used to identify individual trauma symptoms, levels of relationship satisfaction, and other variables related to the impact of previous trauma on each individual and on the couple's relationship and interpersonal functioning. The qualitative analysis focused on extracting central themes and descriptions from each participant, particularly focusing on the secondary and interpersonal mechanisms of trauma in couples. Results suggest that previous trauma can negatively impact the partners of trauma survivors and the couple relationship. The participants' responses and themes will be presented and implications for clinicians and researchers will be explored.

T-46 **Track 4 (clin res)**

Guanfacine Augmentation Does Not Improve Symptoms of PTSD

Neylan, Thomas, MD, University of California, San Francisco and the San Francisco Department of Veterans Affairs Medical Center; Lenoci, Maryann, MA, San Francisco Department of Veterans Affairs Medical Center; Franklin, Kristin, PhD, San Francisco Dept of Veterans Affairs Medical Center; Metzler, Thomas, MA, University of California, San Francisco and the San Francisco Department of Veterans Affairs Medical Center; Henn-Haase, Clare, PsyD, University of California, San Francisco and the San Francisco Department of Veterans Affairs Medical Center; Schoenfeld, Frank, MD, University of California, San Francisco and the San Francisco Department of Veterans Affairs Medical Center; Marmar, Charles, MD, University of California, San Francisco and the San Francisco Department of Veterans Affairs Medical Center

A small number of open label studies have suggested that the alpha 2 agonists, clonidine and guanfacine, may be useful in the treatment of Posttraumatic Stress Disorder (PTSD). We report the results of an 8-week double-blind randomized controlled trial of guanfacine augmentation versus placebo preceded by a single-blind 1-week placebo lead-in. Male and female veteran subjects with chronic PTSD who were medication-free or on a stable regimen of pharmacotherapy were randomized to guanfacine augmentation (N = 29) versus placebo (N = 34). Guanfacine augmentation for

eight weeks had no effect on improving PTSD symptoms, subjective sleep quality, or general mood disturbances. Guanfacine augmentation was associated with a number of adverse effects. These results do not confirm the utility of using an alpha 2 agonist in the treatment of chronic PTSD.

T-47 **Track 4 (clin res)**

The Role of Attributions in PTSD Symptom Severity and Alcohol Use

Pai, Anushka, BA, University of Pennsylvania; Riggs, David, PhD, University of Pennsylvania; Volpicelli, Joseph, MD, University of Pennsylvania; Imms, Patricia, RN, University of Pennsylvania; Foa, Edna, PhD, University of Pennsylvania

In the present paper, we examine the relationships among attributions and PTSD symptom severity and alcohol use in a sample being treated for both PTSD and alcohol dependence. Patients all received supportive counseling for their alcohol problem and were randomly assigned to receive naltrexone or a placebo. In addition, half were randomly assigned to receive prolonged exposure (PE) for PTSD. Analyses suggest a complicated relationship among specific attributions and symptoms. Results indicate that the degree to which the participants blamed chance or themselves for the trauma was negatively related to their alcohol use. Whereas the degree to which the patients blamed other people was associated with more severe PTSD symptoms, the degree to which they blamed environmental factors was associated with less severe PTSD. Finally, the degree to which the patients blamed the perpetrator was positively related to alcohol use and negatively related to PTSD severity. Analyses also indicate that the belief that PTSD symptoms occurred as a result of the overwhelming stress of the trauma was related to more severe PTSD at baseline and improvement of PTSD symptoms over treatment. The implications of these results will be discussed.

T-48 **Track 4 (clin res)**

Group Intervention for Complicated Grief in Vietnam Era Veterans

Pivar, Ilona, PhD, National Center for PTSD; Syslo, Alan, LCSW, Veterans Administration, Palo Alto Health Care System; Baker, Claudia, LCSW, US State Department Consular Corps; Ruzek, Josef, PhD, National Center for PTSD

Complicated grief resulting from loss of friends during combat was diagnosed as a separate distress syndrome from PTSD and depression in 70% of a sample of veterans admitted to the National Center for PTSD, Menlo Park, California (Pivar, 2000). In an effort to develop a model for an outpatient group intervention, veterans diagnosed with PTSD were screened and recruited at the San Jose, Ca. VA PCT Clinic 2001-2004. Measures of grief (Inventory of Complicated Grief Revised (ICG-R), depression (BDI), PTSD (SPTSS) were administered before, at the conclusion and 3 months post group. Group sessions included psycho-education about complicated grief, identifying treatment goals, examining the contribution of guilt and anger, coping strategies, recall of positive memories of the deceased, exposure through telling the story of the loss, cognitive restructuring, and ritual closing. While data continues to be collected, a review of 13 subjects indicates that 10 veterans experienced significant decreases in results of the ICG-R, SPTSS and BDI, and maintained gains after 3 months. Final results will be discussed, including differences between veterans able to benefit from the intervention vs. those whose symptoms increased.

T-49 **Track 4 (clin res)**

Emotion Cue Perception and Risk of Adult Sexual Assault

Polusny, Melissa, PhD, Minneapolis VA Medical Center and University of Minnesota Medical School; Erbes, Christopher, PhD, Minneapolis VA Medical Center; Felde, Anne, MD, Minneapolis VA Medical Center; Tyrell, Bridget, BA, Minneapolis VA Medical Center

Although substantial research has documented that women with a history of childhood sexual abuse (CSA) are at increased risk for adult sexual assault (Messman-Moore & Long, 2003; Polusny & Follette, 1994), mechanisms explaining this phenomenon remain unclear. CSA has been associated with impairments in regulating emotions as well as recognizing and describing emotions in self and others that may increase risk for sexual revictimization (Cloitre, 1998). The present study examines deficits in the ability to recognize facial expressions of emotions as a potential risk factor for sexual revictimization. Data from 60 female veterans (20 women with history of sexual revictimization, 20 women with history of adult sexual victimization only, and 20 women with no sexual victimization history) who complete a behavioral analogue assessment task will be presented. Participants' emotion cue perception skills will be assessed using the Japanese and Caucasian Facial Expressions of Emotion and Neutral Faces (Matsumoto & Ekman, 1989). Results from multivariate analyses comparing differences across groups on emotion cue perception and self-report measures of psychopathology (PTSD symptoms, depression, alcohol abuse) and emotional functioning (alexithymia, emotional expressivity, and emotional avoidance) will be reported. Implications of these findings for the development of more effective interventions for preventing acquaintance rape will be discussed.

T-50 **Track 4 (clin res)**

The Role of Affect Control in PTSD Treatment Outcomes

Price, Jennifer, PhD, Department of Veterans Affairs National Center for PTSD, Dartmouth Medical School; Monson, Candice, PhD, Department of Veterans Affairs National Center for PTSD, Dartmouth Medical School; Callahan, Kelley, MA, Department of Veterans Affairs National Center for PTSD, Dartmouth Medical School; Rodriguez, Benjamin, PhD, Southern Illinois University at Carbondale

Deficits in emotional functioning are evident in post-traumatic stress disorder (PTSD), though their role in treatment outcomes is not well understood. This study investigated the relationships among measures of emotional functioning and PTSD symptomatology within veterans receiving specialized treatment for military-related PTSD (N = 74). Bivariate analyses revealed considerable overlap among emotion variables and PTSD symptoms at pre-treatment. In regression analyses including all the emotional variables depression was the most predictive of PTSD symptoms, although affect control approached significance as a predictor of total PTSD. To examine the relationships among pre- and post-treatment measures of emotional functioning, depression, anxiety, and PTSD, residual change scores were calculated. Bivariate analyses of the residual change scores showed that improvements in affect control were significantly associated with improvements in depression and PTSD across treatment. Regression analyses including all the emotion variable residual change scores as predictors of changes in PTSD revealed that improvements in depression most strongly predicted PTSD symptoms, with affect control improvements approaching significance in predicting hyperarousal symptoms. Treatment implications regarding the influence of emotional functioning in PTSD are discussed. Future research directions are offered, including improved measurement of emotional functioning and longitudinal research delineating the potentially bi-directional relationship between emotional functioning and PTSD.

T-51 **Track 4 (clin res)**

Health Care Utilization in Peacekeepers with PTSD

Richardson, Donald, MD, FRCPC, Psychiatrist Parkwood Operational Stress Clinic, University of Western Ontario; Busse, Jason, CMCC, The Department of Clinical Epidemiology and Biostatistics, The Master University; Ray, Susan, BScN M, Parkwood Operational Stress Injury Clinic, University of Western Ontario; Creamer, Mark, PhD, Professor/Director Australian Centre for Posttraumatic Mental Health

Post-Traumatic Stress Disorder (PTSD) is one of the significant psychiatric conditions resulting from exposure to trauma such as peacekeeping. It has been demonstrated that individuals suffering from PTSD demonstrate increase health care utilization. This study will examine a random sample of 817 male veterans; 385 who have participated in UN and NATO peace-enforcement and humanitarian missions from 1990 to 1999 and 432 male veterans who served in the Canadian Forces during the same time period but who were not deployed. In this sample the rate of probable PTSD (PCL = 50) was 11.1%. A clinically significant PTSD score (PCL = 50) was associated with a greater number of reported health problems (OR = 1.32 [95% CI = 1.09 – 1.59]) and medication use (OR = 1.14 [95% CI = 1.02 – 1.26]), higher annual attendance to a general practitioner (OR = 1.07 [95% CI = 1.02 – 1.13]) and to a psychologist, social worker or counselor (OR = 1.06 [95% CI = 1.01 – 1.12]).

T-52 **Track 4 (clin res)**

Treating Co-morbid PTSD and Alcohol Dependence: Early Symptom Changes

Riggs, David, PhD, University of Pennsylvania; Pai, Anushka, BA, University of Pennsylvania; Volpicelli, Joseph, MD, University of Pennsylvania; Imms, Patricia, RN, University of Pennsylvania; Foa, Edna, PhD, University of Pennsylvania

In the present study, we examine early (within one month of initiating treatment) changes in symptoms of PTSD, cravings for alcohol and alcohol use

in patients participating in a study of concurrent treatment for PTSD and alcohol dependence. Patients all received supportive counseling to help maintain sobriety and half were randomly assigned to receive naltrexone and half to a placebo condition. In addition, half were randomly assigned to receive prolonged exposure (PE) for PTSD and half did not. In the present paper, we examine early changes in symptoms as well as the consistency of treatment gains across measures. Results indicate that all groups experienced significant reductions in PTSD symptoms, alcohol use and cravings, but that the reductions in PTSD and cravings were larger in patients who received PE. Further, PTSD symptom reductions observed in patients treated without PE were not consistent across symptom clusters (reexperiencing, avoidance, arousal). In contrast, the group of patients treated with PE showed consistent gains across the three symptom clusters. Further, the patients reported reductions in alcohol cravings were differentially related to PTSD symptom changes across the treatment groups. The treatment implications of these results will be discussed.

T-54 **Track 4 (clin res)**

Treatment Received by Female PTSD Patients with Sexual Trauma History

Rodriguez, Benjamin, PhD, Southern Illinois University at Carbondale; Rosenberger, Susan, MA, Southern Illinois University at Carbondale; Maki, Kristin, PhD, Brown University Medical School; Weisberg, Risa, PhD, Brown University Medical School; Pagano, Maria, PhD, Brown University Medical School; Culpepper, Larry, MD, Boston University School of Medicine; Keller, Martin, MD, Brown University Medical School

Sexual victimization places women at high risk for developing PTSD. While research suggests that sustained treatment reduces PTSD symptoms and improves mental health outcomes, studies show few patients with PTSD actually enter or remain in treatment. Those who do often fail to receive treatments with empirical support. Because sexual victimization and PTSD are both serious mental health concerns, it is important to better understand factors related to treatment-seeking in this population, as well as the nature of treatments received. The present study examines these questions using a sample of female primary care patients diagnosed with PTSD having histories of sexual trauma enrolled in a longitudinal study of anxiety disorders. Participants were recruited from primary care practices located in both urban and rural settings, permitting comparisons between the treatment patterns in these areas. Specific analyses will describe the characteristics of both psychopharmacologic and psychosocial treatments received, as well as demographic and clinical characteristics predictive of receiving treatment. For those women not in treatment, self-reported reasons for not engaging in treatment will also be examined.

T-55 **Track 8 (disaster)**

Effects of Emotional Engagement and Habituation on Exposure Therapy for PTSD

Rubenstein, Amy, PhD, Weill Cornell Medical College, New York Presbyterian Hospital

Exposure therapy is now considered the first line of treatment for Post Traumatic Stress Disorder (PTSD) (Foa, Davidson, & Frances, 1999). Over the past decade, many studies have illustrated its effectiveness in treating patients with PTSD (Boudewyns & Hyer, 1990; Cooper & Clum, 1989; Foa et al., 1999; Marks, Lovell, Noshirvani, Livanou, & Thrasher, 1998; Tarrier et al., 1999). More recently, trauma theorists have explored uncovering how and why exposure therapy is so effective. Compelling arguments have been made that two process variables, emotional engagement and habituation, mediate successful outcome of exposure therapy (Jaycox, Foa, & Morral, 1998; van Minnen & Hagenaars, 2002). However, to date, there have been few studies that explore this. The present investigation will examine the effects of emotional engagement and habituation on exposure therapy for PTSD in a sample of trauma patients. It was hypothesized that 1) emotional engagement at the beginning of exposure therapy will predict a decrease in PTSD symptoms over the course of treatment, and 2) habituation across sessions will predict a decrease in PTSD symptoms over the course of treatment. Eighteen adults diagnosed with PTSD received cognitive-behavioral that involved reliving their trauma, and rated their distress at 5-minute intervals (SUDS). Significant improvement on all PTSD measures was found at the end of treatment. The results suggest that emotional engagement and habituation during exposure therapy is important for treatment success. Consistent relationships between SUDS levels and measures for PTSD and depression outcome scores exist for all types of sessions (first session, mean across 4 sessions, and final session). SUDS levels during the first exposure session appear to the most predictive based on Cohens medium effect size (.3 or better). The higher the level of emotional engagement and habituation in the first session, the lower the symptom levels at outcome.

T-56 **Track 4 (clin res)**

Predicting Partner Treatment Engagement

Sautter, Frederic, PhD, Tulane University Health Sciences Center; Sherman, Michelle, PhD, Oklahoma City VAMC, South Central MIRECC, & University of Oklahoma Health Sciences Center; Lyons, Judith, PhD, Jackson VAMC, South Central MIRECC, and University of Mississippi Medical Center; Perry, Dana, MA, South Central MIRECC and University of Arkansas for Medical Sciences; Manguno-Mire, Gina, PhD, Tulane University Health Sciences Center; Roca, Vincent, PhD, Central Arkansas Veterans Healthcare System; Han, Xiaotong, MS, University of Arkansas for Medical Sciences; Sullivan, Greer, MD, MSPH, South Central MIRECC, University of Arkansas for Medical Sciences, Tulane University, RAND Corporation

There have not been any investigations of factors that predict the engagement of a PTSD patients' partner in their PTSD treatment, nor have there been sufficient studies of the treatment needs of partners of PTSD patients. The South Central MIRECC PTSD Family Phone Survey was conducted to address those gaps in our knowledge of PTSD. Eighty-nine male Vietnam theater combat veterans, and their cohabitating female partners, were recruited from outpatient PTSD programs at the New Orleans VA Medical Center, and the Jackson (Mississippi) VA Medical Center. Veterans were invited to participate if they had a chart diagnosis of PTSD, received a service-connected disability for PTSD from the Department of Veterans Affairs, and had four PTSD outpatient visits in the last 12 months. PTSD patients were administered the Patient PTSD Survey (PPS), and the Partner Experiences with PTSD (PEP) was administered to partners. Significant predictors of partner treatment engagement were income, amount of patient-partner contact, caregiver burden, and partner education. Income was negatively associated with partner treatment engagement. The partners' desire to become engaged in mental health treatment was associated with their psychological distress, caregiver burden, and their perceptions of threat. Partner treatment needs will be identified and discussed.

T-57 **Track 4 (clin res)**

Quality of Life in Trauma Survivors and its Predictors

Schorr, Yonit, MA, University of Massachusetts, Boston; Roemer, Lizabeth, PhD, University of Massachusetts, Boston

While there is little dispute that exposure to traumatic events can cause considerable distress, there are also indications that many individuals survive such events and manage to lead fulfilling and successful lives in spite of their experience (Bonanno, 2004). The extensive trauma literature to date has largely focused on the presence or absence of trauma-related symptoms, while generally failing to assess the degree to which these experiences and symptoms impact the individual's day-to-day functioning and quality of life. The current study explores the quality of life reported by trauma survivors and its relationship to PTSD, as well as the role of a person's cognitive responses to the event as predictors of quality of life. Three hundred participants from an urban commuter campus completed a series of questionnaires that included the Traumatic Events Assessment (a shortened version of the Traumatic Events Questionnaire, Vrana & Lauterbach, 1994), Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q; Endicott et al., 1993) the PTSD Checklist (Weathers et al., 1993), the Posttraumatic Cognitions Inventory (Foa et al., 1999), the Posttraumatic Growth Inventory (Tedeschi and Calhoun, 1996), and a rationally derived measure of meaning-making based on scales used by Silver, Boon, & Stones (1983). Research and clinical implications of the findings will be discussed.

T-58 **Track 4 (clin res)**

Differential Symptom Patterns in Rape Victims

Sharma, Komal, MA, St. John's University; Brown, Elissa, PhD, New York University School of Medicine; Heimberg, Richard, PhD, Temple University

Many researchers have reported mental health problems among survivors of rape, including PTSD and depression. Data indicate that in addition to objective factors related to the rapes, subjective factors such as cognitive processing of the event contribute significantly to the magnitude of mental health problems. Measurement of subjective characteristics of stressful life events has been accomplished using narratives. In spite of the fact that narratives are such a prevalent aspect of rape-related therapies, this methodol-

ogy has not been utilized to assess the subjective experience of rape survivors. Additionally, the focus on PTSD and depression has resulted in a lack of knowledge of rape-related social anxiety, common among survivors, but rarely studied. The goal of the proposed presentation is to evaluate the relative variance accounted for in rape-related symptoms of PTSD, depression, and social anxiety by objective and subjective characteristics of the rape. Eighty-five women who reported experiencing attempted or completed rape participated in evaluations of rape characteristics and mental health symptoms, and a writing task about the rape. Preliminary correlation coefficients indicate significant relations among objective and subjective variables, and symptom severity. Regression analyses will explore how characteristics of the rape and narratives correlate with rape sequelae, indicating different patterns across symptomatology.

T-59 **Track 4 (clin res)**

Risk Recognition and Psychopathology in Victims of Sexual Assault

Soler-Baillo, Jose, MA, Temple University; Marx, Brian, PhD, Temple University

Research suggests that as many as 43 to 89% of women who have had experiences that qualify as sexual assault do not acknowledge these experiences as sexual assault. Investigators have found that acknowledged and unacknowledged sexual assault victims may differ in significant ways. Layman, Gidycz, and Lynn (1996), for example, have found that recognizing an experience as rape is associated with more PTSD symptomotology and greater overall maladjustment. However, while the acknowledgement of sexual assault may be associated with more negative consequences, not acknowledging a sexual assault experience may prevent some individuals from recognizing potential sexual threat cues in subsequent situations, which may increase their vulnerability of being re-assaulted. The present study investigates differences in risk recognition between acknowledged and unacknowledged victims of sexual assault, as well as a control sample of nonvictims, using an experimental date rape analogue (Marx & Gross, 1995). Additionally, the three victim status groups will be compared on measures of depression (BDI) anxiety (BAI, PDS). Preliminary results indicate that unacknowledged victims of sexual assault are delayed in detecting risk when compared to acknowledged victims and nonvictims, while acknowledged sexual assault victims report greater overall symptomotology.

T-60 **Track 4 (clin res)**

Childhood Abuse, Interpersonal Resource Loss, and Risk for HIV

Stines, Lisa, MA, Kent State University and Medical University of South Carolina; Schumm, Jeremiah, MA, Kent State University and Boston VA Healthcare System, National Center for PTSD; Hobfoll, Stevan, PhD, Kent State University/Summa Center for the Treatment and Study of Traumatic Stress

Research indicates that childhood sexual abuse (CSA) leads to greater risk for HIV in adulthood. However, the mechanisms through which abuse impacts risk are unclear. Further, few studies have examined whether childhood physical abuse (CPA) may also place women at greater risk. The present study investigated the relationship between abuse variables and high-risk relationship factors (e.g., sexual relationships with men who have multiple partners, men who have sex with other men). Interpersonal resource loss may mediate the relationships between abuse and risk, such that women may become vulnerable to entering into high-risk relationships. Participants were 686 inner city women interviewed prior to their enrollment into a larger HIV prevention study. CSA, but not CPA, significantly and positively predicted number of partner risk factors. Interpersonal loss significantly mediated the impact of CPA but not CSA, such that CPA predicted higher interpersonal loss, which in turn, predicted a higher number of partner risk factors. Results suggest that CSA directly produces specific vulnerabilities by placing women in relationships with high-risk partners. In contrast, the impact of CPA is indirect, in that CPA produces long term deficits within women's interpersonal resources, which in turn increases women's risk of engaging with high-risk partners.

T-61 **Track 4 (clin res)**

Quetiapine Reduces Persistent Anxiety in Depressed Patients

Targum, Steven, MD, PharmaStar; Hassman, Howard, DO, CNS Research Institute, Clementon, NJ; Bastani, Bijan, MD, NorthCoast Clinical Trials, Beachwood, Ohio; Ramirez, Luis, MD, NorthCoast Clinical Trials, Beachwood, Ohio; Bari, Mohammed, MD, Synergy Clinical Research, Chula Vista, California

The anxiolytic efficacy and safety of adjunctive quetiapine added to stable doses of selective serotonin reuptake inhibitors (SSRIs) were evaluated in patients with major depressive disorder (MDD) and persistent anxiety. In a 4-week open-label trial, quetiapine was initiated at 25 mg on day 1, increased to 50 mg on day 2, then adjusted based on clinical response. The antidepressant (SSRI or venlafaxine) doses remained unchanged. Ratings included the Hamilton Anxiety (HAM-A), Hamilton Depression (HAM-D), Zung Anxiety, and Clinical Global Impression-Severity of Illness (CGI-S) scales and Pittsburgh Sleep Quality Index (PSQI). Extrapyramidal symptoms (EPS) were assessed by the Barnes Akathisia Scale and Simpson-Angus Scale. Twenty-one patients were enrolled. The mean quetiapine dose was 105 ± 65.6 mg/d (range, 25–300), with stable doses achieved between weeks 1 and 2. Mean scores improved significantly on the HAM-A, HAM-D, Zung Anxiety, and CGI-S scales and the PSQI (all, $P<0.001$). Five patients withdrew in week 1. Of the remaining 16 patients, 15 had >50% improvement in HAM-A scores. Transient sedation occurred in 10 patients. There were no reports of EPS. This study, although limited by its open-label design, suggests that adjunctive quetiapine can reduce persistent anxiety in adults with MDD on stable antidepressant therapy.

T-62 **Track 4 (clin res)**

Effects of Partner/Nonpartner Sexual Assault on Women's Mental Health

Temple, Jeff, MA, University of North Texas; Rodriguez, Benjamin, PhD, Southern Illinois University; Weston, Rebecca, PhD, Southern Illinois University; Marshall, Linda, PhD, University of North Texas

Although a great deal of research exists on sexual aggression, associated trauma, and adverse health outcomes, most studies have focused on stranger or acquaintance rape rather than victimization perpetrated by partners. When sexual aggression occurs in the context of an ongoing relationship, women have to cope not only with the assault, but also their continued relationship with the abuser. This may be one reason partner rape is considered more traumatic than stranger rape. In this study, the effects of current partners' sexual aggression, past partners' rape and stranger rape on women's mental health (i.e., PTSD symptoms, dissociative symptoms, and perceived stress) were examined. The 835 participants were low-income African-American (39.1%), Euro-American (29.9%) and Mexican American (31.0%) women in a long-term heterosexual relationship. Multiple regression analyses indicated current partners' sexual aggression was more important than past partners' rape as a predictor of women's PTSD and dissociative symptoms and perceived stress over the past six months. However, both current and past partner aggression were significant. Stranger rape, on the other hand, was only associated with PTSD symptoms. Implications for practice and research will be discussed.

T-63 **Track 4 (clin res)**

Interpersonal Violence in Women With and Without PTSD

Tompson, Whitney, BA, Duke University Medical Center; Feldman, Michelle, BS, Durham VA Medical Center; Malesky, L., PhD, University of Massachusetts Medical School; Beckham, Jean, PhD, Duke University and Durham VA Medical Centers

Although increased interpersonal violence among male veterans with PTSD is well-documented, one area that has not been studied is interpersonal violence among women with PTSD. In the present study, thirty-seven veteran and non-veteran women (20 PTSD, 17 non-PTSD) and their spouses or partners completed questionnaires regarding the number of violent acts committed by themselves and their partners when they had had a dispute with those partners in the last year. Consistent with previous research, women with PTSD self-reported a greater number of interpersonally violent acts than women without PTSD. Male spouses of women with PTSD corroborated this higher rate of interpersonal violence in their partners. New information was also revealed in the male spouses of women with PTSD. These male spouses reported (and women with PTSD corroborated) higher levels of interpersonal violence than male partners of women without PTSD. These data support previous empirical findings in men with PTSD, but

extend these findings by suggesting that both women with PTSD and their male partners have increased interpersonal violence in their relationships with others. Implications of these findings will be discussed.

T-64 **Track 4 (clin res)**

Readiness to Change PTSD and Substance Use Among the Opioid Dependent

Triffleman, Elisa, MD, The Public Health Institute; Yale University School of Medicine

PTSD and substance use disorders (SUDs) frequently co-occur. The University of Rhode Island Change Assessment Scale (URICA) was administered to assess subjects' baseline willingness to change SUDs and PTSD. Methods: Participants were recruited from an outpatient opiate treatment clinic during a research trial examining PTSD psychotherapy in addiction. Inclusion criteria were ability to read English at a 5th grade level, a Mini-Mental Status Exam score> 26. Preliminary results: N = 107; 57% female; 49% African-American, 32% white, 11% Hispanic. Mean age: 43 yrs old. Current CAPS severity: 46.7+ 29.1. Current CAPS PTSD: 44%. Stages of change on the SUDs and PTSD URICA: 0-2% in precontemplation; 77-78% in contemplation; 15-6% in action; 6-8% in maintenance. Not surprisingly, correlations between the SUDs and PTSD URICA scores were observed within the same stage of change and on the readiness composite score (r's = 0.352-538, p's<.001). However, current PTSD diagnosis was associated with higher PTSD URICA readiness to change composite scores (t = 2.81, p<.01). Low but significant correlations (r = .27-.29, p<.005) were observed between current CAPS severity and PTSD URICA scores. There were no associations between SUDS URICA indices and current CAPS PTSD indices. Other measures of concurrent validity for the SUDs and the PTSD URICAs, psychometric indices, and results of cluster analyses will be presented.

T-65 **Track 4 (clin res)**

The Importance of Spiritual Factors for Survivors of Child Sexual Abuse

Vardy, Gerard, DMin, Saint Paul University Ottawa, Canada; Gall, Terry, PhD, Saint Paul University; Scott, Maizete, MA, Saint Paul University; Basque, Viola, MA, Saint Paul University; Tachie, Felix, MA, Saint Paul University

This research investigated the role of spiritual factors in the current lives of adult survivors of childhood sexual abuse. Specifically, relationships between the spiritual factors of meaning (e.g., self-transcendence) and relationship with God, and the current emotional function of CSA survivors were explored. For our study, 56 adult survivors of CSA completed questionnaires on demographic data, history of child sexual abuse, personal meaning making (e.g. self-acceptance) and current emotional functioning (e.g., depression). Results showed that spiritual factors were related to emotional functioning. For example, meaning making in relation to self-transcendence and a benevolent relationship with God were related to lower levels of depression. The results indicate that the processes of meaning making and spiritual support may serve as resources that may buffer the traumatic effect of CSA in adulthood.

T-66 **Track 4 (clin res)**

Posttraumatic Stress and Suicide Ideation Among Police Officers

Violanti, John, PhD, University of New York at Buffalo, NY

Police officers are exposed to events in their work which may be considered traumatic in nature. Examples are shootings, witnessing death, dealing with abused children, and responding to natural and human initiated disasters. As a result, it is estimated that approximately 20% of police officers experience symptoms of Posttraumatic Stress Disorder (PTSD). Epidemiological research has also demonstrated that the police occupation has an elevated completed suicide risk when compared to reference populations. To date, however, little work has been attempted to link possible suicide precipitants related to policing. Such information could be helpful in prevention efforts. This pilot study seeks to examine the empirical association between PTSD and suicide ideation among police officers. It is hypothesized that increased levels of PTSD are associated with an increased risk of suicide ideation, which in turn may increase the eventual risk for completed suicide.

T-67 **Track 4 (clin res)**

Child Abuse and PTSD: The Role of Social Support and Social Conflict

Vranceanu, Ana-Maria, MA, Kent State University; Hobfoll, Stevan, PhD, Kent State University

We propose two pathways through which child abuse (CA) can lead to Post Traumatic Stress Disorder (PTSD) in adulthood, which we test comprehensively, within a single prospective model. First, a mediation/exposure model is proposed, testing that CA will lead to a deterioration of social support and increased social conflict in adulthood, which, in turn, will lead to PTSD. Second, a moderation/reactivity model is proposed, testing that CA will sensitize survivors making them more reactive to social conflict and social support in adulthood, which, in turn, will lead to PTSD. Participants were an ethnically diverse sample of women (N = 200) recruited from two clinics serving low-income women in Akron, Ohio. Path analyses (Lisrel 8.5) showed that CA was significantly predictive of PTSD, decreases social support and increased social conflict in adulthood. The Goodman I Sobel test provided evidence that social support and social conflict significantly mediated the association between CA and PTSD (t = 2.30, p = .02 for support, and t = 2.18, p = .02 for social conflict). However, social support and conflict were not supported as moderators of the association between CA and PTSD. Implications for interventions will be extensively addressed.

T-68 **Track 4 (clin res)**

Trauma Type, Personality, and Psychiatric Functioning

Walsh, Kate, National Center for PTSD-VA Boston Healthcare System; Prestel, Rebecca, National Center for PTSD; Niles, Barbara, PhD, National Center for PTSD; Miller, Mark, PhD, National Center for PTSD

Exposure to trauma may differentially impact psychiatric functioning depending on trauma characteristics. This study examined the relationship between interpersonal versus non-interpersonal traumatic experiences, personality variables, and psychiatric functioning in 91 treatment-seeking combat veterans (mean age = 52.6; 67% Caucasian). Participants completed the Multidimensional Personality Questionnaire (MPQ), the Life Events Checklist (LEC), the Beck Depression Inventory (BDI), the Beck Anxiety Inventory (BAI), the PTSD Checklist (PCL), the Clinician Administered PTSD Scale for DSM-IV (CAPS) and the Mississippi Scale (MISS). Results indicated that interpersonal traumas, as assessed by the LEC, were more strongly associated with lower functioning on nearly all measures of psychiatric well-being than non-interpersonal traumas, with the exception of trait anxiety. Categorical analyses indicated that individuals who reported more categories of interpersonal trauma had significantly worse mean scores on measures of psychiatric functioning than those who reported fewer categories of interpersonal trauma. Interpersonal traumas were also positively correlated with negative emotionality and negatively related to constraint. When trauma type was regressed on these personality factors, only interpersonal trauma contributed independent variance to the equation. Findings suggest that interpersonal traumatic experience may be more highly associated with poorer psychiatric functioning, greater negative emotionality, and lower constraint.

T-69 **Track 4 (clin res)**

Does Peritraumatic Dissociation Predict PTSD in Accident Victims?

Wittmann, Lutz, MA, Psychiatric Department, University Hospital Zurich, Switzerland; Moergeli, Hanspeter, PhD, Psychiatric Department, University Hospital Zurich, Switzerland; Schnyder, Ulrich, MD, Psychiatric Department, University Hospital Zurich, Switzerland

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

ed the PTSD symptom level six month postaccident. Discussion: In a homogeneous sample of accident victims with a low incidence of ASD, peritraumatic dissociation is not a marker of an elevated risk for developing PTSD symptoms. However, other trauma types (especially those causing higher incidences of ASD) should be considered before drawing final conclusions.

T-70 **Track 4 (clin res)**

Treating Military Personnel Within a Civilian Therapeutic Community

Wright, David, MD, FRCPC, Division Director, Specialized Psychiatry, Homewood Health Centre; Woo, Wendi, MA, C.Psy, Homewood Health Centre; Richardson, Donald, MD, FRCPC, Parkwood Operational Stress Injury Clinic

As we become more aware of the impact that combat/peacekeeper stress has on members of the Canadian Military, the need to explore various treatment options increases. This paper will look at an experiment taking place at the Homewood Health Centre in Guelph, Canada, where cohort groups of serving and veteran members of the Canadian Forces are being treated for operational stress within an inpatient civilian therapeutic community setting. This paper will describe how the Program for Traumatic Stress Recovery (see Wright and Woo, 2000 for a full program description) has adapted itself to treat civilian and military members simultaneously within the same therapeutic community. Preliminary outcome data, including pre-program versus post-program CAPS scores, will be presented.

T-71 **Track 4 (clin res)**

Psychiatric Disorders of the Women Who Were Exposed to Intimate Partner Abuse

Yüksel, Sahika, MD, Istanbul University, Instanbul Psycho-Social Trauma Program (1st-PSTP); Genc Discigil, Aysun , MD, Istanbul University, Instanbul Psycho-Social Trauma Program (1st-PSTP)

The objective of this study is to determine the prevalence of SCID diagnoses, obtain a history of psychological trauma and to investigate the suicidal and coping behavior patterns in female outpatients who are exposed to domestic violence. Method: This study was carried out in Istanbul Medical Faculty, Psychosocial Trauma Programme outpatient unit. 50 females aged between 22 and 56, who applied for psychiatric outpatient treatment were questioned about partner abuse. Assessment: a structured interview including demographic questionnaire, self-reported violence, SCID, Posttraumatic Stress Diagnostic Scale were used. Participants were divided into two group according to having a PTSD diagnosis and not. Results: The mean age was 37.2 ± 9.48. The participants were married for at least one year. Except for 3, all were currently living with their abuser-partner. The most common presenting problems were emotional problems, somatic problems and sleep disorders. The most common psychiatric diagnoses were current major depressive disorders (67%), followed by PTSD (58%) and generalized anxiety disorders (28%). Most of the women had multiple diagnoses (62 %). The group with PTSD [58 % (n = 29)] and non-PTSD [42 % (n = 21)] were statistically different on different measures such as: being more frequently exposed to physical violence, recentness of violence; keeping it as a secret, having suicidal attempts; and leaving the house but reexperiencing violence upon return. Conclusion: Being exposed to domestic violence is a risk factor for PTSD, depressive disorders, and suicide attempts. Most of these women were not asked about partner violence during their previous assessments. All of the women stated that they would have liked to be asked about it. Mental health professionals should be aware of domestic violence and its relationship with psychiatric problems.

Parallel Plenaries
Tuesday, November 16
10:00 a.m. – 11:15 a.m.

Abstract #2084

Military Psychiatry, Then and Now

Parallel Plenary (war) **Grand Ballroom A, 1st Floor**

Friedman, Matthew, MD, PhD, National Center for PTSD; Holloway, Harry, C. MD, Uniformed Services University of the Health Sciences; Litz, Brett T. PhD, National Center for PTSD; Solomon, Zahava, PhD, Tel-Aviv University and Adler Research Center for Child Welfare and Protection

As warfare continues to rage around the globe, there has been renewed attention to the psychological impact of military service on combatants. In recent years, there have been conceptual and methodological advances, an emerging empirical literature on the prevalence PTSD and other posttraumatic war zone sequelae, and the development of early intervention strategies by military mental health professionals to address these problems.

Dr. Holloway, drawing on his long experience as a highly respected authority on military psychiatry will provide a historical overview on past and current mental health policy and practice. This will include critical consideration of the spectrum of mental health care from frontline psychiatry, to triage, to hospitalization and outpatient treatment.

Dr. Solomon will present a recent 20-year retrospective on the effectiveness of frontline treatment on Israeli veterans. Despite many decades of official support for frontline treatment as an acute war zone intervention, there is very little quantitative data that has been developed. This is the most important longitudinal study on this question.

Dr. Litz will present very new data on the effectiveness of psychological debriefing on U.S. troops deployed to the former Yugoslavia. Given current controversies about debriefing and the fact that most current research has been conducted on civilian cohorts, these findings are extremely important.

In short, this plenary will review the current state-of-the-art and important unanswered questions concerning military mental health policy and practice.

Abstract #2085

Warfare, Human Rights and Recovery

Parallel Plenary (war) **Grand Ballroom B, 1st Floor**

Turner, Stuart, MD; Friedman, Merle, PhD, Psych-Action; Bloom, Sandra, MD, Community Works

Modern warfare often involves conflict between different national groups (people who see themselves as belonging together, e.g., linguistically or culturally) within the same state (those who are subject to the same sovereign legal authority). The historical basis for this will be presented with a focus on the major geo-political shifts of the twentieth century. The effect is the widespread use of repressive violence, including torture, on one community by another, often leading to mass migration. We have good epidemiological evidence of the impact on mental health. The international community has developed a framework of human rights/law—e.g., Geneva conventions, Universal Declaration of Human Rights, Convention against Torture, International Criminal Court. At an individual level, in therapy, these principles should be supported. However, at a national level, once a conflict has ended, there also is a need for reparation, based on principles of restitution, compensation, rehabilitation, non-repetition. Is it possible to move on from the assertion of rights to a healthier position of taking responsibility for human welfare? What would allow such a shift? A public mental health approach, which includes assuring justice, welfare, development, educational and mental health aspects, is fundamental to successful working both with individuals and states.

Concurrent Sessions – 8
Tuesday, November 16
1:00 p.m. – 2:15 p.m.

Abstract #2078

Traumatic Grief Treatment

Master (practice) **Grand Ballroom B, 1st Floor**

Shear, Katherine, MD, University of Pittsburgh Medical Center

This presentation will review basic principles of work with traumatic grief. It will include a review of the salient empirical literature about the course of natural grief, the key clinical features of the syndrome of traumatic grief and an overview of a novel treatment that has undergone empirical testing. We will demonstrate core elements of the treatment using videotapes and live demonstration.

Abstract #2042

Response and Recovery After the California Wildfires

Panel (disaster) **Melrose, 3rd Floor**

Brymer, Melissa, PsyD, National Center For Child Traumatic Stress, UCLA; Schreiber, Merritt, PhD, National Center for Child Traumatic Stress, UCLA; Clark, Kathy, MA, California Department of Mental Health; Jones, Russell, PhD, Virginia Tech University; Steinberg, Alan, PhD, National Center for Child Traumatic Stress, UCLA

In fall 2003, catastrophic wildfires devastated communities in four counties in Southern California. Thousands of homes were destroyed, whole communities were evacuated, and more than 20 lives were lost. For months after the fires, residents and schools experienced numerous post-disaster stresses and adversities. A comprehensive public mental heath approach has proven to be the most effective strategy in responding to the needs of children and families in the aftermath of such events. This panel discussion will include presentations regarding: 1) the overall impact of the fires on children, families and communities; 2) California State and County Departments of Mental Health support provided to the victims, and the importance of coordinating among agencies that play a role in planning and responding to catastrophic events; 3) the post-disaster mental health rapid response consultation provided by the Terrorism and Disaster Branch and the School Crisis and Intervention Unit of the National Child Traumatic Stress Network to the affected schools and communities, and 4) strategies for designing and implementing a school-based post-disaster mental health recovery program, including the importance of a coordinated command system and rapid triage techniques for the initial response and ongoing recovery efforts.

Abstract #1990

International Perspectives on Recognizing and Treating Effects of War

Panel (war) **Hilton Exhibition Center A, 2nd Floor**

Featured

Kutter, Catherine, PhD, White River Junction VA Medical Center and Dartmouth Medical School; de Jong, Joop, MD, PhD, Transcultural Psychosocial Organisation; Shalev, Arieh, MD, Hadassah University Hospital; Wain, Harold, PhD, Walter Reed Army Medical Center; Watson, Patricia, PhD, National Center for PTSD; Stevens, Susan, PhD, National Center for PTSD

War is a universal trauma that has affected individuals and societies throughout the history of humankind. The devastating effects of war are evident in the lives of civilians, soldiers, and military veterans around the world. The recent war in Iraq has inspired an active discourse about the treatment of war trauma. We have assembled an international panel of experts who have extensive experience working with populations traumatized by the effects of war. Joop de Jong will share his experiences with child and adult refugees, internally displaced people, soldiers, and former rebels in Africa, Asia, and Europe. He will also discuss cultural differences in the presentation of posttraumatic stress symptoms. Arieh Shalev will discuss his work with Israeli civilians, soldiers, and veterans. Harold Wain will talk about his experiences with psychologically and medically traumatized American soldiers undergoing treatment at the Walter Reed Army Medical Center. Patricia Watson will discuss National Center for PTSD and Department of Defense collaboration to effectively intervene with veterans returning from the recent war in Iraq. In this discussion format, panelists will engage in an open dialogue with audience members, using their respective experiences to inform the conversation about recognizing and effectively treating the psychological effects of war trauma. Susan P. Stevens, PhD, will be serving as discussant.

Abstract #1496

Maternal Factors Impacting Children's Response to Domestic Violence

Symposium (child) **Compass, Riverside Building**

Schechter, Daniel, MD, Columbia University College of Physicians & Surgeons; Zeanah, Charles, MD, Tulane University School of Medicine

Important questions remain as to whether effects of interparental violence on children take place directly or are mediated and/or moderated indirectly through other factors such as maternal mental health and parent-child relationships. This symposium features developmentally, relationally and psychobiologically informed papers that begin to answer these questions.

Maternal Factors Impacting Child Outcome After Domestic Violence

Schechter, Daniel, MD, Columbia University College of Physicians & Surgeons

Objective: To explore how maternal factors affect the impact of domestic violence (DV) on the young child. Methods: Of 41 referred inner-city mothers with lifetime histories of interpersonal violence exposure (IVE) (i.e., child maltreatment, rape/assault, and domestic violence) and their children ages 9-50 months, 63% brought their children back 1-2 years later for follow-up. Baseline assessments included measures of maternal history of violent trauma, psychopathology, and parent-child play observations. Of those 30 returning mothers, 12 reported DV and filed restraining orders (RO) against an intimate partner or other adult family member during their child's lifetime. Child measures on follow-up included measures of child violence exposure, psychopathology, and perception. Data analyses included comparative t-tests, bivariate and partial correlations and multiple regression. Results: Child Behavior Checklist (CBCL) overall score-means (externalizing>internalizing) were significantly higher in the RO group ($p<.05$) as were severity score-means on the Child Dissociative Checklist ($p<.05$). Maternal posttraumatic avoidance and dissociative symptoms ($n = 30$) predicted 25% of the variance with respect to child symptom severity beyond that accounted for by degree of violence exposure to the child (IVE-C). IVE-C was significantly predicted by maternal posttraumatic avoidance and dissociation. Conclusion: Maternal trauma-associated psychopathology is likely moderating DV-effects on young children.

Mediation of PTSD Course in Young Children by Parental Responsivity

Scheeringa, Michael, MD, MPH, Tulane University

Purpose: Investigate the theory that less sensitive parenting has a negative impact on the course of PTSD symptoms in preschool-age children. Methods: Sixty-two children, age 20 months through 6 years, who experienced trauma, and 62 normal controls were assessed at Time 1. One-third of the trauma sample witnessed domestic violence. Seventy-six percent of this sample was re-assessed one year later. At both time points, we assessed the children's symptoms of PTSD, other disorders, and the quality of the parent-child relationship in a standardized laboratory procedure. Results: At Time 1, parental positive responsiveness was significantly positively correlated with the number of children's PTSD symptoms ($r = .24$, $p<.01$), and was higher in the child PTSD group compared with the normal control group ($p<.05$), contrary to expectations. Between Time 1 and Time 2, the change in parent positive responsiveness was significantly positively correlated with the change in child PTSD symptoms ($r = .38$, $p<.01$). This was primarily accounted for parents who decreased their responsivity over time with children who decreased their PTSD symptoms over time. Conclusion: These preliminary findings force us to reconsider theoretical speculations of how parental responsivity mediates child psychopathology following trauma and/or the practical aspects of how the construct of responsivity is measured.

Treating Preschoolers Who Witnessed Marital Violence

Lieberman, Alicia, PhD, University of California, San Francisco; Ghosh Ippen, Chandra, PhD, University of California, San Francisco; Van Horn, Patricia, PhD, University of California, San Francisco

Preschoolers who witnessed marital violence have been found to have increased levels of behavioral problems when compared with comparison groups. These difficulties include emotional dysregulation in the forms of sleeping problems, affective constriction, aggression toward adults and peers, and multiple fears; social withdrawal; and impairment in their readiness to learn. This presentation describes findings from a treatment outcome research study with preschoolers who witnessed domestic violence and their mothers. Child-mother dyads were randomly assigned to either child-parent psychotherapy or a case-management group that received referral to community treatment and monthly telephone calls by an experienced clinician. The sample consists of 75 children (39 girls and 36 boys) aged 3-6 (N = 4.06) and their mothers, who were assessed before beginning treatment and at the end of 12 months using both standardized questionnaires and structured observations. Mothers were 42% Latina, 27% White, 16% African American, 12% Asian, and 3% other ethnicity. We report changes in child functioning using the Child Behavior Checklist (CBCL) and the Wechsler Preschool and Primary Scale of Intelligence-Revised, changes in maternal psychological functioning using the Clinician-Administered PTSD Scale (CAPS) and SCL-90-R, and changes in the quality of the child-mother relationship using the DC:0-3 PIRGAS scale.

Abstract #1499

The Reach of Child Trauma Experience into Adulthood

Symposium (clin res)	Hilton Exhibition Center B, 2nd Floor

Hobfoll, Stevan, PhD, Kent State University and Summa Health System

Exposure to childhood trauma is a risk factor for adult vulnerability. Theory and research on the mechanisms for this are not clearly delineated and little research has examined mechanisms for this transferred vulnerability to adulthood. Leading theorist-researchers will examine biological, social, and psychological models of lifetime trauma development.

Impact of Terrorism on Mother-Child Dyads: Lessons for Trauma Theory

Chemtob, Claude, PhD, Mount Sinai School of Medicine

This presentation will briefly review the direct evidence pertaining to the impact of early trauma on development. While primarily theoretical, this presentation will rely on data drawn for an ongoing study of preschool children and their mothers exposed to 9/11. These data were obtained from screening more than 200 dyads where the child was either living or attending preschool near Ground Zero on September 11, 2001. Children screened were 5 or younger on September 11. Screening data obtained include mother self-ratings on depression and trauma symptoms, mother and preschool teacher ratings of child functioning, and father ratings in a subset of children. Children were screened using Chinese, Spanish, and English adaptation of the measures. These data are significant in part because the participants were high functioning and highly ethnically and socioeconomically diverse. In a second phase of assessment, mothers and children were screened using structured clinical interviews for depression and PTSD. Finally, dyads were videotaped during a structured play sequence that included a separation episode. The presentation will highlight lessons for theory of trauma: (1) self-other definition is a highly flexible capacity of each partner, (2) regulation of affect is highly interactive, (3) attachment behaviors in young children are highly adaptive, interactive, and flexible and provide significant cues to the biological roots of resilience. This presentation will highlight both persistence of maternal protective behavior in a context of threat and after threat is no longer present and the recuperative capacity inherent in mutual dyad regulation.

Childhood Trauma and Adult Vulnerability: Mechanisms and Predictions

Carlson, Eve, PhD, National Center for PTSD, Palo Alto VA Health Care System; Dalenberg, Constance, PhD, Alliant University

This presentation will describe the mechanisms by which childhood traumatic events increase vulnerability to later traumatic events. Previously, we have proposed a theoretical framework in which pre-trauma factors (previous life events/development, biological resistance/vulnerability), time-of-trauma factors (developmental level, severity/nature of trauma), and post-trauma factors (social support, subsequent life events) influence the impact of traumatic events. Here, we will describe how disruptions to attachment and affect modulation capacities caused by childhood trauma can be manifested as debilitating secondary and associated trauma responses such as problems with self-esteem, identity, and interpersonal relationships. Such problems, in turn, make it more difficult for early trauma survivors to cope with later traumatic events. We will present specific empirical hypotheses that are consistent with these formulations. For example, in a prospective study of those experiencing traumatic events as adults, those with moderate or severe childhood traumas would show higher levels of affective lability in response to trauma than those without childhood trauma and their affective lability would be significantly related to their rate of recovery. Similarly, those with childhood trauma would show higher levels of interpersonal difficulties (as evidenced by personality disorder symptoms) and be less successful at obtaining and using social support following an adult trauma.

Childhood Trauma, Resource Loss, and Adult Vulnerability Among Women

Hobfoll, Stevan, PhD, Kent State University and Summa Health System; Schumm, Jeremy, MA, Kent State University; Stines, Lisa, MA, Kent State University

Childhood trauma is increasingly seen as a risk factor for adult vulnerability. We explored in a large prospective sample of inner-city women how childhood trauma undermines psychosocial resources in adulthood. Women whose resources are undermined, in turn, are more vulnerable to both major stressors in adulthood and traumatic stressors. Hence, when major stress or traumatic stress occurs in women's lives, those who had childhood traumatic experiences lack resources to combat the deleterious impact of these new challenges. By relying on a large community sample we are able to show that these are unlikely to be selective recollections and are not affected by extreme group bias that may interfere with data collected from clinical samples. Also, using community samples, we can better understand the course of resilience in many women who experience trauma, as many women do not develop PTSD or depression in adulthood, despite trauma exposure in childhood and adulthood.

Trauma History, Initial Physiological Responses, and PTSD

Delahanty, Douglas, PhD, Kent State University; Sledjeski, Eve, MA, Kent State University; Raimonde, Jay, MD, Summa Health System; Spoonster, Eileen, RN, Summa Health System

Previous research has suggested that a history of traumatic experiences may alter physiological responses to a subsequent trauma and increase one's risk of developing PTSD. The present study directly tested this hypothesis in a sample of 178 motor vehicle accident victims. Two 5-hr urine samples (0-5 and 5-10 hours) were collected beginning upon admission to the hospital for the assessment of catecholamine and cortisol levels. Three months later, researchers met with participants in their homes and administered the CAPS interview and a trauma history questionnaire. Prior trauma history was not related to urinary hormone levels at any time in females (n = 58). However, number of prior traumas was negatively associated with epinephrine levels in both 5-hour urine samples in males (both rs = -.31, ps < .05). Number of prior traumas was associated with higher CAPS PTSD scale scores 3 months post-trauma in the entire sample and males specifically (r = .16 and .19, respectively, ps<.05). Finally, in males only, epinephrine levels were positively associated with CAPS scores (r = .26, p<.05). Hormone levels did not mediate the relationship between trauma history and PTSD symptoms in men. Rather, epinephrine and trauma history independently predicted PTSD symptoms.

Abstract #1591

Managing Mental Health Issues in Peacekeeper Populations

Symposium (clin res)	Rosedown, 3rd Floor

Creamer, Mark, PhD, University of Melbourne

Defense forces are increasingly being deployed on peacekeeping missions. This symposium brings together researchers and clinicians from Canada and Australia to discuss mental health issues among peacekeeping forces. The four papers will cover epidemiological, systemic, treatment, and clinical issues involved in working with this complex population.

Treating Peacekeepers: A Clinical Perspective

Richardson, Donald, MD, FRCPC, Parkwood Operational Stress Injury Clinic, University of Western Ontario

Treatment for veterans who have served on peacekeeping missions raises significant challenges for clinicians. The issues that peacekeepers bring to therapy are rarely about "personal safety" but, instead, usually relate to issues of helplessness. The most stressful aspects of deployment are often witnessing atrocities, especially those involving women and children, and not being able to intervene. When they present for treatment, they have often been suffering for years and have significant comorbidity such as depression and addictions. Many peacekeepers have significant distrust of organizations. They often feel that the rules of engagement set by the UN prevented them from intervening to alleviate suffering and death, especially of women and children. Peacekeepers often claim that they have witnessed the destructive nature of human beings, challenging fundamental assumptions about the world. To cope during their deployment, peacekeepers often describe using dissociation or emotional numbing in order to survive. This presentation will focus on the complex issues involved in working clinically with veterans of peacekeeping missions. The author will explore the unique nature of the peacekeeping experience, as well as the challenge of developing a trusting therapeutic relationship with a population that is mistrustful and who present with significant anger and dissociation.

PTSD in Australian Peacekeepers: Presentation and Treatment Outcome

Forbes, David, MA, University of Melbourne; Bennett, Neanne, MA, Australian Defense Force; Biddle, Dirk, MA, University of Melbourne; Crompton, David, MD, University of Queensland; McHugh, Tony, MA, Austin and Repatriation Medical Centre; Hawthorne, Graeme, PhD, University of Melbourne; Creamer, Mark, PhD, University of Melbourne

There is currently little if any literature that details the effectiveness of psychological treatment on veterans of peacekeeping operations. This study examined the data of 66 peacekeepers who served on a range of deployments (including East Timor, Cambodia, Rwanda and Somalia) and participated in veterans' PTSD programs across Australia. These data were compared to a matched sample of Vietnam veterans. Peacekeepers were characterized by moderate to severe PTSD with substantial comorbid anxiety, depression, anger and alcohol use. This symptom profile was similar in severity to that of the Vietnam veterans, with the exception of anger which was higher for peacekeepers. Peacekeepers reported significant reductions in PTSD symptoms following treatment however residual symptomatology continued to meet caseness criteria at 6 month follow-up. Improvements in symptoms of PTSD, depression and alcohol use were comparable to those of the Vietnam veterans. Moderate improvements in anger reported by Vietnam veterans however were not observed for peacekeepers. Thus both groups were comparable on all measures at six month follow-up, except anger which remained higher for peacekeepers. Implications of these findings for the treatment of peacekeepers will be discussed.

A Prospective Study of the Canadian Peacekeeping Mission to Eritrea

Jetly, Rakesh, MD, FF, Dalhousie University; Fox, Barbara, PhD, University of Vermont

As the combatants of the civil war in Ethiopia agreed to a wavering truce, the United Nations (UN) immediately established a Peacekeeping Mission. As is often the case, the UN called upon its "old standby" for Peacekeeping Missions, Canada. Canada responded as it did in Rwanda, the Former Yugoslavia, Haiti, etc., by sending troops. On 23 December 2000, the main body of the 400 strong Canadian contingent left their families for this "routine" tour. Critics argued that these infantry soldiers, many of whom had recently returned from a tour in the Former Yugoslavia, deserved a rest. Prior to deployment, a sample of the soldiers completed self-report measures including the BDI-II, BAI, M-PTSD and PCL in order to establish a baseline. The mission was successful, the troops returned home after 6 months. Scales were readministered at six months and one year post mission. Further to this, a detailed anecdotal analysis of the mission was undertaken. Several traumatic incidents did occur resulting in significant psychological morbidity, including PTSD. This paper will present the results of our study, describe the difficulties in conducting such research, and demonstrate that even traditional, successful peacekeeping missions can and will have significant psychological casualties.

Peacekeepers' Health Status and use of Medical Services

Hawthorne, Graeme, PhD, University of Melbourne; Hayes, Laura, University of Melbourne; Kelly, Claire, University of Melbourne; Creamer, Mark, University of Melbourne

Although the prevalence of mental health symptoms among peacekeepers is lower than that of combat veterans, little is known of the effect of these symptoms. This study of Australian peacekeepers who were awarded compensation for a mental health condition is the first Australian study to explicitly examine these issues. As part of a veteran health service use study, a random sample of 187 peacekeepers was drawn. Participants completed a questionnaire and follow-up telephone interview. When compared with Vietnam War and World War II veterans, peacekeepers were less likely to have seen a general practitioner (GP) or medical specialist, but were more likely to have seen a psychiatrist, psychologist or allied health professional. Their health service use was the highest, including use of mental health services. Although the numbers were small, peacekeepers were more likely to report that treatment had not helped them; 13% reported treatment had made their condition worse. Forty percent reported stopping their treatment, usually because of treatment failure. Although peacekeepers were more satisfied with GP treatment for a mental health condition, they were less satisfied with their overall health care, possibly because of access difficulties. The reasons for these findings and their implications are discussed.

Abstract #1941

Engaging Refugees Living with War into Mental Health Services

Symposium (commun) **Elmwood, 3rd Floor**

Buwalda, Johanna (Hans), MEd, MA, Heartland Alliance, International FACES

Refugees are an extremely diverse group, with people from different countries, speaking many languages and identifying with various religions, tribal and ethnic affiliations. Many refugees have experienced extremely traumatizing war situations, and lived in camps for several years before being resettled in the United States. Their traumatic experiences and their mental health needs are extensive. However, engaging refugees into mental health services is extraordinarily challenging. Even when staff speak the languages of the clients, cultural competence is of extreme importance in bridging national, religious and ethnic differences. This symposium discusses challenges encountered when engaging traumatized refugees into mental health services. The structure and mission of Heartland's International FACES will be used to describe the process of successfully engaging traumatized refugee clients from various parts of the world into mental health treatment.

Engaging African Refugees into Mental Health Services

SongaSonga, Martine, MA, Heartland Health Outreach, International FACES; Djerrah, Hanifa, Heartland Health Outreach, International FACES

Engaging traumatized African refugees into mental health service comes with its own specific and challenging aspects. Many African clients have lived in camps for years before being resettled in the United States. Because of their experiences in camps they expect that service providers help them obtain things such jobs, money, housing, furniture, food and clothes, and the reality is that after resettlement they often have a large number of unmet basic needs. In addition, many African refugees feel that mental health services are only for severely behaviorally disturbed people. This presentation will focus on various strategies for engaging clients from all over Africa. Case studies will be presented to illustrate how meeting basic needs, assisting clients with family reunification, and extensive education about trauma and mental health services are crucial for successfully engaging and treating traumatized African refugees.

Engaging Refugees Living with War into Mental Health Services

Buwalda, Johanna (Hans), MEd, MA, Heartland Health Outreach, International FACES; Liautaud, Joan, PsyD, Heartland Health Outreach, International FACES; Kuwanu, Koku (Modeste), BA, Heartland Alliance International FACES

Refugees are an extremely diverse group, with people from different countries, speaking many languages and identifying with various religions, tribal and ethnic affiliations. Many refugees have lived in camps for several years before being resettled in the United States. Their traumatic experiences and their mental health needs are extensive. However, engaging refugees into mental health services is extraordinarily challenging. Even when staff speak the languages of the clients, cultural competence is of extreme importance in bridging national, religious and ethnic differences. This symposium dis-

cusses challenges encountered when engaging traumatized refugees into mental health services. The structure and mission of Heartland's International FACES will be used to describe the process of successfully engaging traumatized refugee clients from various parts of the world into mental health treatment.

Engaging European Refugees into Mental Health Services

Sylejmani, Lirim, Heartland Alliance, International FACES

Heartland's International FACES serves European refugees from Bosnia-Herzegovina, Kosovo, and Serbia. Although case management staff who also function as interpreters in interactions with psychotherapists and psychiatrists, speak the languages of the clients, often other barriers to treatment have to be overcome. These barriers may have to do with cultural perceptions of mental health services and trauma, and the history of war and genocide. This presentation will focus on various strategies for engaging clients from Europe. Case studies will be presented to illustrate how despite of the history of war and genocide in the former Yugoslavia, engagement of clients can be successful and trusting therapeutic relationships can be established.

Abstract #1666

Advocacy in Work with Human Rights Abuse Survivors

Symposium (practice) — Oak Alley, 3rd Floor

Okawa, Judy, PhD, Program for Survivors of Torture and Severe Trauma at CMHS

Clinical work with survivors of war trauma, torture, or civilian trauma can challenge the therapist to modify the conventional model of clinical intervention. Three trauma specialists will discuss the therapeutic challenges and consequences of stepping outside the traditional framework of therapist neutrality and adopting a role of "clinical advocacy."

The Interaction Between Therapy and Human Rights Advocacy

Fabri, Mary, PsyD, Marjorie Kovler Center for the Treatment of Survivors of Torture

Clinicians working with civilians impacted by war and torture use their training as a foundation to build a model of therapeutic intervention. Decisions about safety, time frame, self-disclosure, and neutrality are based on the astute understanding of what constitutes a therapeutic intervention with this special population. This presentation poses questions confronted by clinicians working with war and torture survivors and provides clinical examples of interventions that challenge therapists to construct adjustments and modifications to the therapeutic frame. Clinical interventions need to be understood within the context of the traumatic experience and the needs of the survivor to feel safe and supported, and at times, to see the clinician not only as therapist, but also as advocate. This poses professional and personal challenges for the clinician. Thoughtful consideration of the meaning of stepping outside the therapeutic framework is essential. This presentation will include the presenter's experience of accompanying clients in their efforts to seek justice in the civil prosecution of perpetrators in the United States and international court proceedings in Guatemala. The discussion will also address the therapist's initial response to this new clinical terrain, the understood meaning of such interventions to the survivor, and critical appraisal of advocacy work.

I'm on Your Side: What Does This Really Mean?

Winston, Sally, PsyD, Anxiety and Stress Disorders Institute of Maryland

In the therapy of traumatized people, it is often necessary to violate therapist neutrality and take an open stance in support of the injured person. It is one thing to do this within the relatively safe context of the therapy relationship and quite another to advocate for the patient with outside forces, whether these be employers, family, police, courts, press or others. Such actions are often met with the devaluation, stigma and distancing directed toward the therapist who had previously been reserved for the victim. In addition, such actions are sometimes considered to be "unethical," "overinvolved" or "losing appropriate boundaries" by our peers. Whether or not these advocacy efforts achieve their objectives, they may be essential to the validity of the healing relationship and contributory to recovery. One case of trauma secondary to therapist abuse and several illustrative vignettes will be presented.

The Treatment of War Trauma and Torture: Clinical Advocacy

Okawa, Judy, PhD, Program for Survivors of Torture and Severe Trauma at CMHS; Winston, Sally, PsyD, Anxiety and Stress Disorders Institute of Maryland; Fabri, Mary, PsyD, The Marjorie Kovler Center for the Treatment of Survivors of Torture, Heartland

Clinicians working with survivors of war trauma and politically motivated torture hear detailed accounts of egregious human rights abuses and bear witness on a regular basis to the sequelae of these abuses in their clients. Because of the nature of the forms of political violence and torture and the extent of their damage, clinicians may be called upon to speak outside the session on behalf of the survivor, who may feel profoundly silenced. Calls to advocacy can constitute a challenge to the traditional role of the therapist. This presentation will discuss the types of advocacy that may be requested of a war trauma and torture treatment professional, including, among others, accompanying the survivor to his asylum hearing, educating the client's physician and others on trauma symptoms, communicating with his/her attorney, advocating for the client in the social service system, and supporting the survivor in other arenas. The challenge to the therapist when considering the role of clinician-advocate will be described using several case examples that illustrate these challenges to the traditional therapeutic role. The potential consequences for the therapist in terms of the therapeutic relationship and reactions from peers will be discussed.

Abstract #1923

Dissemination of Exposure Therapy for PTSD: Challenges and Successes

Symposium (practice) — Hilton Exhibition Center C, 2nd Floor

Cahill, Shawn, PhD, University of Pennsylvania

Substantial research demonstrates that exposure therapy is effective in reducing PTSD symptoms and associated anxiety and depression. Yet, exposure therapy is not widely used for PTSD outside of specialty clinics. This symposium presents research into several factors related to effective dissemination of exposure therapy to therapists treating patients with PTSD.

Prolonged Exposure for PTSD in a Rape Counseling Center

Foa, Edna, PhD, University of Pennsylvania; Hembree, Elizabeth, PhD, University of Pennsylvania; Cahill, Shawn, PhD, University of Pennsylvania; Riggs, David, PhD, University of Pennsylvania; Rauch, Sheila, PhD, University of Pennsylvania

The purpose of this presentation is to describe a model of dissemination that involves experts in Prolonged Exposure training local rape center counselors and then provides continuing supervision. Specifically in this model experts from the Center of the Treatment and Study of Anxiety (CTSA) conducted a 5-day workshop for the counselors and then provided weekly supervision for the duration of the study. Results from 171 patients (97 completers) indicated that the counselors achieved excellent outcome that was comparable to outcome achieved by the CTSA experts. In a second, ongoing study outcome of counselors who received the initial training by experts and who were mostly supervised by peers will be presented. Benchmarked analyses will compare this outcome to that of the first study. Issues involved in the dissemination of protocol driven therapy in a community-based clinic will be discussed.

Prolonged Exposure in Israel: Veterans and Terror Attack Survivors

Nacasch, Nitsa, PhD, Chaim Sheba Medical Center; Polliac, M., Chaim Sheba Medical Center; Levi, P., Chaim Sheba Medical Center; Orr, G., Chaim Sheba Medical Center; Fostick, L., Chaim Sheba Medical Center

This presentation describes a second model of dissemination involving training local clinicians to provide ongoing supervision to therapists who had been trained by experts. Specifically, Israeli clinicians who previously participated in a 5-day workshop conducted by experts from the Center for the Treatment and Study of Anxiety (CTSA), where the Prolonged Exposure (PE) protocol was initially developed and studied, with some experience delivering PE to patients with PTSD received 2-4 additional weeks of training at the CTSA to become supervisors. Next, CTSA and Israeli supervisors jointly conducted a 5-day workshop to train new therapists in PE. Finally, the local supervisors provided ongoing oversight to the newly trained therapists, occasionally consulting with the CTSA experts. To evaluate the efficacy of PE delivered in this manner, 20 veterans and survivors of terror attacks already receiving psychiatric services for PTSD were randomly assigned to 10-15 weeks of either PE or continued treatment as usual. Results indicated a clear superiority for PE. Moreover, the effect size of PE is

comparable to that observed in the CTSA. The presenter will discuss issues encountered during this method of dissemination difficulties in delivering PE under conditions in which war and terror are ongoing.

Dissemination of Exposure for PTSD: Is There a Specific Problem?

Becker, Carolyn, PhD, Trinity University; Zayfert, Claudia, PhD, Dartmouth Hitchcock Medical Center; Anderson, Emily, University of Nebraska-Lincoln

Significant empirical evidence supports the efficacy of imaginal exposure (IE) for PTSD. Despite this, our recent survey indicates IE is underutilized in clinical practice. Specifically, only 28.5% of 247 doctoral level psychologists were trained in IE for PTSD, only 17% currently use IE to treat PTSD, and 9% reported using IE with at least half of their PTSD patients. Although our results provide preliminary information regarding the dissemination of IE for PTSD, two important questions remain. First, is IE used to a greater or lesser degree than other empirically supported treatments for PTSD (e.g., cognitive restructuring)? Second, because results indicated that even fewer psychologists were trained in exposure for other anxiety disorders, is the low utilization of IE unique to PTSD, or are clinicians generally reluctant to utilize exposure for all anxiety disorders? We explore these questions by considering our survey results in the broader context of dissemination of exposure therapy for anxiety disorders and examine potential concerns of clinicians that may influence dissemination. Because exposure has the potential to markedly improve the lives of individuals with PTSD, we view low utilization as a challenge to overcome through systematic efforts to identify and addressing barriers to broad clinical utilization.

Prolonged Exposure and Sertraline for PTSD: Move Toward Effectiveness

Feeny, Norah, PhD, Case Western Reserve University; Zoellner, Lori, PhD, University of Washington

Empirically supported treatments for chronic PTSD include cognitive-behavioral therapies (e.g., prolonged exposure, cognitive processing therapy) and serotonergic medications (e.g., sertraline, paroxetine) (e.g., Brady et al., 2000; Foa et al., 1999). However, no published studies to date have examined the relative effectiveness of an SSRI medication and cognitive behavioral treatment for the treatment of PTSD, nor has the role of treatment choice been systematically explored. In order to effectively disseminate treatments for PTSD, the factors that impact treatment choice are important to understand. In this paper, we will present data from an open trial comparing prolonged exposure (PE) to sertraline in the treatment of PTSD and related disturbances. Thirty-one female assault survivors who met DSM-IV criteria for chronic PTSD participated in this trial. Participants viewed standardized, videotaped treatment rationales for both PE and sertraline and were asked to choose either treatment. Participants completed 10 weeks of the treatment they chose. Independent evaluations were conducted at pretreatment, posttreatment, and follow-up. Comparison of pretreatment factors that were related to choice and the effectiveness of both treatments, across a broad range of psychopathology and functioning measures will be presented. Follow-up data examining the longer-term efficacy of these treatment will be presented as well.

Abstract #1787

Evidence-Based Trauma Services in "Real World" Settings: Post-Disaster

Symposium (disaster) **Versailles Ballroom, 3rd Floor**

Murray, Laura, PhD, Columbia University/New York State Psychiatric Institute; Hoagwood, Kimberly, PhD, Columbia University/NYSPI/New York State Office of Mental Health

Following September 11, numerous organizations donated funds to New York City to help those who may be experiencing trauma- and grief-related problems. This symposium will present data from a research project evaluating the implementation of evidence-based trauma treatments within the community in a post-disaster situation.

Outcome Data from a Post-9/11 Study

Rodriguez, James, PhD, Columbia University/New York State Psychiatric Institute; Fernandez, David, MA, Columbia University/NYSPI/New York State Office of Mental Health

This presentation will focus on preliminary outcome data for a study evaluating evidence-based treatments for children and youth exposed to 9/11 and other traumatic events. Using a cut-off based quasi-experimental design children and youth recruited into the study were assigned to either a trauma-based cognitive behavioral therapy or a treatment as usual condition. All participants are assessed for symptoms and functioning by parent and self-report at baseline, 3-, 6-, and 12-month intervals. Preliminary data for a subset of the participants in the treatment group suggests that cognitive behavioral therapy is associated with decreases in trauma symptomatology at 3 month follow-up. Early evidence also shows that children in treatment report significantly lower depression symptoms at three-month follow than at baseline, and that parents report significant greater improvements in school functioning. These initial findings are consistent with previous research on the specific evidence-based treatments used in the study. The implications of the findings as well as the ethical rationale for cut-off-based designs in a post-disaster environment will be discussed.

A Closer Look at NYC Youth Post-9/11

Murray, Laura, PhD, Columbia University/New York State Psychiatric Institute; Hoagwood, Kimberly, PhD, Columbia University/NYSPI/New York State Office of Mental Health

This presentation will focus on a description of participants recruited into an evaluation of evidence-based trauma-focused cognitive behavioral therapy for children and youth affected by the 9/11 terrorist attack at the World Trade Center. We will provide information on the socio-demographics of the sample along with data on symptomatology and impairment, including levels of trauma reactions, anxiety, depression and parental and youth reports of functioning. To date, sample demographics indicate a population of younger children (mean age = 10) of Hispanic ethnicity, and low socio-economic status. Preliminary data to be reviewed suggests that the children and youth receiving the treatment are experiencing levels of trauma symptomatology in the range of probable PTSD diagnosis. Various levels of exposure to 9/11, both direct and indirect, will be examined in relation to symptom presentation. In addition, we will present a number of specific case vignettes of youth who have primary and secondary 9/11 exposure, as well as other traumas. Discussion will include highlighting the complexity of implementing evidence-based treatments in a large urban setting post-disaster. Implications of findings for clinical treatment will be discussed.

The Process of Post-Disaster Engagement and Outreach Strategies

Legerski, Joanna, BS, Columbia University/New York State Psychiatric Institute; McKay, Mary, PhD, Mount Sinai School of Medicine

This study portrays the process of engaging families in trauma services in "real world" post-disaster settings. Often parents and other adults may assume that children are resilient and that their reactions to disasters are short-lived. Typical trauma symptoms such as avoidance and fear of re-traumatization, increase the need for outreach and engagement techniques. With our inner-city trauma population we applied effective engagement strategies to increase participation in the trauma-focused evidence-based treatment. Findings will be presented from contact logs tracking service utilization of youth receiving evidence-based cognitive behavior trauma-focused therapy resulting from the trauma of the September 11 attacks. We will present parents' and service provider descriptions of obstacles and difficulties, the relative effectiveness of our engagement strategies, and the resulting service utilization. In addition, specific examples of outreach and engagement strategies implemented by service providers across seven New York area sites will be described. Discussion will include how our findings pertain to the issue of helping families overcome obstacles to receive treatment and the importance of the way in which mental health services are presented.

Abstract #1551

American Women in the Military: From the Vietnam Era to the Present

Symposium (war) **Grand Ballroom A, 1st Floor**

Stellman, Jeanne, PhD, Mailman School of Public Health, Columbia University; Buechler, Donna, RN, MA, Department of Veterans Affairs

Approximately 180,000 women are currently enlisted in the American military, making up 15% of enlisted personnel. This symposium examines American women's experiences in the military from the Vietnam War to the present. Findings will be discussed in terms of implications for current female veterans and active duty military personnel.

Concurrent Sessions – 8

Gender Differences in Stress and Performance Among Active-Duty Military

Hourani, Laurel, PhD, MP, Research Triangle Institute; Ebert, Lori, PhD, Research Triangle Institute; Teagle, Sarah, PhD, Research Triangle Institute

As a minority among military personnel, women may experience different types and intensity of stressors, and their health outcomes and job performance may be distinctive from those of their male counterparts. The 2002 DOD Survey of Health Related Behaviors Among Military Personnel provides important data on occupational stressors, coping behaviors, mental health, and job performance of active-duty personnel worldwide in all branches of the military. In addition to determining the prevalence of perceived work and family stress and the most frequently identified stressors among men and women, types of behaviors for coping with stress are examined by gender. We also examine gender differences in the multivariate relations between stress, coping, mental health variables, and productivity loss. Finally, we report on the prevalence of help-seeking among women and men with significant mental health concerns and their perception of the damage to one's military career for seeking mental health services. Discussion focuses on the relevance of these findings to the development of new strategies to prevent psychological morbidity and improve retention in the military with an emphasis on the concerns of women military personnel.

Deployment Stressors, Gender, and Functional Status

Vogt, Dawne, PhD, National Center for Post-Traumatic Stress Disorder, Boston; Pless, Anica, BA, National Center for Post-Traumatic Stress Disorder, Boston; King, Lynda, PhD, National Center for Post-Traumatic Stress Disorder, Boston; King, Daniel, PhD, National Center for Post-Traumatic Stress Disorder, Boston

The negative impact of war-zone exposure on the post-deployment adjustment of military personnel is well documented. However, most studies have relied on limited conceptualizations of war-zone exposure and focused on male samples. A recent study advanced this literature by documenting several important gender-based differential associations between an array of deployment stressors and psychopathological outcomes among Gulf War I veterans. Yet, a more complete picture of the sequelae of stress and trauma exposure requires representations of adjustment that are not restricted to psychopathological conditions. Accordingly, gender differences in associations between Gulf War I deployment stressors and several indicators of functional status were examined in the present study. Findings revealed that while exposure to sexual harassment was negatively related to post-deployment mental functional health status and satisfaction with life for both genders, associations were stronger for men than women. In contrast, lack of deployment social support was more strongly related to women's satisfaction with life. In addition, exposure to combat was a stronger negative predictor of mental functional health status for men than women. There were no gender differences in associations between deployment stressors and physical functional health status. Implications are discussed, especially as they relate to findings based on psychopathological outcomes.

Military-Related Sexual Harassment Among Female Reservists

Street, Amy, PhD, VA Boston Healthcare System & Boston University School of Medicine; Stafford, Jane, PhD, Hartwick University; Mahan, Clare, PhD, Department of Veterans Affairs, Washington, DC; Clarke, Stephanie, BA, VA Boston Healthcare System; Scott, Karen, BA, VA Boston Healthcare System

Recently, increased media attention has highlighted the problem of sexual harassment and assault in military environments. This presentation focuses on data from a large-scale investigation of this issue in a previously unstudied population, former Reservists who were not called to active duty for a long enough period to be considered veterans. A stratified random sample of members of the Reserve Components of the Armed Forces (female N = 2,318) were surveyed by telephone using a computer-assisted interview program about experiences of sexual harassment and assault during their military service and their current psychological and physical health functioning. The results of prevalence analyses indicate that the prevalence rate of sexual harassment in this population was 60%, while the prevalence of sexual assault, defined as unwanted physical contact of a sexual nature, was 23.3%. Descriptive data about these experiences will be presented, including the most frequently experienced types of unwanted sexual attention, the identity of the perpetrators, the likelihood that the experiences were reported through official channels, and the victims' satisfaction with the complaint process. In addition, results of comparisons between reservists who experienced unwanted sexual attention and those who did not on psychological and physical health symptoms will be presented.

Military Experiences and Long-Term Functioning Among Vietnam Era Nurses

Koenen, Karestan, PhD, National Center for PTSD; Stellman, Jeanne, PhD, Columbia University; Kelahar, Margaret, PhD, University of Melbourne, Australia; Stellman, Steven, PhD, Columbia University

We examined the relationship between military experiences and long-term functioning in a sample of 1,381 American Vietnam era military nurses, 896 of whom served in the Vietnam Theater. Qualitative data on women's experiences were gathered via focus group. Quantitative data were collected via mailed surveys (66.4% response rate). Theater and Era women reported similar levels of work strain, discrimination stress, and sexual assault while in the military. Mean mental and general health scores were also similar for these two groups. However, the prevalence of posttraumatic stress disorder was significantly higher in Theater (6.1%) than in Era (1.6%) nurses. Theater women also showed more disruptions in occupational and relationship trajectories than Era women. This difference was explained in part by the exposure of some Theater nurses to catastrophic casualties and combat stress. Qualitative data will be used to generate hypotheses about these and other factors contributing to the higher prevalence of PTSD and occupational/relationship disruption among Theater nurses. Findings will be discussed in terms of the implications for the increasing number of women serving in war zones.

Abstract #1831

Palestinian Children: Living in a War Zone

Workshop (child) **Jasperwood, 3rd Floor**

Dubrow, Nancy, PhD, Taylor Institute; Flefal, Fathy, PhD, Palestine Red Crescent Society; Jouda, Amal, PhD, Palestine Red Crescent Society; Aref, Mai, MA Palestine Red Crescent Society

Since September 2000, Palestinian children have been exposed to physical and psychological trauma on an ongoing basis. F-16 fighter jets, Apache helicopters, tanks, jeeps and soldiers have invaded their neighborhoods, leaving no Palestinian child without the experience of war and armed conflict. In response, the Taylor Institute and the Palestine Red Crescent Society have worked to develop a community-based mental program that responds to the needs of children living in the West Bank and Gaza. Guided by past experience, current resources and interviews with children and professionals, a training curriculum was developed. Dubrow and Palestinian colleagues from the West Bank and Gaza will present their practical experience with and efforts to help children cope with the ongoing crisis in Palestine.

Abstract #1524

Nah We Yone Inc.: Creating Hope, Support and Safety Out of Chaos

Workshop (commun) **Magnolia, 3rd Floor**

Akinsulure-Smith, Adeyinka, PhD, Nah We Yone Inc.; Smith, Hawthorne, PhD, Nah We Yone Inc.; Rogers, Judy, CSW-R, Nah We Yone Inc.

The trauma and chaos created by war has forced numerous Africans to flee their countries of origin. Typically, war traumatized Africans who come to the US seeking refuge are forced to manage the sequalae of their past traumas, while struggling to cope with the cultural and societal challenges of adjusting to a new environment. In addition, many arrive in the US with very limited resources or community contacts. This presentation will describe an innovative, community based grassroots program that was created in response to the lack of specific services for displaced African war and trauma survivors in the New York/New Jersey Metropolitan area. Nah We Yone Inc. (NWY) was founded in 1997 to help rebuild the shattered lives of African war and trauma survivors fleeing the civil war in Sierra Leone. Using culturally informed practices, NWY provides psychological and social support services aimed at easing the difficult transition to life in the US for African war and trauma survivors, while promoting self-reliance and healing. Particularly, this presentation will highlight the many ways in which ordinary people can work together with limited resources to create a dynamic and thriving organization that assists traumatized populations who are disproportionately overlooked and underserved.

Abstract #1935

Disaster Recovery in Native American Communities

Workshop (culture) **Steering, Riverside Building**

Gathman, Jennifer, BS, SAMHSA Disaster Technical Assistance Center (SAMHSA DTAC); Selzler, Bonnie, PhD, SAMHSA Disaster Technical Assistance Center (SAMHSA DTAC); Patton, Lisa, PhD, SAMHSA Disaster Technical Assistance Center (SAMHSA DTAC)

There are more than 500 Native American tribes in the U.S., each with specific customs, languages, and rituals. Everyone who experiences a disaster is affected by it; however, for Native Americans living in reservation communities, the pre-existing historical trauma and intergenerational PTSD may particularly affect recovery following a disaster or traumatic event. Several authors have identified a phenomenon of unresolved grief and cross-generational PTSD symptoms that may exist in some Native American communities (Duran and Duran, 1995; Brave Heart and DeBruyn, 1998). The authors identify similarities between the experiences of descendents of the Lakota families at Wounded Knee and those of some Holocaust survivors, with the understanding that both events were based on policies of religious persecution and extermination. Many of the social ills found in Native American communities today may have resulted from the unremitting trauma experiences and unresolved grief that have been passed on from previous generations. It can also be said that forced acculturation and assimilation have affected generations of Native Americans' spiritual, physical, and psychological well-being. Further, Native American people have traditionally held a holistic harmonious worldview, which was forcibly replaced by the dominant culture's worldview. As we look at the present, these already-stressed communities again suffer from the additional trauma brought on by disaster. There is a lack of documentation and identification of the strengths and characteristics of Native Americans that help them cope with the aftermath of a disaster. Several recovery programs have identified creative ways to provide culturally congruent disaster recovery services to Native American communities. This presentation will elucidate some of the innovative projects that have been identified by Native American leaders as helpful and healthy for their peoples.

Abstract #1759

Resilient Serbian Adolescents: Preventing Becoming Depressed Adults

Workshop (war) **Bridge, Riverside Building**

Osofsky, Joy, PhD, LSU Health Sciences Center; Wessely, Simon, MD, King's College London; Vulevic, Gordana, MSc, Center for Individual and Group Psychotherapy; Despotovic, Tija, MD, Center for Individual and Group Psychotherapy

This workshop represents a continuing collaborative of the NATO Advanced Research Workshop. The lasting conflict and eventual bombing of Serbia led to dangerous situations, poverty, separations, and personal loss. Parents faced uncertainties, exhaustion, and health problems with less capacity to be emotionally available to their children. Mental health problems, learning and behavioral difficulties increased among adolescents. Violent behaviors became more common; smoking and illegal drug use increased; adolescent deaths from accidents, homicide/suicide increased dramatically. Yet much resilience was noted. Serbian adolescents want to be included in planning, leadership responsibilities, and mentoring roles with younger and struggling youth. However, they frequently describe hopelessness about their country's future. This workshop will review the current circumstances, including stress on available resources, and present strategies to address trauma related problems, actively engage adolescents and allow them to move forward with realistic hope and expectations. It is possible that descriptions of Serbian adolescents and their families may lead to compassionate reactions of distress. We would anticipate that they would be mild, if they occur at all. Efforts will be taken to present data within a scientific format and to focus on programmatic efforts. All presenters are aware of such concerns and will provide sensitive responses.

Poster Presentations

Poster sessions are incorporated into the daily conference schedule divided into three sessions per day on both Monday, November 15, and Tuesday, November 16. This program change will give senior investigators a means for increased face-to-face interaction with clinicians, students and other investigators. Attendees should visit the posters during the poster session time indicated below.

Poster Session 5 **Track 1 (assess)**
Tuesday, November 16, 1:00 p.m.–2:15 p.m.
Posters are numbered T-81 through T-160

Note: This session includes presentations from additional tracks in order to accommodate presenters who had a time conflict with other presentations.

Poster Session Chairs:
Patricia Resick, Dean Kilpatrick **Napoleon Ballroom, 3rd Floor**

T-81 **Track 1 (assess)**

Coping Self-Efficacy for First Responders: A Psychometric Evaluation

Benight, Charles, PhD, University of Colorado at Colorado Springs; Markowski, Tina, BS, University of Colorado at Colorado Springs

Coping self-efficacy (CSE) for first responders is defined as the perceived capability to manage the traumatic nature of their job. Research on CSE has found CSE to be strongly predictive of psychological adjustment to natural disasters (Benight, et al., l997; Benight, Swift, et al., l999; Benight & Harper 2002), terrorist attacks (Benight, et al., 2000); and military combat (Solomon, Benbenishty, & Mikulincer, l99l). The purpose of this investigation was to assess the psychometric properties of a Coping Self-Efficacy Measure for First Responders. A total of 80 participants completed the CSE for First Responder measure along with a host of other relevant constructs (work related strain, psychological well-being, general psychological distress). A sample of 400 participants is expected May 2004. Preliminary factor analysis suggests a unidimensional measure with one prime factor explaining 42% of the variance (Eigenvalue = 8.39). 16 of the original items loaded on the first factor with a factor loadings of > .30. Internal reliability estimate was excellent (á = .91). Convergent validity was supported with anticipated relationships between CSE and work-related strain (r = -.48, p < .01), general psychological distress (r = -.53, p < .01), and psychological well-being (r = .57, p < .01).

T-82 **Track 1 (assess)**

A 4-Item Screener for ASD and PTSD in Children

Bosquet, Michelle, PhD, Boston Medical Center, Boston University School of Medicine; Saxe, Glenn, MD, Boston Medical Center, Boston University School Medicine; Kassam-Adams, Nancy, PhD, Children's Hospital of Philadelphia

The purpose of this study was to develop a brief version of the Child Stress Disorders Checklist (CSDC), a 36-item observer response measure of symptoms of Acute Stress Disorder (ASD) and Posttraumatic Stress Disorder (PTSD) in children. The CSDC was administered to parents of 7- to 18-year-old children (n = 92) hospitalized for an injury (e.g. acute burn, motor vehicle accident, fall, assault) immediately after and 3 months following the injury. Data were subjected to scale development analyses. A 4-item scale emerged that demonstrated good internal consistency (Cronbach's alpha = .84), test-retest reliability (r = .77), and inter-rater reliability (between child's parent and nurse, r = .52). The 4-item scale performed comparably to the CSDC total score. The 4-item scale also demonstrated concurrent (rs ranged from .26 to .57) and predictive (rs ranged from .39 to .68) validity. Analyses using data from another sample of children who experienced a traffic-related injury (n = 173) confirmed the reliability and validity of the measure. The 4-item measure has great potential for use in a variety of clinical and non-clinical settings as a screening tool for assessing children's risk for current and future traumatic stress symptoms.

T-83 **Track 1 (assess)**

Using the CAPS to Assess PTSD in Women: A Confirmatory Factor Analysis

Briscoe-Smith, Allison, MA, University of California, San Francisco; Van Horn, Patricia, PhD, University of California, San Francisco; Lieberman, Alicia, PhD, University of California, San Francisco

The Clinician-Administered PTSD Scale (CAPS) is a widely used, structured clinical interview. Although its psychometric properties have been found to be sound, psychometric studies generally involve Veterans or populations with single event traumas. The factor structure has not been empirically validated with women. This paper examines the CAPS factor structure within a civilian sample of 182 predominantly low-income, ethnic minority women with histories of multiple traumas, including domestic violence. The mean number of lifetime traumas endorsed on the LSC-R is 12. We test two models for goodness of fit using confirmatory factor analysis. The first is a four-factor, first order solution postulating that four distinguishable elements make up the PTSD construct: reexperiencing, effortful avoidance, emotional numbing and hyperarousal. The second is a two factor, higher order solution with two correlated second-order latent variables. The first higher order factor subsumes reexperiencing and effortful avoidance. The second subsumes hyperarousal and emotional numbing. Preliminary analysis using AMOS software indicates that a four factor model (consisting of reexperiencing, effortful avoidance, emotional numbing and hyperarousal) fits this data. This finding is in line with the King et al. (1998) analysis. We discuss implications for assessing and treating PTSD in women.

T-84 **Track 1 (assess)**

Unresolved Trauma on the Adult Attachment Interview: Links with PTSD

Busch, Amy, MA, University of California, San Francisco; Van Horn, Patricia, PhD, University of California, San Francisco; Lieberman, Alicia, PhD, University of California, San Francisco

Individuals with unresolved trauma on the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1985) appear disorganized and disoriented when questioned about past experiences of loss or abuse. Theorists (e.g., Fearon & Mansell, 2001) have suggested links between the classification of unresolved trauma on the AAI and PTSD. For example, unresolved individuals' disorganized and disoriented responses on the AAI suggest that they experience intrusive memories when asked about their past traumas. This study examined associations between unresolved trauma and self-reported PTSD symptoms among 64 low-income women who had experienced violence in their adult relationships. Results suggest that women with unresolved trauma on the AAI (n = 36) show a trend toward reporting fewer re-experiencing, avoidance, and arousal symptoms, compared to women without unresolved trauma. Thus, despite displaying disorganized and disoriented responses when confronted with trauma reminders, unresolved individuals tend not to report these difficulties when directly asked about their symptoms. These findings provide support for the theory that unresolved individuals may be repressing painful thoughts and feelings regarding frightening life events (e.g., Bowlby, 1980; Busch, 2004; Fraiberg, Adelson, & Shapiro, 1975; Lyons-Ruth & Block, 1996), and that self-report measures therefore may not adequately assess their trauma symptoms.

T-85 **Track 1 (assess)**

Development of Direct Measures to Assess PTSD

Chen, Yi-Chuen, MA, West Virginia University; Scotti, Joseph, PhD, West Virginia University; Fortson, Beverly, MA, West Virginia University

PTSD assessment relies almost exclusively on indirect measures (interview, self-report); this is problematic when evaluating children. This study reports the development of two direct assessments of child MVC-related PTSD. The first was an analog role-play assessment (MVC-Behavioral Avoidance Test, MVC-BAT) during which six MVC- and non-MVC-related stories were presented via computer (audio and still photos). During the MVC-BAT, children rated their arousal level and could terminate (avoid) the story at any point. Child motor behavior was coded for anxious responses (facial tension, fine/gross motor movements, verbalizations) with the Motoric Response Checklist (MRC). The second measure was an analog free-behavior scenario in which children freely played with three sets of toys (five minutes each), one set included MVC-related materials (cars, people, roads). Anxious responses and play behaviors (e.g., appropriate or aggressive play, accident-related behaviors) were coded with the Play Observation Checklist (POC). Fifteen children, aged 7-12 years, who had experienced a MVC and exhibited severe PTSD symptoms (per the Clinician-Administered PTSD Scale) were recruited from hospital emergency departments; 15 non-MVC comparison children also participated. The psychometric properties (inter-observer agreement, internal consistency) of the MRC and POC will be reported, as will their convergent validity with indirect measures, and their discriminant validity.

T-86 **Track 1 (assess)**

Psychometrics and Scoring Methods for the PTSD Checklist in Older Civilians

Cook, Joan, PhD, University of Pennsylvania and Philadelphia VA Medical Center; Arean, Patricia, PhD, University of California at San Francisco

Research on PTSD assessment has traditionally focused on the adult population (18-64), resulting in a considerable gap in our understanding of PTSD within the older adult community (65+). Existing research in this area has focused on reliability and validation of PTSD measures in older combat veterans. This study examines the psychometric properties of and scoring methods for the PTSD Checklist (PCL) in a primary care sample of community-residing civilian older adults. Older patients were screened for the presence of depressive, anxiety or alcohol abuse disorders. One hundred and eighty-seven patients scored positive and received a baseline assessment, which included traumatic exposure. Of those, 142 indicated lifetime traumatic exposure and thus were administered the PCL. The PCL demonstrated strong internal consistency (a = .83). The symptom-based algorithm was compared to the cut-point scoring of PCL to determine correspondence between methods. There was relatively moderate correspondence (kappa = .47); the algorithm identified more participants as having PTSD than the standard cut-point of 50. Receiver Operator Curve analyses revealed that a cut-point of 36 distinguished optimally between the algorithm-defined PTSD and non-PTSD groups. Although further evaluation of the PCL is required, its use may improve recognition and classification of PTSD for older civilians.

T-87 **Track 1 (assess)**

Diagnostic Utility and Factor Structure of the PCL in an HIV+ Sample

Cuevas, Carlos, MA, Boston Medical Center; Bollinger, Andreas, PhD, VA Boston Healthcare System/Boston University School of Medicine; Morgan, Erin, BA, Boston Medical Center; Vielhauer, Melanie, PhD, VA Boston Healthcare System/Boston University School of Medicine; Sohler, Nancy, PhD, Montefiore Medical Center/Albert Einstein College of Medicine; Brief, Deborah, PhD, VA Boston Healthcare System/Boston University School of Medicine; Miller, Alec, PhD, Montefiore Medical Center/Albert Einstein College of Medicine; Keane, Terence, PhD, VA Boston Healthcare System/Boston University School of Medicine

There are mixed findings in the empirical literature on the PTSD Checklist (PCL) regarding optimal cut score for diagnostic utility and its underlying factor structure. Optimum PCL cut scores have ranged from 28 to 50 across various populations. Studies that examined the underlying factor structure have found two-, three- or four-factor solutions, most of which were only partially consistent with PTSD symptom clusters as defined in the DSM-IV (re-experiencing, avoidance, hyperarousal). The current study examined the psychometric properties, diagnostic utility, and factor structure of the PCL in a sample of urban, dually-diagnosed (substance abuse and mental health) participants with HIV/AIDS. Results provided further support for the robust psychometric properties of the PCL, with high reliability (alpha = .92) and validity as exhibited by moderate correlations with other measures of psychological distress. Diagnostic efficiency was found to be .82 with a cut score of 52. Using exploratory factor analysis, a two-factor solution was obtained. These factors could be described as Reexperiencing/Effortful avoidance and Numbing/Arousal. The utility of the PCL and implications for the dimensionality of PTSD in this population are discussed.

T-88 **Track 1 (assess)**

CAPS Frequency and Intensity Ratings: Which Is More Important to PTSD?

Elhai, Jon, PhD, Disaster Mental Health Institute, The University of South Dakota; Lindsay, Brenda, BA, Department of Psychology, The University of South Dakota; Frueh, B. Christopher, PhD, Charleston VA Medical Center and Medical University of South Carolina

Several newer PTSD instruments query about both symptom frequency and intensity (Clinician Administered PTSD Scale, Modified PTSD Symptom Scale-Self Report, Davidson Trauma Scale). However, it is unknown whether frequency, intensity, or both are empirically most important to PTSD's diagnosis, severity, and comorbid psychopathology. The present study sampled 169 male combat veterans evaluated for PTSD at a VA Medical Center's PTSD clinic. PTSD was diagnosed with the Clinician Administered PTSD Scale. Also administered were the MMPI-2, Dissociative Experiences Scale (DES), and Beck Depression Inventory (BDI). Pearson correlations demonstrated that the CAPS total frequency and total intensity scores were equally related to the CAPS' and Mississippi PTSD Scale's total severity scores. Regression analyses predicting total CAPS severity revealed a slightly higher regression coefficient for PTSD frequency than intensity. Comparing those diagnosed with and without CAPS-PTSD, effect sizes for frequency and intensity were equally large. The DES correlated more with frequency than intensity, and the BDI correlated more with intensity, though correlations were not significantly different from each other. The importance of both frequency and intensity of symptoms when assessing PTSD is therefore emphasized. Future PTSD assessments should inquire about both of these symptom dimensions.

T-89 **Track 1 (assess)**

Somatic Symptom Endorsement in 9/11 Disaster Relief Clinicians

Fesperman, Theresa, BA, Boston University School of Medicine, Boston VA Healthcare System; Scott, Erin, PhD, Boston VA Healthcare System, Boston University School of Medicine; Zimering, Rose, PhD, Boston VA Healthcare System, Boston University School of Medicine; Gulliver, Suzy, PhD, Boston VA Healthcare System, Boston University School of Medicine; Knight, Jeffrey, PhD, Boston VA Healthcare System

A growing literature supports the connection between trauma, PTSD, and physical health. Somatic symptoms in trauma studies are often assessed in the context of both medical and psychological questionnaires. The current project examined whether participants differentially endorsed somatic symptoms on medical (Medical Symptom and Treatment Monitoring Form; MSTMF) versus psychological measures (Beck Depression Inventory, BDI; Beck Anxiety Inventory, BAI). Data was collected as part of a larger study examining the responses of individuals who provided mental health services at Ground Zero following the 9/11 terrorist attacks. Disaster relief clinicians were assessed at six- and twelve-months following their 9/11 exposure. Examining content-matched items, participants endorsed more somatic symptoms on medical than on psychological measures. For example, 35.3% of participants endorsed the MSTMF item "awake earlier than desired" while only 25.5% of participants endorsed this symptom on the BDI. Similar patterns were observed for symptoms such as feeling dizzy or lightheaded (8.9% MSTMF, 7.9% BAI), difficulty breathing (10.8% MSTMF, 6.9% BAI), fatigue (39.6% MSTMF, 31.7% BDI), and interest in sex (21.6% MSTMF, 15.7% BDI). Additional analyses will examine the relationship between symptom reporting patterns and PTSD symptoms. Preliminary results suggest that the context of somatic symptom questions may influence level of endorsement.

T-90 **Track 1 (assess)**

Predictors of Emotional Numbing in a Sample of University Students

Flack, Jr., William, PhD, Bucknell University; Milanak, Melissa, BA, University of Pittsburgh Medical Center

Emotional numbing (EN) has been defined operationally as three symptoms within the C (avoidance and numbing) cluster of PTSD (American Psychiatric Association, 1994): disinterest, detachment, and restricted affect (Litz et al., 1997). The EN construct is supported by research on combat veterans, demonstrating significant relationships between EN and PTSD symptom clusters, particularly hyperarousal symptoms (Flack et al., 2000; Litz et al., 1997). In the present paper, we describe data on the relationships between EN, PTSD symptom clusters, and the number of different types of lifetime traumatic events reported by 1,329 female and male undergraduate university students. The results of a forward stepwise regression analysis, using EN as the criterion, and symptom clusters and number of types of traumatic events as predictors, revealed the following: hyperarousal (D symptom cluster) R-square = 0.35, plus avoidance (C cluster minus EN symptoms) R-square = 0.43, plus re-experiencing (B cluster) R-square = 0.44, plus frequency of lifetime traumatic events R-square = .44. These findings replicate the results of earlier research with military samples on the relationship between EN and hyperarousal, as well as the other symptom clusters of PTSD, while extending them to a civilian population reporting on non-combat, lifetime traumatic events.

T-91 **Track 1 (assess)**

Syndrome Status and Trauma Correlates of Complex PTSD in Clinical Samples

Ford, Julian, PhD, University of Connecticut School of Medicine; Fournier, Debra, APRN, University of Connecticut School of Medicine; Smith, Stefanie, PhD, University of Connecticut

This study replicates and extend studies investigating complex posttraumatic stress disorder (PTSD). PTSD, complex PTSD, and trauma history

using psychometric structured interviews with 239 adult trauma survivors in public sector psychiatric and addiction treatment. Only one patient met criteria for complex PTSD but not for PTSD. Three in four respondents met criteria for PTSD, almost half (36%) with complex PTSD. In multivariate logistic regression analyses, Caucasian ethnicity, childhood sexual abuse, and intrafamilial trauma were associated with complex PTSD (versus PTSD alone). Childhood physical abuse and witnessed violence were associated with PTSD alone. We conclude that, among public sector adult psychiatric and addictions patients, PTSD secondary to childhood violence exposure and complex PTSD secondary to childhood sexual abuse and intrafamilial trauma warrant clinical attention. In this population, complex PTSD appears best conceptualized as associated features of PTSD. The role of violence in PTSD and betrayal in complex PTSD are discussed as conceptual and clinical models.

T-92 **Track 1 (assess)**

Assessing the Response Style of Combat Veterans with PTSD

Franklin, C., PhD, VA Medical Center, New Orleans; Thompson, Karin, PhD, VA Medical Center, New Orleans; Repasky, Stephanie, PsyD, VA Medical Center, New Orleans; Uddo, Madeline, PhD, VA Medical Center, New Orleans; Corrigan, Sheila, PhD, VA Medical Center, New Orleans; Strong, David, PhD, Butler Hospital/Brown University; Walton, Jessica, BA, VA Medical Center, New Orleans

Posttraumatic stress disorder (PTSD) is often chronic in nature, especially among the combat veteran population. Obtaining an objective assessment of PTSD severity with self-report symptom measures is complicated by the potential for motivated individuals to systematically exaggerate symptoms due to a perceived benefit of appearing distressed or for secondary gain. In order to better understand response style in veterans seeking compensation or treatment for PTSD, we recruited 100 non-service connected veterans who were undergoing either a compensation exam or treatment intake exam for combat-related PTSD. In addition to the typical self-report measures used in these exams (e.g., BDI, CES, PCL-M), we administered the MMPI-2 and SIRS. This presentation will present the results of our study, including the proportion of veterans identified as over-reporting based on SIRS and MMPI-2 scales, comparing differences in veterans' response style by type of exam (compensation versus treatment intake), and examining scores on self-report measures of PTSD and related problems in veterans identified as over-reporting.

T-93 **Track 1 (assess)**

Gender Differences in PTSD: A Prospective Study

Frenkiel-Fishman, Sarah, MA, Department of Psychiatry, Hadassah University Hospital; Sara, Freedman, MSc, Department of Psychiatry, Hadassah University Hospital; Arieh, Shalev, MD, Department of Psychiatry, Hadassah University Hospital

Gender differences have been shown to be related to the development of Post-Traumatic Stress Disorder (PTSD), with women being at greater risk. Recent studies however have shown that following motor vehicle accidents, no gender differences were found in psychological responses (Freedman et al. 2002). It has been proposed that this may be explained by cognitive appraisal. That is, gender differences in responses to traumatic events may be related to differences in the meaning of a traumatic event or to its gender-specific attributes. In a prospective study, 158 trauma survivors were interviewed 1 week, 1 month, and 4 months following a traumatic event. In addition to examining symptoms of PTSD and depression, cognitive appraisal will be examined as well.

T-94 **Track 1 (assess)**

Assessment of Exposure to Potentially Traumatic Events

Gray, Matt, PhD, University of Wyoming; Litz, Brett, PhD, National Center for PTSD; Wang, Julie, National Center for PTSD; Lombardo, Tom, PhD, University of Mississippi

Numerous measures have been developed to assess exposure to potentially traumatic events (PTE), yet formal evaluation of the psychometric properties of these measures is the exception rather than the rule. This presentation will review evidence for the reliability and validity of several common PTE measures and will provide recommendations for the usage of particular measures for different purposes and contexts. In particular, the properties of the Life Events Checklist (LEC) will be examined. The LEC was developed at the National Center for PTSD concurrently with the Clinician Administered PTSD Scale (CAPS) to facilitate the diagnosis of posttraumatic stress disorder. This presentation will describe the performance of the LEC in two samples – college undergraduates and veterans undergoing extensive psychological evaluations. The LEC exhibited adequate test-retest reliability, good convergence with an established measure of trauma history – the Traumatic Life Events Questionnaire and is comparable to the TLEQ in associations with variables known to be correlated with trauma. Each PTE measure inquires about traumatic experiences and features that are neglected by other measures. Accordingly, unique features of various PTE features will be presented and discussed.

T-95 **Track 1 (assess)**

Trauma-Informed Treatment for Incarcerated Youth: A Controlled Study

Greenwald, Ricky, PsyD, Child Trauma Institute; Satin, Maurice, PhD, NY Office of Children and Family Services; Rubin, Allen, PhD, University of Texas, Austin; Azubuike, Adisa, PhD, NY Office of Children and Family Services; Borgen, Roger, PhD, NY Office of Children and Family Services

Trauma exposure has been identified as contributing to antisocial behavior. This study evaluates a trauma-informed treatment that uses interventions validated with related populations to sequentially address motivation (motivational interviewing), skill development (cognitive-behavioral training), trauma resolution (EMDR), and relapse prevention/harm reduction. Three hundred incarcerated juvenile delinquents in 3 NY state facilities were randomly assigned to standard-care only or standard-care plus the trauma-informed treatment. Nine trained and supervised therapists conducted the treatment, 3 in each site. Treatment adherence was assessed. Post-treatment outcome measures included the TSCC and CROPS (post-traumatic stress symptoms) as well as in-house behavior ratings. Behavioral outcomes were assessed via arrest records for 2 years post-release.

T-96 **Track 1 (assess)**

Identifying PTSD Using the 16PF: Comparing Linear Modeling Methods

Hall, Brian, BA, Cleveland State University; Brown, Russ, PhD, The University of Akron; Wilson, John, PhD, Cleveland State University; Newman, Isadore, PhD, The University of Akron

While much has been studied within the context of trauma and posttraumatic stress, relatively little is known about how trauma impacts personality and is represented in the personality structure. Given the impact of specific trauma and resultant trauma specific reactions, it is not surprising that trauma is manifest in a variety of areas of an individual's functioning. It has been shown that trauma can be evidenced in the constellation of personality variables measured by non-pathological or normal personality testing instruments. To further this research, the present study sought to examine whether the Global Factors of the 16 Personality Factor Questionnaire: Fifth Edition (Cattell, Cattell & Cattell, 1993) could be used to differentiate individuals who presented with symptoms and histories consistent with PTSD from those whose symptoms and histories were not consistent with PTSD. The present study compared three regression modeling methods (linear, 3rd degree polynomial, and logistic) in terms of the relative efficacy and stability of classification of the status of the 160 participants in this study. While the polynomial method produced the most accurate pattern of classification, the logistic model produced the most stable pattern of classifications when 95% confidence intervals were considered. Implications in clinical assessment are examined.

T-97 **Track 1 (assess)**

Peritraumatic Distress Predicts Prospectively PTSD in Assault Victims

Jehel, Louis, MD, PhD, University of Paris-Tenon, France; Paterniti, Sabrina, MD, PhD, University of Paris-Tenon, France; Brunet, Alain, PhD, McGill University and Douglas Hospital Research Centre, Quebec; Louville, Patrice, MD, Department of Psychiatry, Issy les Moulineaux, France; Guelfi, Julien, MD, Clinique des Maladies Mentales et de l'Encéphale, University Paris V, France

In order to assess and triage effectively trauma victims potentially requiring psychological help, it is important to have valid and reliable screening tools. Objective: The authors prospectively examined the power of peritraumatic distress in predicting post traumatic stress symptoms (PTSD). Method: Sixty treatment-seekers assaulted within the last year were assessed with the Peritraumatic Distress Inventory (PDI), Peritraumatic dissociation Questionnaire (PDEQ), and with the Clinical Global Impressions (CGI). Participants were reassessed 6 months later with the Impact of Event Scale-Revised (IES-R). Correlational analyses and a hierarchical multiple regression were conducted. Results: Peritraumatic distress was correlated with subsequent PTSD symptoms ($r=0.63$, $p<.01$), as well as with the CGI ($r =$

0.49, p<.01). The regression model (PDI, CGI & age) explained 54% of the variance. The characteristics of the event and of the assault, gender and marital status did not have significant predictive power. Conclusions: In this study peritraumatic distress was a more robust predictor of PTSD symptoms than peritraumatic dissociation. Peritraumatic distress could be routinely assessed in the aftermath of trauma or during the first clinical interview. Studies are needed to replicate this study and cut off scores could be developed.

T-98 **Track 1 (assess)**

Gender, Betrayal Trauma Exposure, and Sensory Filtering Impairments

Kanazawa, Asako, BA, University of Oregon; White, Patricia, PhD, University of Oregon; Stewart, Lorraine, MS, University of Oregon; Smid, Dusti, BA, University of Oregon; Kessner, Molly, University of Oregon; Hancock, Kathryn, University of Oregon

Although recent research (e.g., Neylan, 1999) suggests that individuals with PTSD may exhibit impaired sensory filtering, it is unclear to what degree sensory filtering deficits are influenced by the type of trauma experienced. Trauma has been categorized as betrayal or non-betrayal-based, depending on the closeness of the relationship between the trauma victim and the perpetrator, (Freyd, 2003). In this study, the role of gender and type of trauma were assessed for influence on sensory filtering impairment. The BBTS, a self-report instrument with betrayal and non-betrayal trauma exposure subscales, was administered along with a self-report of PTSD (PC-PTSD), of sensory gating (SGI), of depression (BDI), and of trait anxiety (STAI) to 192 participants. In all subjects, betrayal-trauma history correlated positively with PTSD, while non-betrayal trauma failed to show this relationship. This effect also was shown independently in both males and females. In contrast, gender differences were found between type of trauma and sensory gating impairments. Non-betrayal trauma correlated positively with sensory filtering impairments in females, but not in males, while betrayal trauma correlated positively with sensory filtering deficits in males, but not females. These results suggest that the type of trauma may influence the expression of sensory filtering difficulties differently in males and females.

T-99 **Track 1 (assess)**

Anhedonia and Emotional Numbing in Combat Veterans with PTSD

Kashdan, Todd, MA, Medical University of South Carolina, National Crime Victims Research and Treatment; Elhai, Jon, PhD, Disaster Mental Health Institute, The University of South Dakota; Frueh, Christopher, PhD, Medical University of South Carolina

Combat veterans may be motivated to overreport psychiatric symptoms to increase the probability of obtaining disability compensation for posttraumatic stress disorder (PTSD). Psychiatric disability, by definition, is a disruption in societal engagement. Anhedonia, as a measure of societal disengagement, is of benefit for high symptom overreporting veterans to emphasize during psychiatric evaluations. With less motivation to present as disabled, low symptom overreporting veterans have no reason to emphasize anhedonia. We hypothesized that symptom overreporting would moderate relations between depressive symptoms and emotional numbing symptoms of PTSD. Data were drawn from an archival dataset of 310 combat veteran outpatients. Examining the latent structure of the Beck Depression Inventory, we found evidence for the superiority of a two-factor solution, leading to anhedonic and undifferentiated, global depressive symptoms scales. For high symptom overreporting veterans, only anhedonia was related to interview evaluations of emotional numbing. For low symptom overreporting veterans, only undifferentiated depressive symptoms were related to emotional numbing. When evaluating the presence of psychopathology in combat veterans, clinicians should routinely consider the pattern and motivation of symptom reporting.

T-100 **Track 1 (assess)**

Developing and Validating a Spanish Acute Stress Checklist for Children

Kassam-Adams, Nancy, PhD, Children's Hospital of Philadelphia; Cardeña, Etzel, PhD, University of Texas - Pan American; Gold, Jeffrey, PhD, Children's Hospital Los Angeles; Muñoz, Cynthia, PhD, Children's Hospital Los Angeles

Accurate assessment of child distress in the aftermath of a traumatic event can guide clinical intervention and enhance our understanding of the etiology of child post-traumatic stress responses. A new Spanish acute stress checklist is under development, based on the 29-item English-language Acute Stress Checklist for Children (ASC-Kids). The ASC-Kids is a recently developed and validated self-report measure of children's acute stress symptoms. The aim in developing each of these instruments has been to create brief self-report measures practical for use within the first month after an acute traumatic event. The ASC-Kids has been translated and adapted, with close attention to wording that is developmentally appropriate and suitable for use with Spanish-speaking children age 8 through 18 in the US and in other countries. Accuracy of translation was ensured via feedback from a panel of bilingual colleagues and via examination of a back-translation. Further measure development, now underway, will include a) pilot testing of item wording with children and adolescents, b) gathering expert ratings of each item on multiple dimensions in order to assess content validity, and c) assessing psychometric properties of the final measure in one or more validation samples of children and adolescents with recent trauma exposure.

T-101 **Track 1 (assess)**

Psychometric Properties of the PTSD Checklist

Keen, Stefanie, PhD, National Center for PTSD/VA Boston Healthcare System; Kutter, Catherine, PhD, VA Medical Center, White River Junction, Vermont; Niles, Barbara, PhD, National Center for PTSD/VA Boston Healthcare System; Krinsley, Karen, PhD, National Center for PTSD/VA Boston Healthcare System

The Posttraumatic Stress Disorder Checklist (PCL) is a commonly used screening measure for posttraumatic stress disorder (PTSD) symptomatology. The present study investigates the basic psychometric properties and factor structure of the PCL in a sample of treatment-seeking and community-dwelling male veterans, who were assessed for the presence of PTSD by the Clinician-Administered PTSD Scale (CAPS). Results from the present study replicate previous investigations of the PCL, indicating that the PCL possesses strong and robust psychometric properties across diverse and varying populations. The primary discrepancy between the present and previous investigations is the finding for a higher optimal cutoff score (i.e., 60) related to CAPS-derived diagnosis for PTSD. Possible explanations for this apparent discrepancy are explored, and may include factors related to between-study sample characteristics. Furthermore, principal components analysis supports a two-factor solution as providing the best fit for the factor structure of the PCL, which is discussed within the context of current theoretical models of PTSD. In conclusion, the current investigation supports the use of the PCL as a brief, self-report measure of PTSD symptomatology.

T-102 **Track 1 (assess)**

Provoking Dissociative Responses in the Lab: Data From Two Samples

Kimble, Matthew, PhD, University of Wales, Bangor; Boston University School of Medicine, VA Boston; Kaufman, Mellissa, MD, PhD, Boston University School of Medicine; Kai-Lee, Klymchuk, MA, University of Wales, Bangor; Mark, Roberts, BA, University of Wales, Bangor; Allison, Forti, BA, Research Triangle Institute, University of North Carolina

Presenting trauma survivors with stimuli relevant to their stressful experience is a common procedure in studies investigating the cognitive and psychophysiological correlates of trauma. Given that such procedures may produce dissociative responses, and dissociation can theoretically affect a range of responses, this is potentially problematic for research in this area. In one study, 47 combat veterans underwent an affective induction procedure with neutral, generally stressful, and trauma-relevant conditions. After each condition the subject filled out a modified PDEQ (mPDEQ) that inquired about the level of dissociation during each condition. Highest levels of dissociation were reported after the trauma relevant condition [$F(2,39) = 5.73$, $p<.01$] with subjects with PTSD ($N = 27$) demonstrating the greatest effect [$F(1.6,90) = 3.4$, $p<.05$]. Across all 47 subjects, DES scores predicted dissociation (mPDEQ) reports to the traumatic stressor ($r = .58$, $p<.05$). In a separate sample, 11 traumatized undergraduate students participated in a behavioral task in which they were exposed to idiographic trauma words. DES scores again predicted dissociation (mPDEQ) reports while performing the lab task ($r = .69$, $p<.05$). These results suggest that a range of commonly used laboratory procedures produce dissociation in traumatized subjects. Dissociation effects may need to be taken into account when interpreting results from such procedures.

Poster Presentations – Session 5

T-103 **Track 1 (assess)**

Personality and World Assumptions in Trauma Patients

Kleijn, Wim, MSc, University Leiden, and Centrum '45; Smith, Annemarie, MD, Centrum '45

Literature on trauma survivors suggest that basic assumptions and cognitions on the "goodness of people," the "meaningfulness of the world" and "self-evaluation" can be shattered due to traumatic experiences (Janoff-Bulman, 1992). Little is known about relations of these cognitions with personality factors: are the five personality dimensions as measured by the NEO-FFI related to the eight basic world assumptions as measured by the World Assumptions Scale (WAS)? Results will be presented of the analysis of data on these concepts as gathered during routine intake diagnostic procedures of patients (N = 200) referred to a Dutch national institute specialized in the treatment of war survivors.

T-104 **Track 10 (war)**

Empirical Data Reduction Techniques for Measuring and Modeling War

Legerski, John-Paul, BS, University of Kansas; Layne, Christopher, PhD, Brigham Young University; Hilton, Sterling, PhD, Brigham Young University

Principle component and exploratory factor analysis (EFA) have been used to derive the dimensionality of war exposure instruments, but may generate heterogeneous subscales of questionable utility. An alternative method, using both rationally-derived dimensions and structural equation modeling, may generate factors with greater utility. To test this hypothesis, 1,572 Bosnian high school students completed a 35-item war exposure inventory in conjunction with measures of depression, posttraumatic stress, and traumatic grief. The war exposure variables were subjected to EFA versus a rationally-based categorization method accompanied by SEM. The EFA provide two negative outcomes. First, many theoretically and clinically relevant variables failed to load on any factor and were thus dropped from the analysis. Second, EFA produced a number of large and very heterogeneous factors that had limited clinical, empirical, and theoretical utility. Two structural equation models (SEM) were compared, using factors from the EFA and rationally derived methods, with measures of depression, posttraumatic stress disorder, and traumatic grief serving as outcome variables. The rationally derived model was judged to be more theoretically and clinically useful, and explained more variance in the outcome variables and provided superior goodness-of-fit indices. Results suggest that empirical data reduction techniques that rely exclusively on co-occurrence to identify underlining constructs may be less useful for measuring war-related events than methods that rely on both rational and confirmatory techniques.

T-105 **Track 7 (practice)**

Effects of Trauma-Focused Research on Firefighters

Lewis, Jonathan, BS, University of Colorado - Colorado Springs; Markowski, Tina, BS, University of Colorado - Colorado Springs; Benight, Charles, PhD, University of Colorado - Colorado Springs

This paper examines the effect of trauma-focused research on firefighters participating in a study of peer support coping. Participants answered questionnaire items measuring perceived levels of gain from doing the research, unexpected amounts of participation-related distress, and if, in hindsight, if they would agree to participate again. The main questionnaire assessed psychological distress, coping self-efficacy (CSE), social support, and coping with humor. Participants were 83 firefighters mandated by their department to participate in an evaluation of the efficacy of a peer support program in response to potentially traumatic incidents in the line of duty. Seventy-five percent agreed or were neutral to the idea of gaining something positive from participation in the evaluation. A minority (7%) endorsed the perception of survey completion as upsetting and disagreeing with the retrospective item of still consenting to participate. Level of participation distress was negatively correlated with fire fighting CSE ($r = -.242$, $p < .05$). These findings are consistent with previous studies concerning the role of CSE in both coping with traumatic distress and ability to tolerate trauma research. Results suggest implications for the generalization of trauma research tolerability to the field of emergency services.

T-106 **Track 1 (assess)**

Trauma Evaluation and Treatment in the Seriously Mentally Ill

Lucero, Michele, PsyD, South Nassau Communities Hospital; Rhatigan, Kelly, PsyD, South Nassau Communities Hospital; Demaria, Thomas, PhD, South Nassau Communities Hospital

Traumatic events have been linked to negative mental health outcomes, including posttraumatic stress disorder (PTSD), depression, anxiety, psychosis, and substance abuse. Among the seriously mentally ill, several studies have shown a high incidence of trauma exposure and PTSD, and researchers have called upon clinicians to include trauma histories into diagnosis and treatment planning. However, a contradiction exists in the literature; while most researchers agree that early trauma assessment and treatment is important, many also caution practitioners against exposing seriously mentally ill patients to potentially re-traumatizing content. To evaluate if trauma is assessed and treated in outpatient settings, we examined the clinical case records of patients in a Partial Hospitalization Program in Long Island, NY. In a pilot study, a sample of case records in which a trauma history appeared in the record was examined. None of the cases included a primary or secondary diagnosis of PTSD, nor were trauma-based symptoms addressed on any of the treatment plans. Preliminary findings suggest that clinicians are recording trauma histories, but this information is not being incorporated into the diagnoses or treatment plans. Several factors that may contribute to this finding are explored, and implications and conclusions about clinical practice are discussed.

T-107 **Track 1 (assess)**

Complex PTSD in Incarcerated Adults: Comorbid but Distinct from PTSD

Mahoney, Karen, MA, University of Connecticut School of Medicine; Ford, Julian, PhD, University of Connecticut School of Medicine

This study replicates and extend studies investigating complex posttraumatic stress disorder (PTSD). PTSD, complex PTSD, and trauma history using psychometric structured interviews with 301incarcerated adults. Full Complex PTSD was rare in this non-clinical sample (7% prevalence) but PTSD was common (30% prevalence). Almost 40% of respondents with Complex PTSD did not meet criteria for lifetime PTSD, and more than 70% with Complex PTSD did not meet criteria for current PTSD, suggesting syndromal distinctiveness consistent with Ford (1999). When a partial variant of Complex PTSD was examined, syndromal distinctiveness was even more pronounced. In multivariate logistic regression analyses controlling for demographics and Borderline Personality Disorder, BPD, childhood abuse, and adult assault, loss, or witnessed violence were associated with full or partial Complex PTSD (versus PTSD alone), while adult violence exposure and childhood sexual abuse were associated with PTSD alone (versus no PTSD). The role of violence and cumulative trauma in PTSD and complex PTSD are discussed as conceptual and clinical models.

T-108 **Track 1 (assess)**

Reliability and Validity of the DICA-ASD

Miller, Alisa, MA, Boston Med Center; Saxe, Glenn, MD, Boston University Medical Center, National Child Traumatic Stress Network; Stoddard, Frederick, MD, Shriners Burns Hospital; David, Bartholomew, BA, Boston Medical Center; Hall, Erin, MA, Boston Medical Center; Carlos, Lopez, MD, Boston Medical Center; Kaplow, Julie, PhD, Boston Medical Center; Koenen, Karestan, PhD, National Center for PTSD, Boston VA Center, Boston University Medical School; Michelle, Bosquet, PhD, Boston Medical Center; Reich, Wendy, PhD, Department of Psychiatry, Washington University St Louis

In order to further our understanding of acute stress reactions in children, there is a need for reliable and valid assessment tools. The psychometric properties of an adaptation of the PTSD module of the Diagnostic Interview for Children and Adolescents (DICA) to assess Acute Stress Disorder (DICA-ASD) were evaluated in the current study. This semi-structured interview consists of 39-items that assesses acute traumatic symptoms in children. Parents (n = 97) and children (n = 105) were interviewed about the child's symptoms in the immediate aftermath of a burn or injury experienced by the child. Internal consistency is demonstrated at an acceptable level, Cronbach a = .89. Interrater reliability of interviewers demonstrated high reliability K = .94. Convergent validity was demonstrated with significant correlations with other valid instruments assessing traumatic symptomology in children, PTSD scale of the CBCL, $r = .38$, $p <.01$ and CSRC-n, $r = .33$, p

<.01. Discriminant validity was assessed by correlating the DICA-ASD with the Thought Problems scale of the CBCL, r = .04, p = .74. Preliminary results thus indicate reliable and valid psychometric properties for the DICA-ASD. A reliable and valid diagnostic interview for ASD in children with injuries has important research and clinical implications.

T-109 **Track 10 (war)**

Internalizing and Externalizing Subtypes of Combat-Related PTSD

Mozley, Susannah, PhD, National Center for PTSD, Boston VA Healthcare and Boston University School of Medicine; Miller, Mark, PhD, National Center for PTSD, Boston VA Healthcare and Boston University School of Medicine; Beckham, Jean, PhD, Durham VA Medical Center and Duke University School of Medicine; Feldman, Michelle, Durham VA Medical Center

Using a new, clinical sample of 713 male veterans with combat-related PTSD, this study provides a replication and extension of findings indicating individual differences in tendencies towards externalization versus internalization of distress in the symptoms and behavioral expression of PTSD (Miller, Greif, & Smith, 2003; Miller, Kaloupek, Dillon, & Keane, in press). As in the Miller et al. study, cluster analysis of MMPI-2 PSY-5 scales partitioned cases into (1) an "internalizing" cluster defined by high negative emotionality and low positive emotionality; (2) an "externalizing" cluster defined by high negative emotionality, high aggression, and low constraint, and (3) a "low pathology" cluster defined by PSY-5 scale scores falling at or near the normative mean. Differences between clusters were tested using parametric and nonparametric ANOVAs. Internalizers were differentiated from the other groups on scales measuring depression, somatization, introversion, anxiety, PTSD severity, and nicotine addiction, and were more likely to be diagnosed with comorbid Major Depression and to be taking antidepressant medication. Externalizers were differentiated from the other groups on scales measuring mania, cynicism, antisocial practices, Type-A personality, aggression, alcohol abuse, frequency of alcohol and marijuana use, and polysubstance use. Findings provided additional support for an internalizing and externalizing typology of PTSD.

T-110 **Track 1 (assess)**

Discriminating Malingered from Genuine PTSD Using the Trauma Symptom Inventory

Naifeh, James, BA, Disaster Mental Health Institute, The University of South Dakota; Butcher, Jimmie, BA, Disaster Mental Health Institute, The University of South Dakota; Clapp, Joshua, BA, University of Wyoming; Gray, Matthew, PhD, University of Wyoming; Davis, Joanne, PhD, Tulsa University; Falsetti, Sherry, PhD, University Family Health Center, College of Medicine at Rockford, University of Illinois at Chicago; Elhai, Jon, PhD, Disaster Mental Health Institute, The University of South Dakota

This study examined the ability of the Trauma Symptom Inventory (TSI) to discriminate simulated from genuine posttraumatic stress disorder (PTSD). TSI scores of 88 students trained and instructed to simulate PTSD were compared with those of 48 PTSD-diagnosed outpatients. Results demonstrated significant between-group differences on several TSI clinical scales and the Atypical Response (ATR) validity scale. A discriminant analysis revealed the scales' correct classification of more than 75% of simulators and patients. However, individual ATR cutoff scores did not yield impressive classification results.

T-111 **Track 1 (assess)**

Prevalence of Trauma and PTSD in the Netherlands

Olff, Miranda, PhD, Dept of Psychiatry, Academic Medical Center/De Meren, University of Amsterdam; de Vries, Giel-Jan, MA, Dept of Psychiatry, Academic Medical Center/De Meren, University of Amsterdam

Outside the US little information is available about the prevalence of trauma, posttraumatic stress disorder (PTSD) and other posttrauma psychopathology. In the Netherlands, recently a large prospective epidemiologic study has been conducted assessing the prevalence and incidence rates of most psychiatric disorders (NEMESIS). However, the epidemiology of PTSD in the Netherlands remains unknown as the study did not include this disorder. The main objectives of our study were to establish estimates of life-time and 12 months prevalence rates of PTSD, co-existing psychopathology as well as the relative importance of types of life events/traumas in terms of their prevalence and risk of leading to PTSD. Using a Random Digit Dialing (RDD) approach we reached a representative sample of over 1200 people living in Netherlands aged 18-80 years. Respondents were interviewed by telephone. PTSD was assessed using the Composite International Diagnostic Interview (CIDI), other psychopathology was assessed using the MINI International Neuropsychiatric Interview (MINI plus). Preliminary results indicate that the prevalence of PTSD is somewhat smaller in the Netherlands than those found in other epidemiologic studies.

T-112 **Track 1 (assess)**

2003 Student Research Grant Award Winner Update

Basic Assumptions in War Veterans and Breast Cancer Patients

Padun, Maria, Institute of Psychology Russian Academy of Sciences; Tarabrina, Nadya, PhD, Institute of Psychology Russian Academy of Sciences

This study examined basic assumptions regarding benevolence of the world, meaningfulness of the world and worthiness of self (measured by Janoff–Bulman's World Assumptions Scale – WAS) in 69 veterans of Chechen war and 53 women with breast cancer. WAS was previously validated on the Russian sample (N = 320). All subscales had reliabilities between 0.66 and 0.80. The level of posttraumatic stress symptoms was measured by Mississippi Scale (MS). Results indicate that level of posttraumatic stress symptoms is related to negative basic assumptions. In addition, we found that depending on the source of the trauma (e.g. war or a life threatening illness) the level of posttraumatic stress symptoms relates to different basic assumptions. If the source of trauma is external (war veterans) high posttraumatic symptoms correlate with negative assumptions about benevolence of the world (r = -0.31, p<0.05), self worth (r = -0.33, p<0.01) and luck (r = -0.34, p<0.01). In case of internal source of the trauma (breast cancer patients) posttraumatic symptoms are connected with negative assumptions about luck (r = -0.33, p<0.05) and self–control (r = -0.36, p<0.01). Beliefs about benevolence of the external world don't suffer. Findings support the notion that posttraumatic conditions resulting from a life threatening illness are fundamentally distinctive from disorders resulting from other kinds of trauma.

T-113 **Track 1 (assess)**

Clinical Validation of the Swedish Clinician Administered PTSD Scale

Paunovic, Nenad, PhD, Department of Psychology, Stockholm University, Stockholm; Öst, Lars-Göran, PhD, Department of Psychology, Stockholm University, Stockholm

The reliability and validity of the Swedish version of Clinician Administered PTSD Scale (CAPS) was evaluated with 73 violence victims with posttraumatic stress disorder (PTSD). The Swedish CAPS evidenced satisfactory item-total correlations and a good internal consistency. The CAPS displayed high correlations with the PTSD symptom scale (PSS-SR) and the Impact of Event Scale-Revised (IES-R). Furthermore, the CAPS correlated less with the Hamilton depression and anxiety scales (HDS and HAS), the Beck depression and anxiety inventories (BDI and BAI), and the Stait-Trait Anxiety inventory (STAI-S and STAI-T). In addition, the CAPS showed low-moderate negative correlations with the world assumptions scale (WAS) and the quality of life inventory (QOLI). To summarize, the Swedish CAPS showed a satisfactory reliability and validity in the present study. The results provide promising data on the psychometric utility of the Swedish CAPS as a reliable and valid diagnostic interview measure of PTSD symptoms in Swedish traumatized individuals.

T-114 **Track 1 (assess)**

Undergraduate Reactions to Terrorism: A Phenomenological Analysis

Roetzer, Lynne, MA, University of West Florida; Walch, Susan, PhD, University of West Florida

The September 11 terrorist attacks indirectly exposed a nation, through widespread, repetitive media coverage, to events of unprecedented magnitude and scope. These factors call into question the clinical nosology of what constitutes a traumatic event at the core of the DSM-IV diagnoses of Acute Stress Disorder and Posttraumatic Stress Disorder, which do not specifically address television viewing as a form of indirect exposure. A phenomenological analysis of undergraduate narratives, obtained within 48 hours post event, was used to explore students' experience of the terrorist attacks. Specifically, the nature of initial reactions and the degree of congruence of these reactions with criteria for PTSD and ASD were the focus of the study. The racially diverse sample of students (N = 124; M age = 24.9, SD = 8.4) expressed reactions that traversed the emotional, cognitive, behavioral, interpersonal, and spiritual domains. Consistent with diagnostic criteria for ASD and PTSD, reactions such as fear, mental replay of visual images, intrusive thoughts, derealization, and numbing were evident in the

10-32% of the narratives. Although the DSM-IV criteria do not specifically address television viewing as a form of indirect exposure to traumatic events, these data suggest that traumatic reactions may occur in response to such indirect exposure.

T-115 **Track 1 (assess)**

Assessment of Religious Coping Methods and Relationship to Post-MVA PTSD

Rowell, Dianna, MA, University at Albany, SUNY; Gusmano, Rebecca, MA, University at Albany, SUNY; Tulloch, Lisa, University at Albany, SUNY; Blanchard, Edward, PhD, University at Albany, SUNY

Pargament et al. (1998) found that patterns of positive and negative religious coping methods were associated with less and more emotional distress, respectively, following a stressor. The current study adapted Pargament et al.'s (1998) measure of religious coping methods (Brief RCOPE) with the purpose of replicating their findings among 419 undergraduate students who were in a motor vehicle accident (MVA). Participants (44% female; Mean = 18.9 years old; 75.7% white) completed questions about their most distressing MVA and their current traumatic reactions to this event. They also completed the adapted Brief RCOPE. A principle components analysis of this measure revealed a two-factor structure consisting of items about positive and negative religious coping methods, respectively. These two coping patterns were positively correlated to questions about current religiousness and spirituality, and accounted for 11.8% of the variance in current posttraumatic stress symptoms (PTSS) secondary to the MVA, after controlling for current religiousness and spirituality. The use of more negative religious coping methods was associated with greater levels of PTSS, but positive methods did not significantly predict PTSS. A comparison to Pargament et al.'s (1998) findings and implications for assessment and treatment of individuals following a traumatic event like a MVA are discussed.

T-116 **Track 10 (war)**

A Longitudinal Study of Retirement in Older Male Military Veterans

Schnurr, Paula, PhD, National Center for PTSD and Dartmouth Medical School; Lunney, Carole, MA, National Center for PTSD; Sengupta, Anjana, PhD, National Center for PTSD and Dartmouth Medical School; Spiro, III, Avron, PhD, Boston VA Medical Center and Boston University

Findings from case studies and retrospective observational studies suggest that older military veterans may experience reactivation or intensification of PTSD and other symptoms following retirement. We used longitudinal data spanning up to 30 years of observation to examine the effect of retirement on psychological and physical symptom trajectories in 404 older male veterans of World War II or the Korean Conflict. Three groups were defined using information derived from clinician-administered interviews: no exposure, trauma exposure only, and lifetime full or partial PTSD. We used hierarchical linear modeling to test the hypothesis that symptom worsening would be greater in veterans with full or partial PTSD than in nontraumatized veterans or traumatized veterans who did not have PTSD. Secondary analyses examined whether these groups differed in circumstances surrounding retirement. As expected, the PTSD group had increased psychological and physical symptoms in the periretirement phase. The groups were similar in average age at retirement. Although veterans in the PTSD group were more likely than veterans in the other groups to retire because of poor health, periretirement differences in trajectories remained following statistical control for health-related retirement. Results indicate that clinicians should recognize the potential for symptomatic increases among older individuals during retirement.

T-117 **Track 1 (assess)**

PTSD in Civilian Populations: A Quantitative Review

Shercliffe, Regan, PhD, Luther College at the University of Regina; Bowman, Marilyn, PhD, Simon Fraser University; Koch, William, PhD, University of British Columbia; Tuttle, Megan, BA, University of Regina

This meta analysis quantitatively reviewed the proportion of individuals who develop post-traumatic stress disorder as defined by the DSM and ICD classification system in non-treatment seeking civilian samples following exposure to three categories of events with differing aetiology: events that are human in origin, technologically based events, and events that are health related. Studies that were published in peer-reviewed journals between 1980 and 2003 were located and reviewed. Two hundred and five studies met inclusion criteria. The results showed that the event type was significant in predicting the proportion of individuals who develop PTSD. A number of moderating variables were examined, and we found that certain variables were important only in specific events. Two important themes emerge from this study: 1) event type is a significant predictor of PTSD status even when controlling for the effects of several moderating variables. 2) Specific variables such as gender were only important in accounting for the variance associated with the proportion of individuals who develop PTSD in certain events. This suggests the need for caution in attempts to generate global vulnerability models for the prediction of who is likely to develop PTSD following exposure to a traumatic event.

T-118 **Track 1 (assess)**

Memory, Cognition and Measurement in Traumatic Stress Response

Shumway, Martha, PhD, University of California, San Francisco; Unick, George, MSW, University of California, San Francisco; Sentell, Tetine, PhD, University of California, San Francisco; Bamberg, Wynne, BA, University of California, San Francisco

Standardized measures of traumatic stress response are important tools for research and practice. Research on standardized survey questions documents that memory is central to question answering and memory deficits are associated with response biases. Research on traumatic stress response demonstrates that trauma exposure and post-traumatic stress disorder (PTSD) have general and specific effects on memory. Together, these findings suggest that trauma and PTSD may be associated with specific response biases that could affect standardized measurement. This study tested the hypotheses that trauma exposure and PTSD are associated with higher rates of common response biases and with extreme responses to threatening, trauma-related items. A 46-item personality inventory administered to 5,877 National Comorbidity Survey respondents was examined. General-estimating-equation methods were used to examine relationships between item characteristics, trauma exposure, diagnosis and responses. Respondents with trauma exposure or PTSD have higher rates of response biases, appear differentially sensitive to item cognitive complexity and are more likely to endorse items containing negative or threatening words, regardless of item meaning. These response patterns differed from those of persons with anxiety and depression. General and specific effects of trauma on memory appear associated with response biases that can affect standardized measurement of traumatic stress response.

T-119 **Track 1 (assess)**

Impact of Research Participation on World Trade Center Evacuees

Smailes, Elizabeth, PhD, Columbia University - Center for Public Health Preparedness; Gershon, Robyn, PhD, Columbia University

Survivors of disasters, such as World Trade Center disaster survivors, are often recruited to participate in research. However, little is known about the impact of participation in such research on disaster survivors. We assessed the impact of participation on survivors' mental health. 47 World Trade Center evacuees' PTSD symptoms were assessed two weeks prior to participation in in-depth interviews or focus groups, directly following the interview or focus group, and two weeks after the interview or focus group. Paired samples t-test indicated no significant elevation in symptoms between the screen (T1) and directly following participation in the qualitative aspects of the study at T2 ($t(46) = -.84$, $p = .41$). However, a significant drop was found in the PTSD symptoms between participation in the interview or focus group (T2) and two weeks after at T3 ($t(46) = -2.82$, $p = .01$). The results of this study suggest that participating in in-depth interviews and focus groups may not be harmful to disaster survivors. However, this study was carefully developed to ensure minimal impact on respondents. To ensure participant safety, further research is needed to determine the impact of protocol and interview development on disaster survivors' mental health.

T-120 **Track 1 (assess)**

Lifetime Traumatic Events in Subjects with Work-Related Exhaustion

Sondergaard, Hans Peter, MD, PhD, Karolinska Institutet, Stockholm, Sweden; Arnö, Sophie, MSc, Stockholm University; Haglund, Mikaela, MSc, Stockholm University; Perski, Aleksander, Karolinska Institutet

An increasing number of subjects in Sweden are referred for treatment because of work-related exhaustion (WRE). Psychiatric diagnosis and possible previous traumatic life events were explored. 26 cases and 13 matched controls were recruited for participation in this part of the study. The follow-

ing instruments were used; Melameds burn-out questionnaire (SMBQ), a life event checklist developed for civilian trauma (Deykin EY et al 2001), and SCID I. The controls met the criteria of scoring low on SMBQ-scale (<2,75) and being medically fit. Results: Patients and control subjects did not differ significantly on demographics. Diagnoses: Eight patients were diagnosed with ongoing depression while 11 had depression in remission. Two had PTSD, and one social phobia. No controls fulfilled criteria for a DSM-IV diagnosis. Life events: WRE subjects reported a higher score of traumatic life events (4.8/2.6, p = 0.03*), mostly explained by witnessing severe human suffering (p = 0.009**). When traumatic events were divided into events before and after 18 yrs, childhood trauma was significantly increased in patients (1.7/0.4; p = 0.002**). Controlling for depression as a retrospective reporting bias was non-significant. Conclusion: In the treatment of WRE, screening for trauma is important. The pathway of traumatic antecedents to WRE and treatment implications should be further studied.

T-121 **Track 1 (assess)**

Cognition and Language Learning in Refugees with and Without PTSD

Sondergaard, Hans Peter, MD, PhD, Karolinska Institutet; Emdad, Reza, PhD, Karolinska Institutet; Theorell, Töres, Karolinska Institutet

Difficulty concentrating is a prominent symptom of PTSD. In order to examine difficulties of language learning in refugees, speed of language acquisition was explored with regard to PTSD diagnosis, symptom load of PTSD and depression. In a second study, refugees were examined cognitively. Results of the study of language learning were that cumulative symptom load of PTSD symptoms was inversely associated with speed of language learning. The diagnosis per se, cumulative depression, previous number of school yrs, educational level, or number of school hours did not explain speed of language acquisition in an ANCOVA model. In the study of cognition and PTSD, 30 PTSD and 20 non-PTSD subjects diagnosed with CAPS were tested with nonverbal psychometric tests (Ravens progressive matrices (RPM), the block test (BT-WAIS), and Benton Visual Retention Test (BVRT)). The visual retention test differed most between PTSD and non-PTSD subjects. General IQ (RPM) did not differ, BT-WAIS was significantly different but not when educational level was accounted for. In a model with total severity of PTSD symptoms as the dependent variable, only BVRT was significant. Conclusion: PTSD subjects show clear-cut impediments in cognitive functions necessary for learning and this is not explained by depression or previous educational level.

T-122 **Track 1 (assess)**

Predicting Child Maltreatment Severity Using Comprehensive Assessments

Sprang, Ginny, PhD, University of Kentucky; Bass, Stephanie, MSW, University of Kentucky; Clark, James, PhD, University of Kentucky

This study used data gathered during 208 evaluations conducted by the Comprehensive Assessment and Training Services (CATS) Project to determine the relative contribution of four primary domains (demographic, adult characteristics, child characteristics, relational characteristics) to variation in the severity of child maltreatment, and to facilitate the development of empirically-based risk assessment tools. The results of this study suggests that maltreatment severity can be predicted by the level of trauma recovery, substance misuse, a child's externalizing behavior, and qualitative features of the parent-child relationship, as well as the level of family stress. Measures of child abuse potential, adult interpersonal sensitivity, or the affective tone of the parent's narrative of the child predicted severity levels. Relationship variables added to the predictive power of the overall model, beyond demographic, adult and child variables. The findings of this study call attention to the importance of developing a multidimensional assessment model of the factors leading to child maltreatment severity.

T-123 **Track 1 (assess)**

Traumatic Events in Individuals with Mental Retardation

Stevens, Sarah, BA, West Virginia University; Scotti, Joseph, PhD, West Virginia University

Persons with mental retardation make up 1-3% of the general population, and have been shown to be at high risk for sexual and physical abuse. However, the rates of other traumatic events in this population have not been documented. This study examined the prevalence of traumatic events in the lives of persons with mental retardation, and the impact of those events in terms of distress and behavioral problems (e.g., aggression, self-injury). We obtained information about demographics, trauma history, level of intellectual and behavioral (e.g., self-care, communication) functioning, and behavioral problems of target individuals with mental retardation. The survey was mailed to 2,000 families registered with the lead state agency for developmental disabilities. Participating parents/caregivers returned the completed surveys anonymously via postage-paid return envelopes. The results will provide the rates of exposure to a range of traumatic events (e.g., floods, accidents, assaults) by level of mental retardation, age, and gender. The relation between number and type of events and number and type of behavioral problems will be provided. Concluding comments will discuss the importance of understanding the prevalence and impact of trauma in this population, and propose methods of assessment and treatment.

T-124 **Track 1 (assess)**

PTSD Symptoms, Not Trauma History Associated with Poor Sensory Gating

Stewart, Lorraine, MS, University of Oregon; White, Patricia, PhD, University of Oregon; Kanazawa, Asako, BA, University of Oregon; Kelley, Angela, University of Oregon; Hopkins, Andrea, University of Oregon

Recent research (e.g., Neylan,1999) demonstrates that sensory filtering is impaired in PTSD in at least some populations. Sensory filtering deficits may precede development of PTSD or instead may represent a common outcome of trauma exposure. To examine the relationship of traumatic exposure and development of PTSD to sensory filtering, self-report measures of trauma (BBTS), of PTSD (PC-PTSD), and of sensory gating (SGI) were administered during mass data collection to 185 participants. The sample consisted of participants with PTSD (n = 44), with trauma history but without PTSD (n = 115), and those without any history of trauma (n = 26). PTSD subjects reported greater filtering impairment than both trauma only and no trauma groups, and individuals with a history of trauma without PTSD did not differ from individuals with no trauma history. This effect was observed independently in both males and females, and gender did not interact with trauma history. Among symptoms, individuals reporting numbing also reported increased impaired filtering phenomenology. These results suggest that impaired filtering differentiates individuals who develop PTSD from those with similar levels of trauma and from no trauma controls. Future research may focus on the longitudinal course of this symptom development to assess sensory gating sensitivity as a risk factor for the development of PTSD.

T-125 **Track 1 (assess)**

Prediction of Postpartum Traumatic Stress (PTS)

van der Hart, Onno, PhD, Utrecht University; van Son, Maarten, PhD, Utrecht University; Komproe, Ivan, PhD, Transcultural Psychosocial Organization; Verkerk, Gerda, PhD, Tilburg University; Pop, Victor, MD, PhD, Tilburg University

A predictive model for postpartum PTS was defined with two pathways covering prepartum factors (depression in family, during life and during gestation), peripartum factors (type of delivery, experienced pain, social support, supply of information and perinatal dissociation) and postpartum depression. One pathway involved delivery-related stressors and perinatal dissociation, the other previous depressive conditions. A community sample of 248 women in the Netherlands were assessed at 32 weeks gestation and at 3, 6, 12 months postpartum by interviews/questionnaires, e.g., IES assessing PTS and PDEQ assessing peritraumatic dissociation. LISREL-analysis confirmed the two pathways. Both pain and intrusiveness of delivery-procedure act upon perinatal dissociation, which, in turn, results in PTS. Depression acts upon postpartum PTS but not upon perinatal dissociation. Different etiological pathways lead to postpartum depression and PTS respectively. At three months postpartum about 50% reported PTS-level warranting "serious clinical attention"; 8% at levels of "very serious PTS". The mean level remained unchanged over one year postpartum; 40% remained at a level warranting "serious clinical attention," while 5% reported above the level of "very serious PTS". Substantial postpartum PTS may exist for at least one year; warranting clinical attention and early detection.

Poster Presentations – Session 5

T-126 **Track 1 (assess)**

Assessing Attribution, Appraisal and Dissociation After Traumatic Injury

Victorson, David, PhD, Evanston Northwestern Healthcare/Center on Outcomes, Research and Education; Enders, Craig, PhD, University of Nebraska-Lincoln; Burnett, Kent, PhD, University of Miami; Farmer, Lorie, MA, University of Miami; Barocas, Josh, BA, Evanston Northwestern Healthcare/Center on Outcomes, Research and Education; Lauzon, Jeff, MS, Illinois Institute of Technology

Patients who have sustained traumatic physical injuries face a number of psychosocial challenges during the course of their treatment and postoperative rehabilitation. Early identification of posttraumatic stress reactions is essential to helping patients cope more effectively. During the treatment planning phase, it is also important to screen for contributing mechanisms of PTSD symptom development and maintenance, such as one's attribution, appraisal, peritraumatic dissociation and peritraumatic exposure. Such data would inform psychosocial service delivery and assist clinicians in designing specific treatment interventions. The purpose of this study was to evaluate the psychometric properties of the Initial Evaluation Index (IEI), a major component of a larger psychosocial assessment tool called the Traumatic Injury and Psychosocial Stress Inventory (TIPSI). The IEI was specifically created to assess primary evaluative processes following traumatic physical injuries and contains scales and subscales that measure attributional style, appraisal, peritraumatic dissociation and peritraumatic exposure. It was administered to 200 traumatically injured adults from the orthopedic hand, trauma and burn services at a large Southeastern level-1 trauma center. Principle components factor analysis was used, as well as other methods of examining reliability and validity evidence. Results indicate that the IEI demonstrated acceptable psychometric properties. Implications of this instrument are discussed.

T-127 **Track 1 (assess)**

PTSD Symptom Patterns in Three Types of Civilian Trauma

Weathers, Frank, PhD, Department of Psychology Auburn University; Eakin, David, MS, Auburn University; McDevitt-Murphy, Meghan, MS, Auburn University; Flood, Amanda, PhD, University of Maryland; Rousseau, Glenna, BS, Auburn University

Epidemiological studies have found that some types of traumatic events, particularly sexual assault, are associated with greater risk of developing PTSD. To date, however, few studies have compared PTSD symptom profiles in survivors of different types of civilian trauma. Such comparisons are needed because different types of trauma may differ in the pattern of symptoms, not just overall severity. In the present study a profile analysis of the 17 PTSD symptoms was conducted comparing undergraduates who experienced one of three types of civilian trauma: sexual assault (SA), motor vehicle accident (MVA), and sudden, unexpected death of a loved one (SUD). As expected, the SA group had a significantly more elevated profile overall than did the other two groups, which did not differ from each other. However, group differences varied across individual symptoms. The SA group was best distinguished from the other two groups on symptoms involving physiological arousal and reactivity and effortful avoidance. These findings suggest that different types of civilian trauma are associated with different PTSD symptom profiles. If so, this would contribute to an understanding of the basic mechanisms of psychological trauma, and also inform assessment and treatment planning with trauma survivors.

T-128 **Track 1 (assess)**

Overgeneral Memory Predicts Depressive Symptoms After Stress

Wessel, Ineke, PhD, University of Groningen, The Netherlands; Hauer, Beatrijs, MA, Maastricht University, The Netherlands

Overgeneral Autobiographical Memory (OAM) refers to the relative inability to come up with memories of specific, personally experienced events. This phenomenon appears to play a role in determining the course of mental disorder (PTSD, depression). Moreover, it may reflect a premorbid vulnerability for developing psychopathology after a stressful event. The objective of the present study was to examine the extent to which OAM predicts depressive symptoms in response to reproductive treatment (e.g., In Vitro Fertilization, IVF) failure, an event that is viewed in the literature as being associated with significant life-stress. Twenty-eight women in an active phase of reproductive treatment volunteered to participate in the study. They completed the Autobiographical Memory Test (AMT) and several self-report measures (e.g., Positive and Negative Affectivity). The women for whom the first treatment cycle failed ($n = 18$) completed a follow-up measure of depression (BDI). Results showed that fewer specific responses to positive cues of the baseline AMT was significantly associated with higher follow-up BDI scores ($r(17) = -.49$, $p < .05$), even when controlling for baseline affectivity (partial $r(13) = -.57$, $p < .05$). This fits with the notion that OAM reflects a cognitive vulnerability for developing psychopathology in response to stress.

T-129 **Track 1 (assess)**

The Children's Impact of Traumatic Events Scale II: New Psychometrics

Wolfe, Vicky, PhD, London Health Sciences Centre

The Children's Impact of Traumatic Events Scale – Revised was recently revised subsequent to psychometric analyses and conceptual refinements. The CITES-R provided PTSD, abuse-specific attributional scales, scales reflecting victims perception of support subsequent to disclosure, and sexuality screening scale. Principal component analyses supported the scale structure of the CITES-R, with some minor revisions to two of the attributional scales. Group comparisons demonstrated discriminant validity of the PTSD scales. Those with high PTSD scores were compared with PTSD negative cases, revealing good discriminant validity for the attributional scales. Changes for the CITES-II include: a new peritraumatic experiences scale to assess PTSD Criterion A; four PTSD, three attributional, and two social reactions scales that are appropriate for all forms of trauma and negative life events; and two sexuality scales that are appropriate for sexually abused children and adolescents. The PTSD scales can be scored for intensity and also can be scored with regard to DSM-IV PTSD criteria. Psychometric analyses will be presented based upon 100+ consecutive referrals to a hospital-based child and adolescent mental health trauma program, and a normative sample drawn from high school girls (anticipated sample of 100+). Confirmatory factor analyses will be conducted, as will group comparisons.

Concurrent Sessions – 9
Tuesday, November 16
2:30 p.m. – 3:45 p.m.

Abstract #2079

Cognitive-Behavioral Treatment for Acute Stress Disorders

Consultation (practice) — Rosedown, 3rd Floor

Bryant, Richard, PhD, University of New South Wales

Dr. Bryant has been working in the field of Cognitive-Behavioral Treatment for Acute Stress Disorders for years, both clinically and as a researcher. This session is meant to be an informal discussion and question/answer interaction. Dr. Bryant will discuss key issues related to his work in this field, as well as answering any questions participants may bring.

Ongoing Conflict in the Democratic Republic of the Congo

Panel (child) — Versailles Ballroom, 3rd Floor

Osofsky, Howard, MD, PhD, Department of Psychiatry, LSU Health Sciences Center, New Orleans, Louisiana, USA; Mampunza, Samuel, MD, University of Kinshasa; Mvula, Mosanda, MDMPH, LSU Health Sciences Center

The Democratic Republic of the Congo has been engulfed by tribal and externally precipitated conflict since 1998. Brutality, loss of life, displacement of families, instability and poverty have taxed and at times overwhelmed culturally and faith based contributions to development that lead to adolescents assuming adult roles and village responsibility. Although having strong family and religious orientation, in an impoverished country with a median age of 15.8, large numbers of children and adolescents have left their homes for the streets. These youth, while frequently experiencing post- traumatic symptoms and economic hopelessness, are resilient, in surviving and bonding to one another. However, while resilient, their behaviors contribute to dysfunctional societal adaptation. Risk behaviors including use of street drugs, dangerous cheap alcohol, theft for economic survival and teen pregnancy while living on the streets are all common. Given economic realities, medication, religious and spiritual approaches, and outreach programs in place have been unable to address the problems fully. The presentation will focus on ongoing difficulties, programs in place, further needed for further programs, sensitive training for locally respected providers, and problems in finding solutions in the current economic climate.

Abstract #1912

Media Coverage of Children and Trauma: Implications and Discussion

Panel (train) — Hilton Exhibition Center C, 2nd Floor

Franks, Robert, PhD, National Center for Child Traumatic Stress, Duke University; Simpson, Roger, PhD, Dart Center, University of Washington; DeCesare, Donna, Dart Center

Dr. Bob Franks, director of the National Resource Center for Child Traumatic Stress, will provide an overview and discuss the role of the media in raising public and professional awareness about traumatic stress. National efforts to educate and provide information about the impact of traumatic events on children and families will be described. Donna DeCesare, Dart Fellow, freelance photojournalist and writer will present her work, "Destiny's Children," a long and intimate view of war and the fate of children in Central America, which portrays how unhealed trauma has lead to new forms of social violence, injustice, child abuse and the rise of gangs. Following this presentation, Dr. Franks and Dr. Simpson, executive director of the Dart Center for Journalism, will discuss the importance of DeCesare's work and other media coverage of traumatic events and war from the perspectives of child mental health, journalism and public service. They will make the case that through responsible journalism, public and professional awareness can be raised. Increased awareness can lead to better identification of the needs of victimized children and families, policy changes, and appropriate interventions and support. The panel presentation will be followed by questions, answers and open discussion.

Abstract #1995

Studies on Trauma and Memory

Symposium (assess) — Grand Ballroom A, 1st Floor

van der Kolk, Bessel, MD, Trauma Center/Boston University School of Medicine

Central to PTSD is the issue of traumatic intrusions: aspects of the trauma keep returning into the victim's consciousness, while important aspects of the experience may be temporarily or permanently forgotten. Often people keep reenacting aspects of their trauma in their current life and, as Freud claimed a century ago: "that seems to be their way of remembering." Recent research has demonstrated that another issue in PTSD is not only how the past is remembered or forgotten, but that many victims have a decreased capacity to tune into aspects of ordinary life, and have problems attending to and remembering ongoing experience. This symposium will present new research on the issue of trauma and memory, in a variety of trauma populations, in the laboratory and in clinical settings, addressing both psychological and neurobiological dimensions of the complexity of memory for traumatic experiences, and of ordinary memory processes in people who suffer from PTSD.

Forgetting Trauma Stimuli In and Out of the Lab

DePrince, Anne, PhD, University of Denver; Freyd, Jennifer, PhD, University of Oregon; Becker-Blease, Kathryn, PhD, University of New Hampshire

Presenting research that involved both adults and children, we will review the conditions under which forgetting for trauma-related stimuli is seen in the laboratory. We will focus on both individual differences (e.g., trauma type, victim-perpetrator relationship, psychological symptoms) and experimental demands (e.g., attentional context) as they relate to memory impairment across a range of experimental paradigms (i.e., directed forgetting, recognition memory tasks). Laboratory experiments have been increasingly used to argue points about the validity of memory impairment for traumatic experiences. While laboratory memory experiments do have the potential to contribute to models of memory for trauma, the constraints of these paradigms directly affect the external validity and generalizability of laboratory findings. We will compare research on forgetting of trauma inside and outside of the lab, as well as critique and explore the relative benefits and limitations of using laboratory memory paradigms to make inferences about memory for trauma.

The Influence of Encoding on the Development of Trauma Memories

Brewin, Chris, PhD, University College London; Holmes, Emily, DClin Psy, MRC Cognition and Brain Sciences Unit, Cambridge, UK

We investigated in three experiments (Holmes et al., 2004) the effect on intrusive memory development of various concurrent tasks while watching a traumatic film. Hypotheses were based on the dual representation theory of posttraumatic stress disorder (Brewin et al., 1996). Nonclinical participants viewed a trauma film under various encoding conditions and recorded any spontaneous intrusive memories of the film over the following week in a diary. Changes in state dissociation, heart rate, and mood while watching the film were also measured. As predicted, performing a visuospatial pattern tapping task at encoding significantly reduced the frequency of later intrusions, whereas a verbal distraction task increased them. Standard measures of recall and recognition did not differ between conditions. Increases in dissociation and decreases in heart rate during the film were also associated with later intrusions. The results suggest that spontaneous intrusive memories cannot be understood by reference to the standard literature on recall and recognition, provide experimental support for clinical hypotheses concerning the role of dissociation in intrusive memory development, and suggest some new ideas about how post-trauma intrusions may be controlled.

Treatment Integration of Traumatic Memories vs. Suppression of Distress

van der Kolk, Bessel, MD, Trauma Center/Boston University School of Medicine; Hopper, James, PhD, Trauma Center/ Boston University School of Medicine; Spinazzola, Joseph, PhD, Trauma Center/Boston University School of Medicine

This presentation will review a series of three studies that investigated the quality of traumatic memories in three subject populations, using the Traumatic Memory Inventory (TMI- van der Kolk & Fisler, 1996): 1) victims of interpersonal trauma, 2) victims of motor vehicle accidents, and 3) patients who experienced awareness during anesthesia. We then will present the results of the Memory component study from a large treatment outcome study comparing EMDR and fluoxetine for PTSD which showed that, following effective treatment with EMDR, the fragmentation of memory

imprints was resolved, while treatment with fluoxetine did not alter the quality of traumatic memories, but suppressed subjective distress.

The Treatment Implications of Manipulating Acetylcholine Function in PTSD

McFarlane, Alexander (Sandy), MD, University of Adelaide, South Australia; van der Kolk, Bessel, MD, Harvard Medical School; Goble, Elizabeth, BSc, University of Adelaide, South Australia; Brewin, Chris, PhD, University College London; Freyd, Jennifer, PhD, University of Oregon

An integrated neuroscience model which has developed a normative data base of 1,500 people and information processing profile for PTSD was used as the bench mark measure for assessing the improvement of information processing deficits in PTSD. It was hypothesized that the working memory abnormalities of PTSD may in part be indicative of disrupted acetylcholine neurotransmission. In an open label treatment trial of Donepezil, an anticholinestrase inhibitor, a significant treatment effect was found with an intention to treat analysis. This paper will report the impact that Donepezil had on multiple dimensions of ERP measures of working memory as well as a series of highly standardized touch screen assessments of neuropsychological functioning.

The Role of Acetylcholine in the Working Memory Abnormalities in PTSD

Goble, Elizabeth, BSc, University of Adelaide, South Australia; van der Kolk, Bessel, MD, Harvard Medical School; Brewin, Chris, PhD, University College London; Freyd, Jennifer, PhD, University of Oregon; McFarlane, Alexander (Sandy), MD, University of Adelaide, South Australia; Clark, Richard, PhD, Flinders University of South Australia

The role of acetylcholine neurotransmission has been given little consideration in the underlying neurobiology of PTSD. In this study, the impact of Donepezil, an anticholinesterase inhibitor on the working memory abnormalities in posttraumatic stress disorder will be presented. This was found to be an effective treatment in an intention to treat analysis in an open labeled trial. The purpose of this presentation is to characterize the cognitive and psychophysiological domains on which modification of acetylcholine neurotransmission exerts its effects. This was examined using a highly standardized assessment battery, based on a standardized battery EEG measures, including odd ball and working memory task. A battery of neuropsychological assessments of working memory were also administered. Increasing acetylcholine neurotransmission had a significant impact on a range of dimensions of cognitive functioning in PTSD. These included improvement in verbal recall, verbal interference, attention switching and working memory time, measures that were abnormal before taking donepezil. These findings suggest that improving working memory has a role in the treatment of PTSD.

Abstract #1498

The Impact of Traumatic Disaster and War: Looking Across Cultures

Symposium (disaster) — Grand Ballroom B, 1st Floor

Featured

Hobfoll, Stevan, PhD, Kent State University and Summa Health System

This symposium will examine the impact of disasters and war with a focus on cultural variations and similarities. Leading researchers will describe their findings regarding major traumatic events in different parts of the world. Although many common elements can be found in how people are impacted by traumatic events such as war and disaster, cultural elements are critical for understanding and intervention.

Trauma and Culture

de Jong, Joop, MD, PhD, Amsterdam Vrije Universiteit

Western psychosocial experts such as psychologists, social workers or psychiatrists are trained to assess a person presenting stress related complaints, followed by a diagnosis, a treatment plan and therapy. They mostly provide psychotherapy or pharmacotherapy within the culture of an existing mental health care system that has already been established and that is rarely questioned. However, this reality is quite different from situations of collective violence such as wars. This lecture will argue that the consequences of complex humanitarian emergencies are a challenge to the mental health profession. One of the major challenges is understanding the role of culture in the realm of human-made and natural disaster. Culture permeates the whole process of traumatization and recovery from traumatic stress. The context of collective violence interacts with culturally mediated systems of meaning such as religion or causative attribution, and with practices such as cults, rituals and social support systems. Cultural factors are important in the construction of the "self," in the interpretation of traumatic stressors, the ways in which events are appraised, the variations of coping strategies, and in the expressions of people's plight in terms of idioms of distress or psychopathology.

Terrorism in Israel: Impact on PTSD and Democracy

Hobfoll, Stevan, PhD, Kent State University and Summa Health System; Canetti-Nisim, Daphna, PhD, University of Haifa; Johnson, Robert, PhD, Kent State University

We report the largest study to date of terrorism in Israel and the first to report on both Israeli Jews and Palestinians. Although exposure to terrorism is itself not highly related to PTSD, interpersonal resource loss is highly related. PTSD, in turn, is related to support for retaliatory violence and development of anti-democratic attitudes. As recently found among cancer patients, those who find greater meaning amidst tragedy do worse, not better. This may be the result of increased rumination or a kind of denial about how bad the situation is. Searching for a "silver lining" may also interfere with direct coping actions. Jews and Palestinians were similarly affected by exposure to terrorism and war-related trauma, but Palestinians suffered higher levels of exposure and PTSD.

Natural and Human-Induced Disasters or Social Catastrophes?

Kaniasty, Krys, PhD, Indiana University of Pennsylvania and Opole University, Poland; Norris, Fran, PhD, National Center for PTSD

Natural and technological disasters become "communal catastrophes" because they undermine basic linkages and trusts that keep communities together. We need to beware of being lulled into complacency by stories that inevitably and uniformly appear in literature or media all over the world about communities coming together to rebuild in the aftermath of tragic events. This presentation will review findings from studies conducted in various parts of the world (including our own empirical research carried out in USA, Mexico and Poland) that shed some light on consequences of not being fully included in "the helping communities" that often emerge following community crises. The unifying hypothesis of this review of literature is that the victims who negatively experience local social climate in the aftermath of disasters would subsequently exhibit lower levels of sense of social support, lesser community involvement, more negative attitudes toward cooperating and lower beliefs in the benevolence of people and the world. Potential mediating functions of these losses in psychosocial and social resources on the victims' psychological well-being will be identified and discussed.

Abstract #1723

Acute Predictors of PTSD in Child Trauma Victims

Symposium (child) — Melrose, 3rd Floor

Delahanty, Douglas, PhD, Kent State University

This symposium will examine acute physiological and psychological predictors and moderators of the development of PTSD in children exposed to trauma. Specifically, research investigating acute biological (i.e., cortisol, heart rate) and emotional responses of child trauma victims and their parents as predictors and moderators of PTSD will be presented.

Acute Heart Rate as a Predictor of PTSD in Injured Children

Kassam-Adams, Nancy, PhD, Children's Hospital of Philadelphia; Garcia-España, J. Felipe, PhD, Children's Hospital of Philadelphia; Fein, Joel, MD, Children's Hospital of Philadelphia; Winston, Flaura, MD, PhD, Children's Hospital of Philadelphia

Several investigators have found an association between elevated acute heart rate and later PTSD in injured adults. The current prospective study evaluated the relationship between heart rate, assessed in the emergency department (ED) during normal clinical care, and PTSD outcome six months later in 190 traumatically injured children (age 8 to 17). Triage heart rate was not associated with prior trauma, exposure severity, injury severity, or pain. Children with partial or full PTSD at follow-up had had a higher mean heart rate at ED triage than those who did not go on to have PTSD (109.6 versus 99.9 bpm). Children with elevated heart rate at ED triage were more likely to have partial/full PTSD at follow-up, even after adjusting for age, sex, and injury. Elevated acute heart rate was associated with meeting DSM-IV criteria for arousal symptoms (but not re-experiencing or avoidance) at follow-up. The association between early physiological arousal and the development or persistence of PTSD symptoms in injured children

points to the importance of better understanding the interplay among physiological and psychological responses to traumatic stressors.

Parent and Child Psychophysiological Responses to a Child's Trauma

Ostrowski, Sarah, MA, Kent State University; Nugent, Nicole, MA, Kent State; Delahanty, Douglas, PhD, Kent State University; Christopher, Norman, MD, Akron Children's Hospital

The present, ongoing study examined mother and child psychophysiological responses to a child's traumatic event. Participants included 55 (30 boys, 25 females) children aged 8–18 years who were admitted to a Midwestern trauma center for various traumas. Upon admission, urine samples were collected from the child to measure 12-hour stress hormone levels. Six weeks later, mother and child PTSD symptoms and urinary hormone levels were assessed. Results suggested that the child's in-hospital epinephrine levels were significantly associated (r = -.33, p less than or equal to .05) with child's PTSD symptoms at 6 weeks. Mother and child distress at follow-up were significantly correlated (r = .516, p less than or equal to .001). Child epinephrine levels at follow-up were no longer significantly related to child PTSD symptoms (r = -.162, p less than or equal to .393); however, mother epinephrine levels at follow-up were significantly correlated (r = .435, p less than or equal to .016) with child PTSD symptoms. A stepwise linear regression analysis was conducted to determine what factors significantly predicted the child's traumatic distress in a multivariate model. Only mother PTSD symptoms at follow-up remained significantly associated (R2 change = .197, p less than or equal to .004) with child's PTSD symptoms. Results highlight the influence of mother psychophysiological responses on a child's responses to the trauma.

Moderation of Acute Psychophysiological Predictors of PTSD in Children

Nugent, Nicole, MA, Kent State University; Ostrowski, Sarah, MA, Kent State University; Christopher, Norman, MD, Children's Hospital and Medical Center of Akron; Delahanty, Douglas, PhD, Kent State University

The present study examined the extent to which parental distress stemming their child's traumatic injury moderates the relationship between acute biological responses and subsequent PTSD in the child. Participants consisted of 82 children (56 boys, 26 girls) aged 8-18 were admitted to a Midwestern trauma center for a variety of injuries. Heart rate (HR) was measured by averaging the first 20-minutes of data obtained during emergency medical services (EMS) transport and upon admission. Per standard hospital protocol, children were catheterized for collection of urine, and 12-hour urine samples were assayed for catecholamine and cortisol analyses. Subsequent PTSD symptoms (CAPS-CA) in children and parental traumatic distress (IES-R) were assessed 6-weeks and 6-months post-trauma. Hierarchical linear regression analyses were conducted to determine whether parental IES scores at 6 weeks moderated the relationship between initial biological variables and child PTSD at 6 months. Analyses revealed a significant contribution beyond main effects for the interaction between parental distress and cortisol (R2 change = .093, p < .05) and the interaction between parental distress and ED HR (R2 change = .077, p < .05). The present findings suggest that parental response to a child's trauma may interact with child acute physiological responses in the prediction of child PTSD.

Risk Factors for PTSD in Children with Burn and Non-Burn Injuries

Saxe, Glenn, MD, Boston University Medical Center/National Child Traumatic Stress Network; Stoddard, Frederick, MD, Shiners' Burns Hospitals, Massachusetts General Hospital

This presentation reports the results from a series of studies on risk factors for PTSD among samples of children hospitalized with burn and non-burn injuries. Specifically, risk factor data on 4 samples of children or their parents will be presented; 1) 72 children aged 7-17 with burns, 2) 53 children aged 1-4 with burns, 3) 45 children aged 2-17 with non-burn injuries, 4) 70 parents of children with burns. Separate path analyses of these 4 groups demonstrated some convergence of results. Specifically, risk factors of acute anxiety, dissociation, pain, heart rate, and family distress appear to be significant predictors of PTSD across studies. The magnitude of the trauma predicts PTSD only indirectly in all studies.

Abstract #1583

Innovations in the Treatment of PTSD and Related Problems

Symposium (clin res) **Magnolia, 3rd Floor**

Wagner, Amy, PhD, Department of Psychiatry and Behavioral Sciences, University of Washington; Ruzek, Josef, PhD, National Center for PTSD, VA Palo Alto Health Care System

While empirically supported approaches exist for the treatment of PTSD, a sizable proportion of individuals do not show benefit, suggesting the need for additional treatments. Further, there is growing awareness that trauma can result in significant problems in addition to PTSD, such as shame, depression, and relational difficulties. This symposium will present four new approaches to the treatment of PTSD and related problems, all based on empirically supported principles of change.

A Targeted Intervention for Shame: Pilot Findings and Implications for the Development of PTSD

Rizvi, Shireen, PhD, Boston VAHCS; Linehan, Marsha, PhD, University of Washington

Research on the emotion of shame has increased dramatically in recent years. Shame has been found to be associated with suicidal behavior, interpersonal difficulties, deficits in problem solving, and problems with other negative affect such as anger and depression. In addition, some recent studies have documented an association between shame and the development of PTSD. However, despite empirical evidence that the experience of shame is linked to psychopathology, a focus on shame has been largely absent in clinical approaches. This presentation will describe a short-term intervention targeting excessive shame in individuals with borderline personality disorder (BPD), a disorder with high rates of comorbid PTSD. The intervention was based on the skill of "Opposite Action" from Dialectical Behavior Therapy (DBT) and expanded into a "stand alone" treatment. Results from a small pilot study indicate that the intervention was successful at reducing shame within sessions and across time on a number of measures. These findings have several implications for the treatment of shame in BPD and other clinical populations. During this presentation, the opposite action intervention will be described and its potential utility for trauma work will be expanded upon.

Cognitive-Behavioral Couple's Treatment for PTSD: Initial Findings

Monson, Candice, PhD, VA National Center for PTSD and Dartmouth Medical School; Schnurr, Paula, PhD, VA National Center for PTSD and Dartmouth Medical School; Guthrie, Karen, MSW, White River Junction VAM&ROC; Stevens, Susan, PsyD, VA National Center for PTSD and Dartmouth Medical School

The role of intimate relationships in the development and course of post-traumatic stress disorder (PTSD) is increasingly appreciated. Cognitive-Behavioral Couple's Treatment (CBCT) for PTSD, a 15-session manualized treatment, was developed to simultaneously address PTSD and associated relationship problems (Monson, Guthrie, and Stevens, 2003). We plan to present the findings from an uncontrolled trial of CBCT for PTSD with 7 couples comprised of male veterans diagnosed with military-related PTSD and their wives. There were statistically significant and large pre-post effect size (d > 1.0) improvements in the veterans' PTSD, anxiety, and depression symptoms. The wives reported significant and large effect size improvements in their relationship satisfaction; however, the veterans did not. The wives also reported significant and large effect size improvements in their PTSD symptomatology and anxiety. We are called to develop treatments for those individuals who do not profit or fully respond to existing PTSD treatments, and to address co-occurring conditions such as intimate relationship problems. These findings suggest that CBCT for PTSD can be effective for those with PTSD and their loved ones. The potential for both partners' improvements to reduce relapse and foster further gains, and considerations in implementing the treatment, will be discussed.

Acceptance and Commitment Therapy: Innovative Treatment for PTSD

Walser, Robyn, PhD, National Center for PTSD, VA Palo Alto Health Care System; Westrup, Darrah, PhD, National Center for PTSD, VA Palo Alto Health Care System; Rogers, David, MSW, National Center for PTSD, VA Palo Alto Health Care System; Gregg, Jennifer, MIRECC & NCPTSD, VA Palo Alto Health Care System

Acceptance and Commitment Therapy (ACT) is a behaviorally based intervention designed to target and reduce excessive emotional avoidance and internal experiential control while, also, encouraging clients to make life enhancing behavioral change according to their personal values. Individuals

who have been diagnosed with PTSD are often disturbed by traumatic memories, nightmares, unwanted thoughts and painful feelings, and are they are frequently working to avoid these experiences and other trauma-related situations or cues; and their lives have, in many senses of the word, become unlivable. Through a variety of experiential, metaphorical and mindfulness based techniques, in addition, to clarifying personal values and reinforcing committed behavior change, ACT works to undermine excessive verbal control and helps clients to focus on living more meaningful lives. This paper will address the theory and behavioral underpinnings of ACT, plus present recently collected data from a pilot study on use of ACT with chronic PTSD. Future directions will be discussed.

Behavioral Activation for Physically Injured Trauma Survivors

Wagner, Amy, PhD, Department of Psychiatry and Behavioral Sciences, University of Washington; Zatzick, Douglas, MD, Department of Psychiatry and Behavioral Sciences, University of Washington; Ghesquiere, Angela, MSW, Department of Psychiatry and Behavioral Sciences, University of Washington

We will present data from a controlled pilot study of a psychosocial intervention aimed at early intervention for PTSD among physically injured trauma survivors in a naturalistic setting. The intervention (Behavioral Activation) is based on a solid theoretical framework and strong empirical support for the efficacy of this intervention in the treatment of depression. Conceptual overlap in the factors related to the development and maintenance of both depression and PTSD suggest that this approach may be effective for the early treatment of PTSD as well. The investigation of a novel approach to the treatment of PTSD is based on the following factors: 1) although empirically supported treatments exist for established and chronic PTSD, less is known about effective early interventions for this disorder; 2) there are unique factors and circumstances among physically injured trauma survivors in "real-world" settings that warrant a short-term, problem-solving and activation focused intervention. It is predicted that physically injured trauma survivors who receive BA will have lower rates of PTSD and depression symptoms over time than controls. Participants are recently injury trauma survivors who meet criteria for PTSD one month post-injury. The design is a randomized, controlled trial, comparing BA to treatment as usual. The intervention is 4-6 sessions, and assessments are collected a 1-, 3-, and 6-months post-injury. Data collection is currently underway. We anticipate a minimum of 10 intervention and 10 control participants by the time of the convention.

Abstract #1922

ISTSS Working with the UN:
Armed Conflict, Trauma, and Mental Health

Symposium (culture)	Hilton Exhibition Center B, 2nd Floor

Featured

Schnyder, Ulrich, MD, Department of Psychiatry, University Hospital

The United Nations serves a primary purpose to maintain international peace and security, and ISTSS, a non-governmental organization in accredited consultative status, works actively with the UN, in a variety of ways, to help fulfill that mandate. This symposium presents three different ways ISTSS contributes specialized knowledge to the UN.

ISTSS and the UN: Work on Victims' Rights and Care

Danieli, Yael, PhD, Director, Group Project for Holocaust Survivors and Their Children

Over time the United Nations has made considerable progress in recognizing the international responsibility for victims' rights and care. ISTSS, through its main UN representative, has been continuously involved in the work of moving this progress by the global community forward and of maintaining the momentum. There have been exciting and valuable developments in this essential area of UN activities. This presentation will report on these developments, how they relate to each other, and also provide to the audience a detailed presentation of those instruments existing in the UN system that recognize, promote and protect victim's rights and ensure that appropriate care for victims is available and accessible. ISTSS, through the efforts of its UN main representative, has made valuable and important contributions to this work. Attention to victims puts a very human face on international legal issues and brings into focus new responsibilities for UN legal bodies. International mechanisms have been established to serve and facilitate UN concerns for victims and this presentation will report on them.

ISTSS Work With ECOSOC Commissions and NGO Committees

Braak, Joyce, MD, Institute for Research on Women's Health

Since its beginning in 1945, the United Nations, "…determined to save succeeding generations from the scourge of war…," has expanded its membership, structure, work and functions. It is made up of councils, committees, commissions, and related bodies, and the trend is toward increasing non-governmental participation (NGO) in consultative status. ISTSS is an NGO in accredited consultative status with official UN representatives who participate year round in UN work meetings. This work is intense, delicate, and complex, and requires engagement with delegates of all governments and other NGO representatives. It is dynamic, demanding, frustrating at times, and always fascinating. In 2004, the work of the Security Council, SC Resolution 1325 mandating the equal participation of women in conflict resolution, peacemaking, and post-conflict reconstruction was linked to the work of the UN Commission on the Status of Women (CSW) during its 48th Session. This presentation will address the way ISTSS representative works with other NGOs, caucuses, member state delegations, lobbying delegates, governments, and influences the official UN negotiations in progress, and impacts the outcome documents that then bind member nations to actions. The work done by ISTSS on the increasing crime of international Trafficking of women will also be presented as an example of NGO effectiveness.

Mental Health, Trauma, and the UN World Summit on Information Society

Carll, Elizabeth, PhD, Private Practice

The recognition of the importance of the rapid global revolution in information and communication technologies (ICTs) and the need to reach global agreement on complex problems making an impact on society was the basis for establishing the first United Nations World Summit on the Information Society (WSIS), which took place in Geneva in December 2003. The implications of using information and communication technologies for improving the health, including mental health, of the world community is an exciting prospect and prompted the presenter to read the draft proposal of the WSIS Declaration of Principles and Plan of Action. Seeing no mention of mental health in either document, my colleagues and I drafted the ISTSS Statement on Information and Communication Technologies, Mental Health and Trauma (Carll, Danieli, Braak, 2003) identifying the issues and the importance of the integration and access of mental health and trauma information services via ICT The implications of the Declaration, the presenter's participation in the Summit and work in facilitating the successful inclusion of mental health in the Civil Society WSIS Declaration, ISTSS's Statement, and continued efforts to influence the plans of action to be addressed in Tunis in 2005 will be discussed.

Trauma Interventions in War and Peace: A UN/ISTSS Collaboration

Green, Bonnie, PhD, Department of Psychiatry, Georgetown University Medical School

Over a 3-year period, ISTSS worked collaboratively with the UN Division for Social Policy and Development (DSPD), the Department for Economic and Social Affairs (DESA), the Office for the Coordination of Humanitarian Affairs (OCHA), and other NGOs and research institutes to produce a book, a report, and guidelines focused on traumatic stress. The project's genesis was the UN World Summit for Social Development and its five-year review 'Geneva 2000', which provides a mandate, calling on UN bodies "…to promote measures for social integration…so as to better address trauma recovery, rehabilitation, reconciliation, and reconstruction…" [A/RES/S-24/2). A Working Group of Experts in Traumatic Stress from 23 countries contributed to the project. Several open meetings were held at the UN, and a Steering Committee including UN staff met regularly by phone. The task was to translate specialized knowledge into language and concepts accessible to a wide UN-related readership that will use the products in their work. The book concept and chapters were peer reviewed by concerned UN officials throughout the process. The successful outcome of this project, the book titled Trauma Interventions in War and Peace, will benefit traumatized people globally, and influence all UN activities to recognize the importance of traumatic stress.

Abstract #1805

Conceptualization, Measurement, and Treatment of Childhood Traumatic Grief

Symposium (practice) Hilton Exhibition Center A, 2nd Floor

Layne, Christopher, PhD, Brigham Young University; Mannarino, Anthony, PhD, Allegheny General Hospital

This symposium will present recent developments in the conceptualization, measurement, and treatment of childhood traumatic grief (CTG). CTG is a recently developed mental health condition that is theorized to be related to, but conceptually and empirically distinct from, posttraumatic stress disorder. Its etiology is presumed to derive from traumatic loss or from trauma-like subjective responses to normative losses. The core feature characterizing CTG is its intrusion into, and disruption of, vital grief-related processes. Papers presented will focus on efforts to conceptualize the (presumably) multiple facets of CTG; early and current efforts to measure the phenomenon in youth exposed to war, terrorism, and other forms of loss; and current efforts to treat CTG in bereaved children and adolescents using cognitive behavioral and alternative methods. Attention will also be given to identifying clinical and research issues in need of future research.

Results of Controlled Randomized Trial of a Treatment Protocol of CTG

Brown, Elissa, PhD, Assistant Professor of Psychiatry, New York University School of Medicine

Research suggests that children exposed to traumas, such as the terrorist acts of September, 11, 2001, may experience posttraumatic stress disorder (PTSD), separation anxiety, depression, and externalizing behavior problems. Death of a loved one during the trauma may exacerbate the symptom picture. To date, no randomized controlled trials have been conducted to evaluate the efficacy of mental health interventions for children who are bereaved as a result of a traumatic event. The goal of the proposed presentation is to present a pilot randomized controlled trial comparing traumatically bereaved children who received cognitive behavioral versus client-centered therapy. Children whose fathers worked for uniformed services (fire department, police department, port authority) and were killed on September 11 were recruited for participation in the study. To date, 30 children and their mothers have participated in 16 sessions of individual child and companion parent cognitive behavioral or client-centered therapy. Pre- and post-treatment, these children and their mothers complete a semi-structured diagnostic interview and questionnaires to assess the children's trauma exposure, mental health problems, social support, and family functioning. Children's outcomes include PTSD, traumatic grief, depression, and externalizing symptoms. For the proposed presentation, we will present: (1) baseline differences between the treatment conditions and (2) change in mental health problems from pre- to post-treatment in relation to treatment condition.

Conceptualization and Measurement of Childhood Traumatic Grief

Layne, Christopher, PhD, Professor of Clinical Psychology, Brigham Young University

This paper will focus on early and ongoing efforts to conceptualize and measure CTG in bereaved adolescents exposed to traumatic loss, particularly adolescents exposed to the Bosnian war and the September 11th terrorist attacks. Attention will be given to the evolving conceptualization of the CTG construct, early and current test development efforts, and emerging empirical findings relating to the distinctiveness of the CTG construct from related clinical constructs, including traumatic death, PTSD, normal grief reactions, trauma reminders, and loss reminders. Factor analytic and correlational data will be reviewed that suggests that CTG is a multi-dimensional construct that is of both theoretical and clinical concern. Future directions will then be discussed pertaining to the need to refine theory and to develop better measures of CTG in order to maximize risk detection, improve case conceptualization, and monitor and evaluate treatment response in bereaved populations.

Clinical Case Conceptualization of CTG: What to Treat and How

Goodman, Robin, PhD, Associate Professor in Psychiatry at the New York University Medical School

Childhood traumatic grief (CTG) is a newly identified condition that results from a death that has been experienced as traumatic. Characteristics of CTG include symptoms consistent with posttraumatic stress disorder that interfere with the normal course of bereavement. Grieving children, without regard to specific diagnoses, have traditionally been treated in various community settings yet there is limited scientific research to inform clinicians as to the most effective intervention. Current treatments for CTG are adapted from those traditionally used for child survivors of non-bereavement related trauma (e.g., sexual abuse) or techniques applied generally to all bereaved children. The treatments vary as to their main function: focusing on symptom relief, exploration of issues related to self-concept and worldview, mastery of bereavement related tasks. Clearly it is imperative to conduct future treatment research that is consistent with a sound theoretical understanding of the core issues specific to CTG. The goal of this presentation is to present existing treatment models and a rationale for proposed CTG interventions currently being tested in randomized controlled trials. The similarities and differences between cognitive behavior (CBT) and client centered child (CCC) therapies will be described, specifically as they relate to the theoretical formulation of CTG. The essential characteristics necessary for any treatment, regardless of orientation, will also be suggested.

Results: A Pilot Open Trial of Treatment for Childhood Traumatic Grief

Cohen, Judith, PhD, Professor of Psychiatry, Drexel University College of Medicine

Purpose: The purpose of this study was to conduct a pilot study to evaluate the efficacy of individual child treatment and conjoint parent treatment for Child Traumatic Grief (CTG). Methods: Twenty-two children with CTG as measured by the Expanded Grief Inventory (ECI) and their parents or primary caretakers were provided a manualized sequential trauma-and grief-focused treatment. This treatment was adapted from an evidence based treatment for childhood PTSD, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Children and their parents were provided with 16 weeks of individual treatment; 4 of these sessions also included joint child-parent treatment components. CTG and PTSD were assessed sequentially following each 4 week segment of treatment, to assess whether specific interventions were effectively treating targeted symptoms. Additionally, child depression, anxiety and behavior problems were measured at pre- and post-treatment, as were parental depression and PTSD. Instruments included the EGI, Child PTSD Symptom Scale (CPSS), Mood and Feelings Questionnaire (MFQ), Scale for Children's Anxiety Related Emotional Distress (SCARED), Child Behavior Checklist (CBCL), and for parents, the PTSD Diagnostic Scale (PDS) and the Beck Depression Inventory (BDI-II). Results: Children improved significantly from pre-to post-treatment on all instruments; parents also experienced significant improvement from pre- to post-treatment on depression and PTSD. Additionally, PTSD symptoms only improved significantly during the trauma-focused interventions, whereas CTG improved during both the trauma and grief-focused interventions. Conclusions: These findings provide preliminary support for an individual child and conjoint parent treatment model for CTG. It also suggests that while CG is related to PTSD, these are not identical constructs.

Abstract #1740

Presenting Symptoms of War Trauma: Cognitive and Somatization Processes

Symposium (war) Elmwood, 3rd Floor

Mooren, Trudy, PhD, Centre 45

Centre '45 in The Netherlands is an institute for the psychosocial treatment of war-stricken people. Several generations of World War II survivors have found their way to the center. Since 1994, its experience has also been directed to those refugees and asylum seekers that have recently arrived and have complaints in relation to their past experiences of war and migration. Symptoms of trauma are being presented in a number of ways. Especially among refugees, the occurrence of somatic complaints is significant. Cognitive 'translations', e.g., signs of a changed perspective of the surrounding world, future and life in general, as well as a changed sense of trust, are apparent in all war survivors. Both perspectives on perceiving signs and symptoms of traumatic stress in the war-stricken people we are seeing have been the focus of scientific study in our Centre. In this symposium, three papers are being presented that discuss these perspectives based on the results of these studies.

The Impact of War in Bosnia and Herzegovina: Devastated Trust

Mooren, Trudy, PhD, Centre 45; Kleber, Rolf, Professor, Utrecht University

The impact of war trauma on the fundamental expectation that the world, the future and life in general is predictable and that fellow humans are trustworthy, has received only limited scientific attention in traumatic stress studies. In this contribution, the issue of trust among the war-stricken people of Bosnia and Herzegovina is focused upon. Within a perspective focus-

ing on the task of finding adequate interpretations of the sequelae of events in order to regain control and a sense of trust, it is hypothesized that, first of all, war has exerted a clear impact on individual well being. Secondly, war has had a clear impact on assigning meaning to life and the surrounding (social) world. More specifically, the war in Bosnia Herzegovina where former neighbors sometimes turned into greatest enemies, has installed distrust among its communities. Thirdly, there is a relation between the occurrence of intrusive memories and avoidance strategies on the one hand and trust on the other hand. Three samples of Bosnian people were used to study the connection between the psychological sequelae of stressful events (e.g., war, migration, asylum procedures) and the individual sense of trust, distrust and meaningfulness of the world and life: 1. Bosnian refugees in the Netherlands (N = 366), 2. citizens of Sarajevo and Zenica (N = 128), and 3. Bosnian clients of a large-scale Mental Health Project in Bosnia-Herzegovina (N = 1886). An a-select sample of Dutch students served as a non-war-stricken comparison group (N = 88). The following self-report instruments were used: The Meaning of War scale (Mooren & Kleber, 1998), (parts of the) World Assumption Scale (Janoff-Bulman, 1989); the Life Orientation Test (Scheier and Carver, 1985), and the Impact of Event Scale (Horowitz, Wilner and Alvarez, 1979). Findings revealed that the occurrence of both intrusive and avoidant tendencies is associated with higher levels of distrust and negatively related to optimism and perceptions of the world as meaningful. These results will be discussed in more detail and be reflected upon with regard to their relevance for the study of coping with traumatic stress in the aftermath of war.

Cognitive Reactions to War Trauma–How Universal Are They?

Smith, Annemarie, MD, Centre '45; Kleijn, Wim, Centre '45

People live by their basic assumptions. For most of us these are relatively benign. War trauma contradicts these reassuring basic assumptions about the world, other people, ourselves and our ability to control events. Its impact is felt through years and generations in traumatized war victims. Their therapists may experience vicarious traumatization. The purpose of our study was to compare the characteristics of cognitive schemas in refugees, first generation victims of the Second World War, their children, and their therapists' basic cognitions. The World Assumptions Scale (Janoff-Bulman, 1989) is used in Centrum '45 for the evaluation of basic cognitions. Data were obtained of all patients presenting for intake and of Centrum '45 therapists. Statistical analysis focused on differences in basic cognitions between groups. First generation war victims scored high on global and low on personal assumptions of justice, control and predictability. Second generation patients had only marginally different scores. Therapists' patterns were the reverse of these. Direct or indirect exposure to war trauma thus seems to have some universal cognitive consequences for victims. Therapists need to be aware of the influence of the differences between their own (reactive) cognitive changes and those of their patients.

Somatization in Refugees with Traumatic Experiences

Rohlof, Hans, MD, Centre 45, De Vonk; Van der Jagt, Jessica, MD, Centre 45, De Vonk

Somatic complaints in psychiatry are quite frequent. According to Kirmayer (1998), they could be seen as medically unexplained somatic symptoms, as hypochondrical worry, or as somatic clinical explanations of psychiatric disorders. Previous research in our centre revealed that almost all refugees with experiences of war and persecution have somatic complaints (Kleijn e.a., 1998). Their complaints can be seen as pure somatization, but experiences of physical damage, like injuries or torture, could play a significant role as well. In a current research project, we are studying clusters of somatic complaints among refugees and asylum seekers. We compare outcomes of psychiatric scales with the Pennebaker Inventory of Limbic Languidness (PILL; Pennebaker, 1982), an instrument to screen the occurrence of somatic complaints. Several findings of this study will be presented. They will be discussed with regard to their consequences for treatment: is specific attention indicated for somatic expression of traumatic memories for example? What are the modes of therapy that can be helpful to relieve the physical burden of trauma?

Abstract #1957

Children of War: The Play and the Training Video

Workshop (child) **Jasperwood, 3rd Floor**

Chew, Marion, PhD, Center for Multicultural Human Services; Hunt, Dennis, PhD, Center for Multicultural Human Services; Amirsehi, Farinaz, MA, Center for Multicultural Human Services

Over two years ago, the Center for Multicultural Human Services, a founding member of the National Child Traumatic Stress Network (NCTSN) joined forces with internationally acclaimed playwright Ping Chong to create the play "Children of War." Originally conceived as a means of raising public awareness around the traumatic effects of war on the lives of children, this powerful drama has been adapted as a teaching tool to educate school personnel, community service workers, classmates, and others about the ways in which the violence of war has affected these young people. This workshop provides the opportunity to screen selected portions of the educational video and to hear five youths and one adult as they relate the intense experiences that not only altered the course of their lives but also changed their perceptions of the world. Clinicians who were closely associated with the creation of the play will review various aspects of the process and its effect on all the participants. The discussion will include the benefits of using the creative arts to describe a psychological experience and the play's relationship to narrative therapy.

Abstract #1522

Gaining Strength After Trauma: Treatment for War Veterans with PTSD

Workshop (practice) **Oak Alley, 3rd Floor**

Franklin, C., PhD, VA Medical Center, New Orleans; Thompson, Karin, PhD, VA Medical Center, New Orleans; Beer, Monica, PhD, VA Medical Center, New Orleans

Three clinical psychologists will describe a novel group treatment for war veterans with posttraumatic stress disorder (PTSD). The Posttraumatic Growth Group increases patient awareness and understanding of positive attributes attained from past traumatic experiences. In comparison to traditional treatments for PTSD, which focus on coping skills and/or trauma processing, this group focuses on identifying strengths that veterans already possess. While prior research has examined naturally occurring resiliency after trauma, we know of no other current treatments that focus on the promotion of posttraumatic growth. Our workshop will include information about the conceptualization of the Posttraumatic Growth Group, group content, patient and therapist manuals, and changes made to the group based on patient feedback. Specific case examples will be discussed. Patient satisfaction with the group content and process was measured as part of the project and data from a sample of combat veterans diagnosed with PTSD will be included in the presentation. In addition, data on war veterans' levels of guilt, depression, quality of life, posttraumatic growth and self-concept were measured pre-treatment and will be used in the discussion.

Abstract #1540

Psychological Aftermath of 9/11: A POPPA Experience and CISD Revisited

Workshop (practice) **Compass, Riverside Building**

Scurfield, Raymond, DSW, University of Southern Mississippi; Viola, Janet, PhD, private practice (organizational consultant); Platoni (LTC), Kathy, PhD, 1972nd Med Det (CSC), JTF-Guantanamo, U.S. Army and private practice; Colon, Joe, BA, retired NYPD detective and current MSW student, Fordham University

Three presenters describe their volunteer clinical experiences as part of the NYPD Police Organization Providing Peer Assistance (POPPA) program in providing critical incident stress debriefings (CISD) to NYC emergency rescue personnel. Also, there is discussion of distinctive aspects of 9/11 that both characterize and confound a successful post-9/11 recovery. Such aspects, along with concerns about the efficacy of "one-shot clinical interventions," form the rationale for a recommended "Phase 2 CISD intervention model." In addition, the framework and content of this new Phase II CISD intervention model is described: scheduling and timing; the focus of Phase II interventions to provide a historical and cultural context regarding war versus civilian devastation resulting from terrorism; the relationship between personal post-traumatic emotional reactions and national and international socio-political context; understanding the full scope of losses that have been incurred; normalizing abnormal reactions distinctive to the

terrorist acts; and specific Phase II clinical intervention strategies such as cognitive reframing and attending to the "positive" 9/11 ramifications. Finally, there is a discussion of the evaluation challenge in assessing the outcome of initial or repeated CISD interventions.

Abstract #1881

Cognitive-Behavioral Therapy for Insomnia in Trauma Survivors

Workshop (practice) **Steering, Riverside Building**

Zayfert, Claudia, PhD, Dartmouth Medical School; DeViva, Jason, PhD, Dartmouth Medical School

Difficulty initiating and maintaining sleep is one of the most commonly reported complaints after a traumatic event. The impairment associated with insomnia suggests that improving sleep has the potential to reduce overall distress and improve functioning of trauma survivors. Yet, treatment for insomnia has primarily relied on pharmacological approaches, with less attention to cognitive-behavioral interventions that have been effective for insomnia in other contexts. The purpose of this workshop is to present an integrated model for understanding the persistence of insomnia following trauma and, based on this model, to describe an insomnia treatment that tailors basic cognitive-behavioral insomnia techniques to the needs of trauma survivors. The workshop will focus on the "how to's" of applying cognitive-behavioral insomnia treatment in trauma populations using illustrative case examples, and will include preliminary data supporting this treatment approach. Given that sleep disruption has been closely tied to post-traumatic symptoms such as nightmares and vigilance, and that as many as half of those who complete treatment for PTSD continue to report sleep difficulties, we advocate a sequential approach in which insomnia interventions follow PTSD-focused treatment only for patients who evidence continuing sleep disturbance.

Concurrent Sessions – 10
Tuesday, November 16
4:00 p.m. – 5:15 p.m.

Abstract #1795

Conceptual Frameworks in Formulation of Complex Child Trauma

Panel (child) **Grand Ballroom B, 1st Floor**

Spinazzola, Joseph, PhD, The Trauma Center, National Child Traumatic Stress Network; Pynoos, Robert, MD, MPH, National Center for Child Traumatic Stress, UCLA; Ford, Julian, PhD, University of Connecticut Health Center, National Child Traumatic Stress Network; Briere, John, PhD, Keck School of Medicine, University of Southern California; Blaustein, Margaret, PhD, The Trauma Center, National Child Traumatic Stress Network

Increasing evidence supports the high prevalence of exposure to multiple and chronic traumatic events during childhood (e.g., Complex Trauma Work Group, NCTSN, 2003) and the deleterious consequences of this exposure for long-term medical and mental health outcomes (e.g., Felitti et. al., 1998). Clinical formulation of children's adaptation to these exposures can be framed within a number of theoretical and empirical models of trauma occurrence and consequence. In providing contextual parameters for understanding complex child trauma, these models guide evaluation, problem identification and prioritization, treatment planning, and best practices establishment. As such, understanding the interrelation of these diverse conceptual frameworks in their application to clinical practice is of considerable relevance for the field. To facilitate discussion of these issues, this panel will focus on an illustrative clinical vignette of a 13-year old boy exhibiting complex adaptation to multiple and chronic trauma. Panelists will conceptualize this case from each of three predominant frameworks: developmental, neurobiological and phenomenological. Discussant commentary will address commonalities across formulations, as well as unique contributions, and propose an integrative approach to case conceptualization. The panel will conclude with group discussion of emerging initiatives to establish a trauma-based developmental disorder to inform assessment and treatment with children and adolescents.

Abstract #1598

Mobilizing Child Trauma Resources Through Public Policy Transformation

Panel (culture) **Hilton Exhibition Center C, 2nd Floor**

Gerrity, Ellen, PhD, Duke University School of Medicine and National Center for Child Traumatic Stress; Harris, William, PhD, Children's Research and Education Institute, Inc., and KIDSPAC; Putnam, Frank, MD, Children's Hospital Medical Center, Cincinnati, Ohio; Fairbank, John, PhD, Duke University Medical Center and National Center for Child Traumatic Stress

The health and mental health consequences for traumatized children present a major public health problem worldwide. A diverse panel representing public policy, child trauma research and treatment, and political advocacy will discuss the necessity for mobilizing trauma resources for children through the transformation of public policies. Traumatized children are found within every system serving children, including programs for teen pregnancy, addiction treatment, disabilities, juvenile justice, foster care, education, child welfare, homelessness, refugees, and domestic violence. A public health approach increases the potential for more rapid screening, assessment, and delivery of services, with early, preventive action reducing personal and societal costs. To be effective, the public health system will need to ensure that trauma-informed services are available wherever children and programs that serve them are located. One approach to be discussed is the construction of local and regional "maps" that identify where children are being served and where trauma services exist, with examples of how linkages between children and services can be strengthened through programmatic and policy change. For many traumatized children, unaddressed trauma problems can have adverse and lifelong developmental consequences. Public policies and child systems need to be transformed in order to ensure that children receive timely, effective care.

Abstract #1546

Searching for, Confronting, and Being the Other

Panel (practice) **Rosedown, 3rd Floor**

Kudler, Harold, MD, Duke University and Durham Veterans Affairs Medical Center; Fried, Hedi, MA, The Stockholm Institute of Education; Albeck, Joseph, MD, McLean Hospital and Harvard University

War fractures identity within communities, within individuals and between generations resulting in an altered sense of self and the birth of "The Other." At the community level, the Other may be an enemy army or a subgroup marked as alien. At the individual level, trauma can split identity into conflicting compartments. The survivor is then haunted by an introjected Other, which may be idealized, mourned, disavowed, persecutory, etc. Conflicts between wounded self-representations may be played out across generations. The presenters will offer personal and professional experiences that clarify and extend the concept of The Other. Hedi Fried, a Jew assigned the role of Other during the Holocaust, will reflect on how her experience enabled her to help trauma survivors and their children grapple with basic questions of identity. Joseph Albeck, a child of Holocaust survivors, psychiatrist, and poet, will draw from personal, clinical, and artistic material to illustrate how clinicians can better identify, confront, and integrate The Other in themselves and with their patients.

Abstract #1549

PTSD, Smoking, and Nicotine Dependence: Causal Pathways and Mechanisms

Symposium (biomed) **Hilton Exhibition Center B, 2nd Floor**

Koenen, Karestan, PhD, National Center for PTSD; Breslau, Naomi, PhD, Michigan State University

Epidemiological and clinical studies have reported associations between smoking and posttraumatic stress disorder (PTSD). Although smoking is highly addictive, the relationship between PTSD and nicotine dependence (ND) has received less attention. This symposium will examine the causal pathways and mechanisms underlying the relationship between PTSD, smoking, and nicotine dependence.

Immediate Antecedents of Cigarette Smoking and PTSD Status

Beckham, Jean, PhD, Duke University and Durham VA Medical Centers; Feldman, Michelle, Duke University and Durham VA Medical Centers; Vrana, Scott, Duke University and Durham VA Medical Centers; Mozley, Susannah, Duke University and Durham VA Medical Centers; Erkanli, Alaattin, Duke University and Durham VA Medical Centers; Rose, Jed, Duke University and Durham VA Medical Centers

Using ambulatory methods, this study investigated the association between smoking and situational cues in 63 smokers with posttraumatic stress disorder (PTSD) and 32 smokers without PTSD. Generalized estimating equations contrasted 682 smoking and 444 nonsmoking situations by group status. Smoking was strongly related to craving, positive and negative affect, PTSD symptoms, restlessness, and several situational variables among PTSD smokers. For non-PTSD smokers, the only significant antecedent variables for smoking were craving, drinking coffee, being alone, not being with family, not working, and being around others who were smoking. These results are consistent with previous ambulatory findings regarding mood in smokers, but also underscore that in certain populations, mood and symptom variables exert significant influence over ad lib smoking.

The Relationship Between Nicotine Dependence and PTSD in Men

Koenen, Karestan, PhD, National Center for PTSD; Hitsman, Brian, PhD, Brown Medical School; Lyons, Michael, PhD, Boston University; Niaura, Raymond, PhD, Brown Medical School

Recent studies indicate a strong association between posttraumatic stress disorder (PTSD) and nicotine dependence (ND). The causal nature of the relationship between ND and PTSD was examined in 6,744 members of the Vietnam Era Twin Registry. The prevalence of ND was elevated among the trauma exposed (52.0%) and those with PTSD (71.7%) as compared with those unexposed (40.5%). This association was significant for ND and both trauma without PTSD (OR = 1.60; 95% CI = 1.44, 1.77) and for those with PTSD (OR = 2.34; 95% CI = 1.92, 2.84). Using survival analysis with time dependent covariates, trauma (HR = 1.50; 95% CI = 1.35, 1.64) and PTSD (HR = 1.36; 95% CI = 1.14, 1.61) significantly predicted ND after controlling for parental education and psychopathology, military service characteristics, and preexisting psychiatric disorders. ND also slightly increased risk of trauma (HR = 1.17; 95% CI = 1.05, 1.30) and substantially increased vulnerability to PTSD (HR = 1.98; 95% CI = 1.61, 2.42). Twin analyses indicated ND has familial, but not genetic association with trauma/PTSD. Temporal relationships persist after controlling for these familial influences. The findings support the hypotheses that PTSD increases risk of ND, and, preexisting ND increases risk of PTSD among the trauma exposed. The co-occurrence of PTSD and ND is also influenced by shared environmental factors that increase risk for both disorders.

Effects of Nicotine on Trauma Cue Arousal: A Placebo Controlled Trial

Buckley, Todd, PhD, VA Boston Healthcare System and Boston University School of Medicine; Holohan, Dana, PhD, Salem, Virginia VA Medical Center; Mozley, Susannah, PhD, VA Boston Healthcare System; Walsh, Kate, BS, VA Boston Healthcare System

The prevalence of smoking among individuals with chronic PTSD exceeds the rate of smoking in the general population. Theoretical models purported to explain this association generally include a role for affect regulation processes in accounting for PTSD and smoking comorbidity. This study tested a set of theoretically-driven hypotheses regarding the relationship between nicotine intake, attention allocation, and anxious responding to trauma cues among smokers who were diagnosed with chronic PTSD. Using laboratory cue-reactivity methods, 75 individuals were randomized to receive either a trauma-cue mood induction or a neutral mood induction procedure. Further randomization included a between-subjects factor of smoking either high-yield nicotine cigarettes or denicotinized cigarettes (placebo condition). Baseline and cue-induced anxiety, as assessed via self-report and a variety of autonomic nervous system measures, were assessed under varying conditions of attention allocation post mood induction. Results indicated that nicotine had an anxiolytic effect when anxiety was examined via self-report; however, there was no effect of nicotine on arousal as assessed via autonomic indices. Results suggest that the putative affect regulation effects of nicotine in PTSD samples may be centrally-mediated. Nicotine did not appear to affect the peripheral measures of arousal so often noted in cue-reactivity studies with chronic PTSD samples.

PTSD and Stages of Smoking: Testing Causal Relationships

Niaura, Raymond, PhD, Brown Medical School; Stroud, Laura, PhD, Brown Medical School; Hitsman, Brian, PhD, Brown Medical School; Koenen, Karestan, PhD, National Center for PTSD; Lyons, Michael, PhD, Boston University

We examined the role of trauma and posttraumatic stress disorder (PTSD) in predicting subsequent onset of daily smoking and heavy smoking among smokers in 6,744 members of the Vietnam Era Twin Registry. The prevalence of smoking was elevated among the trauma exposed without PTSD (69%; OR = 1.4; 95% CI = 1.3, 1.6) and those with PTSD (80%; OR = 1.8; 95% CI = 1.4, 2.2) as compared to the unexposed (61%). Using survival analysis with time dependent covariates, trauma predicted onset of daily smoking (HR = 1.3; 95% CI = 1.2, 1.5) after controlling for parental education and psychopathology, and military service characteristics. Preexisting (active) PTSD that had not remitted increased risk of onset of daily smoking (HR = 2.7; 95% CI = 2.1, 3.5) and, among smokers, heavy smoking (OR = 1.9; 95% CI = 1.1, 3.2). Remitted (past) PTSD did not predict onset of daily smoking or heavy smoking among smokers. Twin analyses indicated smoking has a familial, but not genetic association with trauma/PTSD. Significant relationships persisted after controlling for these familial influences. The findings suggest public health benefits of early PTSD treatment. Veterans whose PTSD had remitted were not at increased risk for daily smoking, in contrast with those who had past PTSD.

Abstract #1660

Disasters and War: Multidimensional Assessment of Course of Recovery

Symposium (child) **Grand Ballroom A, 1st Floor**

Goenjian, Armen, MD, David Geffen School of Medicine at UCLA

The presentations will describe 1) the longitudinal course of recovery of PTSD, along with moderating and mediating variables, among adolescents after the 1999 earthquake in Greece; 2) the severity of PTSD and depressive reactions among adolescents who had lost one or both parents after the 1988 earthquake in Armenia; 3) the relationship of PTSD, post-earthquake adversities and depression to disturbances in conscience functioning among adolescents after the Spitak earthquake; 4) the mechanisms of change hypothesized to induce improvements in war-exposed Bosnian adolescents participating in group psychotherapy.

Group Therapy and Factors Related to Outcome in War-Exposed Adolescents

Layne, Christopher, PhD, Brigham Young University

This presentation will discuss findings from the program evaluation of a school-based psychosocial program for war-exposed adolescents as conducted during the 2000-2001 school year. The UNICEF School-Based Psychosocial Program for War-Exposed Adolescents targets five therapeutic foci including traumatic experiences, distressing reminders, secondary adversities, the interrelationships between trauma and loss, and developmental challenges. As part of the evaluation, students completed self-report questionnaires of psychosocial difficulties (e.g., posttraumatic stress and depressive reactions, school behavior) and group processes measures focusing on hypothesized mechanisms of change, including catharsis, insight, and cohesion. Results indicate that small group processes are positively correlated with targeted treatment outcomes. Implications of these findings for the design and implementation of small group psychotherapy for trauma-exposed youth will be discussed, with special emphasis given to benefits that may accrue from integrating the trauma treatment and small group process literatures.

Post-Earthquake Moderating and Mediating Variables of PTSD Symptoms

Roussos, Alexandra, MD, Attiki Child Psychiatric Hospital, Athens, Greece; Goenjian, Armen, MD, David Geffen School of Medicine at UCLA

This presentation includes findings from 511 children who completed questionnaires at six months and two years after the 1999 Ano Liosia earthquake in Greece. A significant decrease was found for PTSD but not for depressive symptoms. A number of variables made a significant contribution to the severity of PTSD symptoms. These variables included depression at six months, reminders of the earthquake, and financial difficulties for the family since the earthquake, living in a prefabricated house for three months or longer, being seriously ill, being seriously hurt in an accident or fight, and gender. There was a significant increase in Achenbach scores for delinquent problems, aggressive behavior, externalizing problems and thought problems (for girls only) in a subgroup of children.

Postdisaster PTSD, Adversities, Depression and Conscience Functioning

Steinberg, Alan, PhD, National Center for Child Traumatic Stress, UCLA; Goenjian, Armen, MD, National Center for Child Traumatic Stress, UCLA

This presentation will discuss findings in regard to disturbances in conscience functioning among adolescents (N = 127) exposed to different degrees of earthquake-related trauma and post-earthquake adversities after the 1988 earthquake in Armenia. The relationship of pathological interference with conscience functioning (PI) to current levels of PTSD, depression, adversity, behavior problems, age and sex was examined. The Stilwell Structured Conscience Interview was used to evaluate five categories of PI: 1) sense of loss of efficacy of the conscience; 2) diminished sense of personal goodness; 3) sense of loss of moral willpower; 4) disturbances in methods of moral healing; and 5) disturbed internal and external responses after acting morally. Results indicated that adolescents in the city near the epicenter of the earthquake manifested greater severity of PI as compared with their counterparts in the less affected cities. Current severity of PTSD, depression and post-earthquake adversities were all independently correlated with PI. PI was positively correlated with endorsement of a number of behavior problems. PTSD and depression were differentially associated with behavior problems. Analyses by sex and age will also be presented.

PTSD and Depressive Reactions Among Orphans

Goenjian, Armen, MD, David Geffen School of Medicine at UCLA; Walling, David, PhD, Collaborative Neuroscience Network; Goenjian, Lara, BA, Clairmont College; Steinberg, Alan, PhD, National Center for Child Traumatic Stress

This presentation will describe posttraumatic stress and depressive reactions among orphans exposed to the devastating 1988 Spitak earthquake in Armenia. Eight percent of the residents in Gumri, a city close to the epicenter, were killed at the time of the earthquake, and most of the city was destroyed. For years after the earthquake, these adolescents lived under adverse conditions. Six years post-earthquake, 82 adolescents were evaluated, of which 34 had lost one parent and 14 had lost both parents. A third group of adolescents (N = 34) who had not lost either parent comprised the control group. The instruments used were UCLA Posttraumatic Stress Disorder Reaction Index and the Depression Self-Rating Scale. PTSD scores were in the moderate range in the three groups, indicating the intractability of these symptoms. There were no significant differences in PTSD scores across the three groups. However, the level of depression differed significantly among the three groups, with those who had lost both parents having higher levels of depression than the other two groups. The severity level of orphans who had lost both parents fell above the cut-off score for clinical depression. Further, there were significant differences in severity of depression among those who lost a mother, a father or both parents. Gender analyses will also be presented.

Abstract #2070

Anxiety Caused by the Nagasaki Atomic Bomb and Tokai Accident

Symposium (disaster) **Magnolia, 3rd Floor**

Kim, Yoshiharu, MD, PhD, Division of Adult Mental Health, National Center of Neurology and Psychiatry; Konishi, Takako, National Institute of Mental Health, National Center of Neurology and Psychiatry

Traumatic anxiety caused by the psychological exposure to the radioactivity: To report short- and long-term traumatic anxiety arising from psychological exposure to radioactivity with invisible, penetrating, enduring, and life-threatening nature from Japanese experience with Nagasaki atomic bombing and Tokai JCO criticality accident. The mental health support in both cases are compared in terms of psychological first aid.

Traumatic Fear Among Those Who Witnessed the Atomic Bomb in Nagasaki

Kim, Yoshiharu, MD, PhD, National Institute of Mental Health, National Center of Neurology and Psychiatry; Kawamura, Noriyuki, National Institute of Mental Health, National Center of Neurology and Psychiatry; Miyake, Yoshiko, National Institute of Mental Health, National Center of Neurology and Psychiatry; Okada, Takayuki, National Institute of Mental Health, National Center of Neurology and Psychiatry; Asukai, Nozomu, National Institute of Mental Health, National Center of Neurology and Psychiatry; Asukai, Nozomu, Tokyo Metropolitan Institute of Psychiatry; Tsutsumi, Atsuro, National Institute of Mental Health, National Center of Neurology and Psychiatry; Idsutsu, Hitoshi, National Institute of Mental Health, National Center of Neurology and Psychiatry; Miyazaki, Takaho, National Institute of Mental Health, National Center of Neurology and Psychiatry; Kikkawa, Takehiko, National Institute of Mental Health, National Center of Neurology and Psychiatry

We investigated the current mental status of those who have witnessed the atomic bombing in the peripheral area of Nagasaki city in 1945 and have had a fear of being mortally exposed to radioactivity. Because they have been regarded as not being physically exposed, little mental support has been provided. In response to their claim for supports for their psychological distress, Japanese government set up a research team to conduct a survey. We interviewed randomly selected 342 people and 288 controls, using GHQ28, IES-R, K-scale, and scales for atomic bomb experience. The GHQ score differed significantly between them and the multivariate analysis revealed that the difference cannot be explained by any socio-demographic feature. Among those who experienced the atomic bomb, 80% had poor knowledge of what the exposure meant, and their traumatic anxiety was correlated with the direct impact of the bombing and the secondary trauma such as witnessing the dead people or watching the news films. It is astonishing that they had been kept in an anxious sated without due information or support. As a result of this survey, the government started the official support program for the psychological care of those who witnessed the atomic bomb.

Mental Health Status of Residents Affected by the Tokaimura Accident

Minoshita, Seiko, PhD, Kawamura Gakuen Woman's University, Department of Psychology; Lin, Chih-Kuang, MD, University of Tsukuba; Korosu, Yutaka, Tokyo Women's Medical University; Satoh, Shinji, University of Tsukuba, Department of Mental Hygiene; Konishi, Takako, Musasino University, Department of Human Studies

We investigated how the criticality accident in Tokai village, Japan, in September 1999 (called "Tokaimura Accident") had mentally affected the residents in the village and neighbors so that we could support them in an appropriate manner. Study 1: In 1999 we conducted a questionnaire survey (STAI: State-Trait Anxiety Inventory, GHQ12:General Health Questionnaire, IES-R:Impact of Event Scale-revised) to the high school students within 10 km from the JCO's facility, which was a center of the accident, to reveal anxiety related to psychological exposure to radioactivity. Study 2: Since 1999 till present, we have continued mental health care because of the long-lasting nature of the effect of a radiation accident. Throughout this period, the anxiety level did not correlate with the distance of the residents'

living place at the time of the accident from the center of the criticality accident. The impact rather correlated with the degree they perceived the accident fatal. Also, the improvement of the residents' mental health depends upon whether they positively sought for and accepted a local mental health support. Some of those who refused to accept even relapsed afterwards.

The Acute Psychological Responses in the Tokaimura Nuclear Accident

Nakajima, Satomi, MD, PhD, National Institute of Mental Health, National Center of Neurology and Psychiatry; Tatsuno, Bunri, Kokushikan University

The present study examined the effects of acute psychological responses against the nuclear accident in Tokaimura, 1999. The samples consisted of 59 nuclear exposed persons (clinical samples) and 308 college students in the city 16km from the accident place. We have administered a set of questionnaires including IES-R at the one month after the accident. We have also analyzed records of 59 clinical cases, having been counseled officially within one month after the accident. The major symptoms of the acute psychological responses among college students were anxieties related to the radiation, but their risks of developing PTSD were low. The clinical samples had high levels of risks of developing PTSD and were also likely to have previous problems such as pregnancy, psychiatric histories, and so on. We suggest medical service providers as well as the general population to focus on reducing anxieties among exposed people, providing the correct and supportive information at the early phase in case of a nuclear accident. It is important to identify the high risk group of PTSD early after the accident and to provide intensive care, like outreach program, for the group.

Abstract #1676

Children and Women Exposed to War Trauma: Mental Health and Abuse Outcomes

Symposium (war) **Versailles Ballroom, 3rd Floor**

Williams, Linda, PhD, Wellesley Centers for Women; Brown, Elissa, PhD, New York University

This symposium reports data from three studies of exposure, perceptions, fears, mental health, violence, and survival of women and children exposed to terrorism and war trauma in the United States post 9/11, related to family member participation in the War in Iraq, and among women and girls exposed to violence in Palestine.

Children Facing the Wall

Shalhoub-Kevorkian, Nadera, PhD, Hebrew University

In various locations and countries around the world particularly during times of war, women's suffering and methods of survival have almost always been neglected. During the past ten years, the international community has made some effort to examine the suffering women. Ironically, however, the faces and the stories of these women have only been revealed when they served to preserve the interests and infrastructure of existing global powers in their economic, political and religious manifestations. This presentation would bring voices and writings of Palestinian girls that are affected by the Israeli Separating Wall. The theoretical questions that we hope to discuss are multifaceted and mutually linked: For one, is it possible to understand the multi-layered effects of the socio-political, historical and cultural contexts of the region without listening to the voices of the hitherto voiceless? Secondly, do our present theoretical understandings of trauma, stress, and loss provide a good enough basis for building intervention models? And finally, how can we critically engage with our "professional" and "scientific" heritage in an attempt to productively challenge and redefine those prevailing concepts, while we look at the socio-political and cultural context with regard to Palestinian girls facing such a Wall/reality/future.

Violence Against Women in Families Exposed to Terrorism and War Trauma

Williams, Linda, PhD, Wellesley Centers for Women; Saunders, Benjamin, PhD, Medical University of South Carolina

This presentation will report data on adults' reactions to the 9/11 attacks and trauma from the Iraq war and examine the association between war trauma and intimate partner violence. The findings come from the Navy Family Study, a longitudinal study of 530 Navy families reported to authorities for allegations of family violence and 350 Navy families with no history of reports for family violence. Women and men from the family violence sample were interviewed four times over a three-year period and assessed for victimization histories and trauma symptoms. The terrorist attacks on September 11, 2001, occurred between the third (T3) and fourth (T4) assessments. Exposure to 9/11 newscasts, perceptions of danger, and personal safety fears related to terrorism and war were assessed at the T4 interview along with (re)victimization and history of perpetration of partner violence. The initial wave of data collection for the families with no reported history of family violence includes interviews with 200 mothers and fathers and assessment for exposure to trauma related to terrorism and the war in Iraq. Multivariate analyses will examine the association between pre-9/11 levels of stress, victimization history, post-9/11 and post-war stress and intimate partner violence.

Reactions to 9/11 and the Iraq War by Children in Navy Families

Saunders, Benjamin, PhD, Medical University of South Carolina; Williams, Linda, PhD, Wellesley College; Hanson, Rochelle, PhD, Medical University of South Carolina; Smith, Daniel, PhD, Medical University of South Carolina

This presentation will report data assessing perceptions and fear reactions to the 9/11 attacks and the Iraq war from the child participants of the Navy Family Study, a longitudinal study of 530 Navy families reported to authorities for allegations of family violence and 350 Navy families with no history of reports for family violence. Children age 7-17 years in the family violence sample (N = 140) were assessed four times over a three year period for victimization histories, depression, PTSD, delinquency, and substance use. 9/11 occurred in between the third and fourth assessments. Exposure to 9/11 newscasts, perceptions of danger, personal safety fears, and fears for their parents' safety related to terrorism and war were assessed at the fourth assessment. These data have been collected but have not been analyzed. The initial wave of data collection on the same constructs from approximately 140 children in the unreported sample is ongoing and will be completed in October 2004. These children also are being assessed for fears related to terrorism and the Iraq war. Analyses will include prevalence of specific fears related to terrorism and war among both samples, differences between victimized and nonvictimized children on these fears, differences between children with and without depression and PTSD on these fears, and longitudinal changes in symptoms related to the 9/11 attack.

Abstract #1763

Living with War Trauma

Symposium (war) **Jasperwood, 3rd Floor**

Fabri, Mary, PsyD, The Marjorie Kovler Center for the Treatment of Survivors of Torture

War trauma is a prevalent issue for civilians. Families are profoundly affected by the violence and resulting losses and displacement of civil conflicts. This symposium will address the challenges confronted by families, women, and children to adjust and finding meaning in their lives during and after war.

Finding Meaning for Survival

Boskailo, Esad, MD, Maricopa Integrated Health System

In the theater of war and in the torture chamber, finding meaning for life is a necessary task for survival. After confronting hopeless situations and events that cannot be changed, suicide may be considered a viable solution in times of despair. Survivors of war and torture do not frequently choose this option, not because of fear of death, but due to finding meaning for one's life. A basic philosophy inherent in survival is "one more day is behind me." Man is able to live and die for ideas and values, and in choosing to live through intolerable times, survivors must find meaning. This presenter, a Bosnian concentration camp survivor and a practicing psychiatrist, will discuss the power of love in survival. Drawing upon personal war experiences and his work with refugees in Bosnia and in the United States, this presentation will explore how survivors find meaning for survival and will draw upon Victor Frankl's idea, "suffering is not necessary to find meaning in life, but meaning is possible in spite of suffering."

Life After Loss: Adjustment for Women and Children in the Congo

Songasonga, Martine, MA, Torture Abolition and Survivor Support Coalition International

The Democratic Republic of the Congo, formerly Zaire, has been a theater of horrible scenes since August 1998. The population of the country has experienced civil conflicts, war, and persecution. This presentation will focus on the population in the eastern part of the country and in particular, on women and children, who are the most vulnerable. The conflicts within the Congo are complex. Dating back to colonial repression and exploitation, the Congo has been ravaged by governmental corruption, tribal conflicts,

and economic mismanagement. Currently, the prevalence of violence and rape directed towards women and children is epidemic. This presentation will outline the challenges confronting the people of the Congo as they face the future scarred by the trauma of war. The concept of psychotherapy as a mechanism for healing will be discussed in the context of cultural and tribal traditions for women and children still living in the unstable political climate of the Congo, for those internally displaced on the continent of Africa, and for those few who have made their way to safety in host countries, such as the United States.

The Impact of War on a Family: A Personal Testimony

Kabengele, Hugues, BA, Torture Abolition and Survivor Support Coalition International

Arrested and tortured multiple times by the security service in the Democratic Republic of Congo, formerly Zaire, this presenter will discuss the impact of war and civil conflict on the family. Using his personal experience of military personnel entering his home under the pretense of "searching," the presenter will discuss the impact of the rape of one of his daughters on the entire family. This odious act shattered the family's life. The cultural taboo surrounding rape resulted in a response of silence and without any intervention. Sending the children to neighboring countries in an attempt to keep them safe from further violence only resulted in exposure to the political instability and unrest in other African nations. Forced into exile, the family has been displaced in fragments for ten years. For the presenter, that night marked the end of the possibility to be a husband and a father, and to fulfill his dreams for his family. The consequence of this tragedy is immeasurable. This presentation will discuss these and other consequences of political violence on family members.

Abstract #1527

Mental Health in Postwar Afghanistan

Symposium (war) **Elmwood, 3rd Floor**

Scholte, Pim, MD, University of Amsterdam, Academic Medical Center

The outcomes of two mental health surveys on the national (2002) and province (2003) levels, respectively, as well as data on prevailing coping strategies in postwar Afghanistan will be presented. Finally, the set-up and evaluation of a mental health intervention program as currently executed on province level will be discussed.

Mental Health and Risk Factors in Eastern Afghanistan

Scholte, Pim, MD, Academic Medical Center, University of Amsterdam; Olff, Miranda, PhD, Academic Medical Center, University of Amsterdam; Ventevogel, Peter, MD, Academic Medical Center, University of Amsterdam; Jansveld, Eveline, MA, Academic Medical Center, University of Amsterdam; de Vries, Giel-Jan, MA, Academic Medical Center, University of Amsterdam

Living circumstances in Afghanistan over the past decades, harsh in general, may have been different for its eastern province of Nangarhar, part of the Pashtun belt that originated the Taliban movement. In 2003 we performed a cross-sectional multi-cluster sample survey with a total of 1,013 participants aged 15 years or older. We estimated prevalence rates of mental health problems and identified risk factors contributing to their severity. For assessing PTSD symptoms and traumatic events we used the Harvard Trauma Questionnaire, for depression and general anxiety symptoms the Hopkins Symptom Checklist and for somatization, sleeping problems and hostility the respective domains of the Symptom Checklist 90. Symptoms of depression, anxiety and PTSD were reported by 38%, 52% and 20% of responders, respectively. For all three outcomes, symptoms were at least 3.5 times more frequent in women than in men. Almost every single trauma event accounted for higher scores on all outcomes.

Mental Health and Disability in Postwar Afghanistan

Lopes Cardozo, Barbara, MD, MPH, Centers for Disease Control and Prevention; Bilukha, Oleg, MD, PhD, Centers for Disease Control and Prevention; Gotway, Carol, PhD, Centers for Disease Control and Prevention; Anderson, Mark, MD, MPH, Centers for Disease Control and Prevention

Introduction: More than 2 decades of conflict have led to widespread human suffering and population displacement in Afghanistan. In 2002, the Centers for Disease Control and Prevention (CDC) and collaborating partners carried out a nationally representative mental health survey in Afghanistan. Objective: To provide national estimates of the mental health status of the disabled and non-disabled population of Afghanistan 15 years of age and older. Methods: The study design was a national multistage cluster survey. Fifty district-level clusters were selected based on probability proportional to size (PPS) methods. The questionnaire included questions on demographics, selected questions from the short-form health survey (SF-36), the Hopkins Symptoms Checklist-25, and the Harvard Trauma Questionnaire. Results: The most common psychological trauma events experienced were lack of food and water (56.1%) for non-disabled persons and lack of shelter (69.7%) for disabled persons. Most people experienced multiple traumatic events. Social functioning was lower for disabled than for non-disabled people. The prevalence of depression was 67.7 % and 71.7% and anxiety was 72.2% and 84.6% for respectively non-disabled and disabled people. The total prevalence for posttraumatic stress disorder (PTSD) was 42.2% for both groups. Conclusions: In this nationally representative population–based survey of Afghan civilians, prevalence of depression, anxiety, and PTSD was high even when compared with other communities traumatized by war and conflict.

Locus of Control and Help Seeking Behavior in Afghanistan

Olff, Miranda, PhD, Academic Medical Center/De Meren, University of Amsterdam, Department of Psychiatry; de Vries, Giel-Jan, MA, Academic Medical Center/De Meren, University of Amsterdam, Department of Psychiatry; Scholte, Pim, MD, Academic Medical Center/De Meren, University of Amsterdam, Department of Psychiatry; Ventevogel, Peter, MD, Academic Medical Center/De Meren, University of Amsterdam, Department of Psychiatry

In Afghanistan two large cross-sectional multi-cluster sample surveys (one nationwide and regional) were conducted to provide estimates of mental health problems. Both showed that large proportions of respondents are suffering from depression, posttraumatic stress disorder or other anxiety disorders. Prevalence data are given in the other presentations within this symposium. In this presentation we will focus on factors that mediate or moderate the impact of the harsh living conditions — including the large number of traumatic events that these people experienced — on reported mental health symptoms. In our regional survey, performed in Nangarhar province, one of the main areas of Taliban and al Qaeda resistance, we looked at whether coping/locus of control and help seeking behavior for emotional problems were associated with reported mental health problems. In a total of 1,013 respondents we found that a more internal locus of control appeared to be buffering against developing symptoms of PTSD, anxiety and depression. Next to Allah, family members appeared to be the main resource for emotional support. Respondents with higher levels of mental health symptoms would seek advice from traditional healers or local health workers rather than from medical doctors. The implications of these results will be discussed.

Integration of Mental Health in Primary Health Care in Afghanistan

Ventevogel, Peter, MD, Mental Health Program Afghanistan, HealthNet International; Nassery, Ruhullah, MD, Mental Health Program Afghanistan, HealthNet International; Faiz, Hafizullah, MD, Mental Health Program Afghanistan, HealthNet International; Scholte, Pim, MD, Academic Medical Center, University of Amsterdam; Olff, Miranda, PhD, Academic Medical Center, University of Amsterdam; Kortmann, Frank, MD, PhD, Department of Psychiatry, University of Nijmegen

The mental health care situation in Afghanistan is characterized by an extreme shortage of mental health care facilities. There is great need to establish mental health services that are easily available, affordable, and acceptable. A pilot program was designed for the integration of mental health in the basic health care system in the eastern province of Nangarhar. The program consists of 1) training of health care personnel in rural basic health centers with an emphasis on diagnosis and treatment of mental disorders; 2) training of community health workers and traditional birth attendants with an emphasis on identification and referral; 3) community education and awareness raising activities; 4) regular supply of psychiatric drugs. Effects of the project are monitored with several parameters (before and after implementation): a) Level of knowledge of health care workers (pre- and post-training tests); b) Recognized psychopathology by primary care physicians; c) Use of psychotropic drugs in the basic health care system. The first project year showed an increase in the percentage of mental health diagnoses from 0.5% to 1.5% of all diagnoses. Follow up data about the developments in the second project year (implementation and evaluation) will be presented.

Abstract #1572

Longitudinal Course of Cortisol in Normal, PTSD and Remitted Individuals

Symposium (biomed) **Steering, Riverside Building**

Brunet, Alain, PhD, McGill University, Montréal, Quebec, Canada

This set of independent studies provides an overview of the longitudinal course of neuroendocrine functioning in individuals exposed to trauma. Study 1 reports on salivary cortisol levels in trauma-exposed individuals recruited at the ER and followed for 6 months. Study 2 and 3 present correlations between neuroendocrine measures (urinary cortisol and cathecolamines) associated with symptom changes among treatment-seekers with PTSD. Study 4 reports on personality variables that modulate cortisol excretions.

Longitudinal Investigation of Salivary Cortisol in ER Patients

Brunet, Alain, PhD, McGill University, Montréal, Quebec, Canada; Defer, Sabine, MA, Douglas Hospital Research Center; Benoit, Maryse, MA, Douglas Hospital Research Center; Pruessner, Jens, PhD, McGill University; Meaney, Michael PhD, McGill University

In the field of PTSD, few studies have investigated neuroendocrine functioning in acutely traumatized individuals over long period of times. Whether cortisol level represents a risk factor or a consequence of trauma also remains to be ascertained. This paper reports on integrated salivary cortisol levels measured repeatedly in a sample of 60 men and women presenting to the ER as a result trauma exposure, and followed for 6 months. A repeated measure ANCOVA revealed a Time x Group interaction, ... Individuals with a CAPS diagnosis of PTSD 1 and 6 months post-trauma (the PTSD + + group) had lower salivary cortisol 5 days post-trauma and remained low throughout the study compared to the four other groups of participants (PTSD - +, PTSD + -, PTSD - -, and normal controls) who did not differ from each other. The dynamic range of cortisol throughout the day tended to decrease with time among the PTSD + + group, but not among other groups. Such results point to the possibility of low cortisol being a risk factor for chronic PTSD. Replication is needed.

Urinary Cortisol Levels in PTSD-CSA Before and After Treatment

Friedman, Matthew, MD, PhD, National Center for PTSD, Dartmouth

This presentation describes results of a baseline cross sectional study and a longitudinal treatment study. METHODS: Comparison Cross Sectional Study: Baseline urinary cortisol and catecholamines were measured among 68 women with PTSD due to childhood sexual abuse (PTSD-CSA) and compared with a community sample of 43 women without current PTSD-CSA. Longitudinal Treatment Study: Forty-four PTSD-CSA participants randomized to cognitive-behavioral therapy (CBT), present centered treatment (PCT) and wait list (WL) were followed longitudinally. Clinical and urinary assessments were carried out at pretreatment, post-treatment (following 14 therapy sessions) and six month follow-up.RESULTS: Comparison Study: Women with PTSD-CSA showed significant elevations in urinary cortisol and significant reductions in urinary epinephrine. These findings could not be explained by depressive symptoms but possibly by the influence of adult sexual abuse. Treatment Study: Participants assigned to CBT (but not PCT or WL) showed significant reductions in urinary cortisol at post-treatment and follow-up. CBT nonresponders also exhibited a reduction in urinary cortisol. No alterations in urinary epinephrine were associated with treatment for any group. CONCLUSION: Elevated cortisol and reduced urinary epinephrine appear to be associated with PTSD-CSA in women. CBT but not PCT treatment is associated with significant reductions in urinary cortisol while epinephrine is unchanged.

The Impact of Personality Variables on the Cortisol Stress Response

Pruessner, Jens, PhD, McGill University, Montréal, Quebec, Canada

There is evidence from several studies from our and other laboratories that individual differences in self-esteem modulate the acute cortisol response to stress. Recently, in a study with healthy elderly individuals, we have shown that these acute differences also seem to be linked to long-term effects. We found reduced basal cortisol regulation, with lower cortisol levels in the acrophase of the circadian rhythm, and accelerated hippocampal atrophy with aging in subjects with low self-esteem. Finally, current results from functional neuroimaging studies investigating brain activation during a psychosocial stress task suggest that these differences might originate at the level of the limbic system, where processing of stressful stimuli seems to modulate levels of activation in the hippocampus, amygdala, medial orbitofrontal cortex, and anterior cingulate cortex. These results allow us to speculate about the modulatory effects of personality on the perception and processing of stress in humans, and the consequences for glucocorticoid exposure and allostatic load. These results further emphasize the need to reevaluate the subjective components of variables defining a stressful situation, and their relation to personality traits.

Biological Correlates Associated with Symptom Change Following 9/11

Yehuda, Rachel, PhD, Mount Sinai School of Medicine, Bronx Veterans Hospital, New York

This presentation will review findings from several studies at the Mount Sinai Traumatic Stress Studies Program examining longitudinally, biological correlates in association with symptom changes in PTSD. We demonstrate that in a heterogeneous group of treatment seekers following 9/11, there were significant correlations of twenty-four hour urinary cortisol and catecholamine measures with PTSD diagnosis and symptom profiles within a year following the event, and that self-reported symptoms were better correlates of the neuroendocrine measures than clinician-rated symptoms. We will present data regarding the correlations between symptoms and neuroendocrine measures and compare the patterns of change depending on symptom status at the second time point (posttreatment time point) and compare the patterns of change depending on treatment response. A subset of the treatment studies was conducted in collaboration with E. Foa and S. Cahill of U. Penn.

Abstract #1621

The Impact of the Gulf War on Veterans and the Civilians of Kuwait

Symposium (war) **Hilton Exhibition Center A, 2nd Floor**

McFarlane, Alexander (Sandy), MD, University of Adelaide, South Australia

This symposium will describe the impact of PTSD in both civilian and military samples due to the effects of the Gulf War on the population of Kuwait. The presentation broadens the relevance of war related PTSD from studies in Judeo-Christian cultures such as the United States of America and Europe.

Post-Traumatic Stress Disorder in War Injured Survivors

Al-Hammadi, Abdulla, Psychiatric Hospital, Ministry of Hospital, Safat, Kuwait; Behbehnani, Jaafar Department of Community Medicine, Faculty of Medicine, Kuwait University

Post-traumatic stress disorder (PTSD) has been subjected to several epidemiological studies during the last 20 years. Large differences in prevalence between different studies can only partly be explained by differences in methodology, impact of the trauma and populations. Some of the PTSD rates differences can be explained by changes in diagnostic criteria, the stressor criteria, general mentality over time and cultural differences. In Kuwait there were 1200 executions, 7500 POWs released after the liberation in 1991, 20,000 detainees released during the invasion and occupation, and about 1100 had war injuries. Epidemiological studies in Kuwait (1994) had shown that the prevalence of PTSD is 27.1% among adults and 16.8% among children. Re-screening the same cohort population (1999) showed that there was no significant reduction in PTSD rate 24.7 % in adults and 14.6% in children. The study is designed to investigate the prevalence of post-traumatic stress disorder (PTSD) and other psychological morbidities among Kuwaiti Gulf War injured personnel. It is also aimed to study whether these victims have a higher that expected rate of PTSD and other psychological morbidity, and whether these post trauma adverse effects are associated with exposures and experiences that these victims experienced during Gulf War. The main objectives of this study is (1) The prevalence rate of PTSD, depression, anxiety and other psychological morbidity among physically injured victims. (2) Whether the family members of Gulf War injured victim (adults and children) are susceptible to have psychological disorder as a result of the disability (physical &/or psychological) of the head of the family. (3) Whether Gulf War injured victims have increased prevalence of symptoms, cluster of symptoms and medical conditions, and psychosomatic conditions that is related to the current mental health state and previous exposure to traumatic events during or after Gulf War.

PTSD Among Kuwaiti Military Personnel Post Iraqi Invasion

Al-Turkait, Fawzia, MA, Department of Psychology, Public Authority for Applied Education and Training, Safat, Kuwait

The objectives were, (a) to compare the prevalence and severity of PTSD among Kuwaiti military men stratified into four equal groups (50 each) according to their level of potential exposure to the trauma of war (b) assess the relationships between PTSD of the military members on the one hand, and locus of control, self-esteem, the PTSD experience of the wives, and children's behavioural problems, on the other hand (c) this is with a view to validating the concept of PTSD in the unique Kuwait culture, showing how PTSD, as a chronic disorder, transcends the protective social supports of society and contributing to the literature on the relationship between self esteem, locus of control and PTSD. Subjects were assessed with a battery of Arabic translated instruments for DSM -IV diagnosis Data analysis was by SPSS, with significant level of P<0.01 for multiple tests. The military personnel's mean age was 37.87 (SD=8.79), 7.5% were illiterate and 55.5% were officers. The mean age of the 176 wives was 34.28 (SD=7.49), 9.65% were illiterate, and 38.1% were in full time employment. There were 489 offspring (250M, 239F), the majority aged 6 to 12 years 63 (31.5%) of the men and 28.4% of the women fulfilled DSM criteria for PTSD, and PTSD was significantly commonest among the Prisoners-of-War. There was no significant association between PTSD in the men and their wives. PTSD diagnosis and subscale scores were not significantly correlated with locus of control and self esteem. Abnormal test scores for the children ranged from 3.7% to 36.1% for various scales, and were significantly related to mother's and not father's PTSD scores. The results indicate that, for these subjects, PTSD was not significantly mediated by internal psychological mechanisms (locus of control and self-esteem) and availability of psychosocial support.

Psychological Consequence of Trauma: Enduring Effects

Behbehani, Jaafar, PhD, Department of Community Medicine, Faculty of Medicine, Kuwait University, Safat, Kuwait

The impact of the First Gulf war 1990-1991 and the consequences of the invasion and occupation of Kuwait, and the traumatic events which occurred as a result of the occupation continue to have psychological impact on Kuwaiti households even now, 10 years after liberation. The overall prevalence of psychological and social morbidities remains rather high. Kuwait was and still a relatively peaceful state from the time of its existence more than 270 years back. The types of traumatic experiences that were inflicted by the Iraqis were alien to the experience of the Kuwaiti population. Events, such as physical violence, looting, robbery, curfew, torture, execution and the experience of fearing for one's life because of violence would have been extremely rare if not non-existent prior to the invasion. Therefore, the high ratio of psychological morbidities in our population is probably not surprising. Witnessing violence was one of the major traumas reported. Obviously, the specific traumatic events have resulted in a higher rate of posttraumatic stress disorder (PTSD). Overall, there was a high prevalence of PTSD in children (16.4%) and adults (27.3%) in a study of 2994 Kuwaitis in 1993. The risk of exposure to traumatic events for the adults during the occupation would have been higher than for the children and, as such, contributed to the higher prevalence of PTSD. A reassessment of these subjects in 1998, showed that the prevalence of PTSD continued to remain at the same level, but was composed of new incidences and chronic patients. Therefore, we expect that the level of PTSD in the Kuwaiti population will remain high for some time to come. The weight of this on the society and the health services will be a heavy one. Other research has found symptoms of PTSD well over forty years after traumas of war. The population of Kuwait is thus condemned to suffer the result of this occupation for many years to come. We believe that the cornerstone of PTSD is the trauma itself. Traumas resulting from man's inhumanity to man, such as torture, violence, and human rights violations are preventable and therefore it is incumbent upon all of us to ensure that the environment for such actions is not permitted to develop.

Abstract #1960

Publishing Empirical and Clinical Articles in Academic Journals

Workshop (clin res) **Melrose, 3rd Floor**

Kimerling, Rachel, PhD, National Center for PTSD, Palo Alto VA Healthcare System; Ullman, Sarah, PhD, Department of Criminal Justice, University of Illinois at Chicago; King, Lynda, PhD, National Center for PTSD, VA Boston Healthcare System

This workshop is designed for individuals conducting empirical research and those participating in clinical practice who wish to learn more about the process of publishing papers in academic journals. The workshop is appropriate for both seasoned authors and those new to the publication process. Editors and representatives of several journals interested in publishing papers on the topic of traumatic stress will describe the scope and mission, theoretical bent, and review process of their journal. Discussion will help participants identify a target audience, choose a journal for their work, and understand basic manuscript issues that increase the likelihood of favorable reviews. The following journals will be represented: *Journal of Traumatic Stress:* Dean Kilpatrick, Ph.D., Editor; *Journal of Interpersonal Violence:* Jon R. Conte, Ph.D., Editor; *Journal of Trauma Practice:* Steven N. Gold, Ph.D., Co-Editor; *Psychological Assessment:* Lynda A. King, Ph.D., Associate Editor; *Psychology of Women Quarterly:* Sarah Ullman, Ph.D., Associate Editor; and Traumatology: Charles Figley, Ph.D., Editor.

Abstract #1609

Keep It REAL©: Psychological Preparedness and Active Coping Group

Workshop (commun) **Bridge, Riverside Building**

Panzer, Paula, MD, Jewish Board of Family and Children's Services; Abramovitz, Robert, MD, Jewish Board of Family and Children's Services; Paula, Susan, PhD, Jewish Board of Family and Children's Services

Strengthening an individual's capacity to cope with subjective reactions of fear, helplessness, confusion, and maladaptive beliefs resulting from threat may enhance resiliency and contribute to preventing PTSD. We will present Keep it REAL©, a group training program to help adults prepare for and cope with stress and threats. Keep it REAL© helps adults meet the challenges of living in an uncertain world where war and terrorism are a part of everyday life. The Keep It REAL© group helps participants build a sense of safety and active coping while experiencing anxiety over war, threats of terrorism and chronic uncertainty. Critical components of the curriculum are captured in the acronym REAL: Risk Assessment (obtaining reliable information and reviewing relative threat risk.), Emotional Knowledge (understanding the biology of the fear response and its effects on thinking and functioning), Active Coping (strategies for living with fear and uncertainty), and Life Safety Plan (developing personal, family, and professional strategies for relative safety). Workshop attendees will participate in a version of this group, discuss how the group model has been used in the past and how to apply it in the community, and will learn about preliminary evaluation data.

Abstract #2014

Issues of Presentation and Treatment in Male Military Sexual Trauma

Workshop (practice) **Oak Alley, 3rd Floor**

Rhodes, Ginger, PhD, San Francisco VA Medical Center; Tichenor, Victoria, PhD, San Francisco VA Medical Center; Domenici, Paula, PhD, San Francisco VA Medical Center; Lin, David, MA, San Francisco VA Medical Center

Sexual trauma that men have experienced in adulthood has been scantly studied or treated. Recent efforts in the Department of Veterans Affairs (VA) to recognize identify and treat both men and women who have been sexually assaulted while in military service have resulted in significantly increased numbers of male veterans presenting for this issue. Our nascent work with male military sexual trauma patients at the San Francisco VA Medical Center has uncovered a complex picture with respect to their distinct presentation and willingness to seek and stay in treatment. We will discuss these complexities in the context of the development of group psychotherapy aimed at initial phases of treatment. Myriad issues and potential interventions specific to this underserved population will be reviewed with focus on relational elements in treatment. Early engagement and stabilization issues will be addressed through the presentation of case materials, as well as models of group and individual psychotherapy.

Concurrent Sessions – 10

Abstract #1538

Therapeutic Strategies for Survivor Guilt, Denial and Memory Loss

Workshop (war) **Compass, Riverside Building**

Scurfield, Raymond, DSW, University of Southern Mississippi; Powch, Irene, PhD, Department of Veterans Affairs, Portland, OR; Perkal, Allan, MA, VA National Center for PTSD, Honolulu, HI; Daniels, Lori, PhD, MSW, Hawaii Pacific University

A trauma-focus intervention model is described, complemented by video vignettes of two actual group therapy sessions that include veterans of three eras: World War II, Vietnam and the Persian Gulf War. This workshop and model illustrates a Gestalt Therapy "workshop" format in which primarily individual-oriented therapy is provided within a peer-group milieu. The workshop format illustrates the advantages of the intensive trauma-focus possible in an individually oriented therapy intervention. This is enriched by describing and illustrating specific therapeutic strategies to elicit peer feedback in a way that enhances the healing power of the peer group as part of the therapeutic process both for the individual who is the therapeutic focus and for the other group members. In addition, an integrative application of salient Gestalt Therapy ground rules, here-and-now, experiential and cognitive-reframing techniques is illustrated, as is the creative utilization of male and female, veteran and non-veteran, co-presenters. Finally, the therapeutic focus of this model is applied, and there is an illustration of the process of uncovering and alleviating dynamics and issues of profound survivor guilt and aloneness, cognitive distortions, a dominant cognitive and intellectual denial of underlying emotions, and related memory loss.

Poster Presentations

Poster sessions are incorporated into the daily conference schedule divided into three sessions per day on both Monday, November 15 and Tuesday, November 16. This program change will give senior investigators a means for increased face-to-face interaction with clinicians, students, and other investigators. Attendees should visit the posters during the poster session time indicated below.

Poster Session 6 **Track 5 (commun), Track 6 (culture), and Track 9 (train)**

Tuesday, November 16, 4:00 p.m.–5:30 p.m.
Posters are numbered T-161 through T-240

Note: This session includes presentations from additional tracks in order to accommodate presenters who had a time conflict with other presentations.

Poster Session Chairs:
Paula Schnurr, Ulrich Schnyder **Napoleon Ballroom, 3rd Floor**

T-161 **Track 5 (commun)**

Trauma Self-Report and Externalizing Behaviors in Treatment Planning

Berliner, Lucy, MSW, Harborview Center for Sexual Assault and Traumatic Stress; Ellard, Rima, MSW, Harborview Center for Sexual Assault and Traumatic Stress

The Foster Care Assessment Program provides the child welfare department with an evaluation designed to help promote a permanent plan for children in longer-term foster care. A report based on systematic clinical interview and standardized instrument data is prepared. Standardized measures include the Child Behavior Checklist, the Trauma Symptom Checklist for Children, and the Child and Adolescent Functional Assessment Scale. Barriers to permanency are systematically identified and feasible recommendations for overcoming them are offered. Despite the fact that by definition virtually all of the children have been maltreated, few report clinically significant trauma symptoms, whereas caregivers report high levels of behavior problems. In addition to presenting data reflecting these findings, this presentation will discuss hypotheses for why children do not self-report being traumatized and implications for treatment planning and placement stability, since externalizing behavior problems represent a far greater threat.

T-162 **Track 5 (commun)**

Establishing a Public PTSD Clinic for Low SES African-American Women

Bradley, Rebekah, PhD, Emory University Department of Psychiatry and Behavioral Sciences; Schwartz, Ann, MD, Emory University Department of Psychiatry and Behavioral Sciences; Ressler, Kerry, MD, PhD, Emory University Department of Psychiatry and Behavioral Sciences

Although there is an established body of research on the treatment of the PTSD, the extant research still includes a dearth of studies on the treatment for 1) low-income women 2) African-American women 3) women with multiple diagnoses (e.g., psychosis) and 4) patients treated in public mental-health settings. The proposed presentation describes a PTSD treatment program for low-income African-American patients housed in an outpatient treatment clinic of a public hospital. We will present data on several issues including 1) the diagnostic picture of the patients being treated (most have multiple co-morbid diagnoses) 2) the trauma histories reported by the patients 3) barriers to establishing a clinic (e.g., institutional barriers to establishing and maintaining the clinic, economic/social barriers faced by the women seeking treatment) 4) aspects of the treatment program that we have tailored to address needs specific to this population (e.g., including multiple generations in treatment) and 5) initial pre-post and treatment versus control outcome data for a pilot psychosocial skills based treatment group that has been completed by 13 women seen in the clinic. We will provide recommendations for future treatment and research in this setting.

T-163 **Track 5 (commun)**

Examining Posttraumatic Growth in Bereaved Parents

Cadell, Susan, PhD, University of British Columbia; Janzen, Linda, PhD, Bereaved Families of Ontario; Fletcher, Meaghen, MSW, Canuck Place Children's Hospice

OBJECTIVES: This poster will report the findings from a Canadian study that was a collaboration of the University of British Columbia School of Social Work and Family Studies, Bereaved Families of Ontario, Hamilton-Burlington, and Canuck Place Children's Hospice Bereavement and Grief Counselling Program. The purpose of this study was to examine post traumatic growth in a population of bereaved parents who had received support subsequent to the death of their child. METHOD: Eighteen participants were interviewed at least one year post death. There was no age limit on the decedent child. The interviews were transcribed and analyzed qualitatively for themes. RESULTS: The stories of the positive changes in the lives of parents were moving and wide-ranging. Distress and grief were always present even in the discussions of personal growth. Parents had incorporated their deceased child into their lives in new ways. Support was universally important to the parents interviewed. CONCLUSIONS: Bereaved parents experienced posttraumatic growth in a variety of ways. Interventions need to be tailored to the needs of these parents in order to facilitate growth.

T-164 **Track 5 (commun)**

Psychoeducation and Process Group for the Female Batterer

Chavez, Veronica, MA, Childrens Hospital Los Angeles; Scott, Sheryn, PhD, Azusa Pacific University

There is increasing evidence that women can be as abusive in relationships as men. When domestic violence occurs between partners, it results in tragic consequences for the couple and their children. Few researchers have studied the dynamics of women who batter their female or male partners. Most treatment approaches have been created to address the problem of men who abuse women. If domestic violence is to be addressed in its entirety, treatment must also include the specific needs of the female perpetrator. A training program was developed to address the specific treatment needs of the female perpetrator, including addressing issues that are particularly relevant to women: shame, spirituality, and patterns of attachment.

T-165 **Track 5 (commun)**

Ongoing Needs of 9/11 Bereaved Families

Demaria, Thomas, PhD, South Nassau Communities Hospital; Barrett, Minna, PhD, South Nassau Communities Hospital; Sankary, Carole, MFT, South Nassau Communities Hospital; Comforto, Bobbie, CSW, South Nassau Communities Hospital; Reddy, Stan, MD, South Nassau Communities Hospital

Available services for bereaved family members significantly decreased in 2003 following the closing of many programs supported by the Project Liberty fund. The present study presents clinical trends and service needs of 351 WTC bereaved family members who presented for counseling from December 2003 to March 2004. Fifty percent of these family members were children. Family members had received 3,250 hours of service during this time period. Information was obtained from a variety of sources including participant surveys, focus groups and interviews with service providers. New service needs identified include bereavement groups for teenagers, weekly resiliency programs for children ages 2–9, individual counseling for children ages 8–15, services for teens/young adults disclosing substance use and anger and impulse management problems, support for parents of teens, parent training to reduce emotional problems in younger children, male mentors, respite programs for parents with young children, individualized parenting guidelines, assessment of their grieving children, mother-daughter events, sponsored therapeutic family outings and more intensive wellness and self-care programs for adults. This study also presents detailed clinical trends for bereaved children, young adults, parents, widows and adults. Overall, these findings demonstrate a clear need for continued services for these WTC bereaved families.

T-166 **Track 5 (commun)**

From Clinical Practice to Outcomes: Building the Bridge

Gardner, Sarah, MSW, Kennedy Krieger Institute Family Center

A presentation of steps taken and lessons learned in transforming a foster care oriented child mental health agency into an outcomes driven practice. Focus will include identifying key domains of clinical practice with children affected by traumatic stress and out of home placement, creating evaluation scales relevant to this challenging population, standardizing clinical practice plans across multiple service models, and developing data collection methods that will provide outcomes information at individual and aggregate levels.

Poster Presentations – Session 6

T-167 **Track 8 (disaster)**

Sleep, Disability and PTSD in Disaster Relief Workers

Giosan, Cezar, PhD, Weill Medical College of Cornell University; Difede, JoAnn, PhD, Weill Medical College of Cornell University

This study investigated sleep disturbance and its predictors in 1,128 disaster relief workers who were deployed at the World Trade Center in the aftermath of 9/11/01. Participants were administered the Clinician-Administered PTSD Scale, a trauma scale, an exposure scale, the Sheehan disability scale, and an abbreviated version of the Pittsburgh Sleep Quality Index. Approximately 10% reported having difficulties falling asleep in the first 30 minutes, problems with waking up at night and returning to sleep, awaking not refreshed, and dozing. Five percent reported having trouble staying awake while doing something, and 6.2% reported having disturbing dreams. Regression analyses revealed that sleep disturbances were predicted by prior trauma and CAPS hyperarousal and numbing/avoidance severity scores from which sleep items were omitted, and that these people were more likely to report higher levels of self-reported disability. Exposure to distressing events such as seeing bodies, body parts, body bags, or feeling that life was in danger, did not emerge as significant predictors of sleep difficulties in this population.

T-168 **Track 5 (commun)**

Action Against Trauma with Refugee Couples and Families

Hudgins, Katherine, PhD, TEP, Therapeutic Spiral International

A Powerpoint presentation details three specific neurobiological changes in the brain that prescribe experiential methods as a treatment of choice for anyone affected by violence or natural catastrophe: 1) Overstimulation of the amygdala and increases in cortisol levels, 2) A right-left brain split, and 3) Problems with working memory. Action Against Trauma (AAT), a community based program funded by the Virginia Foundation for the Humanities at the University of Virginia in 2002, brings together the best of clinical practice in experiential methods with the contexts and tools of the humanities for community practice. Learn how the experiential methods of AAT have been used at the Medical Foundation in London to ameliorate the effects of war, torture, imprisonment and dislocation with refugee couples and families from over a dozen countries. Based on the Therapeutic Spiral Model (Hudgins, 2000, 2002, 2004) to treat PTSD, AAT adapts this clinical model of experiential therapy to include the use of poetry, music, and theatre to increase training, education and self-care for refugee families in community groups. Correlational studies of program evaluations compared against information provided through application of the Beck Depression Inventory, the Dissociative Experiences Scale, and the Trauma Symptom Inventory over the past 18 months demonstrate a decrease in depression, anxiety, dissociation, and general trauma symptoms.

T-169 **Track 5 (commun)**

Impact of a School-Based Dating Violence Prevention Program

Jaycox, Lisa, PhD, RAND Corporation; McCaffrey, Dan, PhD, RAND Corporation; Eiseman, Elizabeth, MA, RAND Corporation; Aronoff, Jessica, JD, Break the Cycle; Shelley, Gene, PhD, Centers for Disease Control and Prevention; Weidmer, Beverly, MA, RAND Corporation

Intimate partner violence is a serious problem among adolescents. This project evaluates an innovative prevention program for 9th graders, created and implemented by Break the Cycle, a non-profit organization whose mission is to end domestic violence by working proactively with youth. Taught by attorneys, the Ending Violence curriculum focuses on legal aspects of domestic violence. The study includes schools in the Los Angeles Unified School District with more than 80% Latino students, and evaluates Ending Violence's impact on 9th grade students' attitudes, knowledge, and help-seeking. The study employs a randomized experimental design: tracks within year-round schools are randomly assigned to a wait-list control group or to the Ending Violence prevention curriculum; and 2-3 classrooms per track are randomly selected to participate. Preliminary data from the first cohort of data show that students receiving the Ending Violence curriculum have improved knowledge about dating violence after the program, controlling for several possible confounding variables. Moreover, this gain in knowledge is maintained 6 months later. In addition to changes in knowledge, we will present program outcomes related to attitudes about dating violence and help-seeking, and interpret our findings in light of existing prevention programs to improve them in the future.

T-170 **Track 1 (assess)**

CONSORT-PI: A Tool to Rate the Report of Psychosocial Interventions

Jones, Russell, PhD, Virginia Tech University-Department of Psychology; Sirbu, Cristian, MD, Virginia Tech University-Department of Psychology; Hurley, Jimmy, MS, Virginia Tech University-Department of Psychology; Hadder, James, BS, Virginia Tech University-Department of Psychology; Carey, Jennifer, Virginia Tech University-Department of Psychology

In organizing a literature review to develop a program training firefighters and clinicians to interact more effectively with children following fire-related events, the need for a systematic, objective method for rating the quality of scientific studies was recognized. As a result, the CONSORT-PI (Consolidated Standards of Reporting Trials for Psychosocial Interventions) was developed as a system for reviewing the transparency and methodological rigor of psychosocial intervention studies. Our approach was inspired by the CONSORT Guidelines largely used in the medical field (Moher, Schulz, and Altman, 2001) as well as the recommended guidelines for psychosocial interventions put forth by Oxman & Guyett (Oxman & Guyatt, 1988), Foa & col. (Foa & Meadows, 1997; Foa, Keane, & Friedman, 2000) and the Task Force on Treatment of Child Physical and Sexual Abuse (Saunders, Berliner, & Hanson, 2003). A number of psychosocial intervention trials will be assessed to obtain interrater reliability. Although the CONSORT-PI is being developed in the context of the fire-related trauma interventions, the new system has applicability across other areas within the field of clinical psychology.

T-171 **Track 5 (commun)**

Real Life Heroes: Rebuilding Trust with Traumatized Children

Kagan, Richard, PhD, Parsons Child and Family Center

An activity-based curriculum will be presented which utilizes creative arts, life story work, and the metaphor of heroes to engage children and caring adults to work on strengthening or building attachments and to develop essential skills for overcoming traumas. A manual and children's workbook provide structure and support to help children and caring adults work step by step to overcome problems and over time to create the trust children need to be able to build a positive sense of themselves including an understanding of what has happened and how caring adults and children are making their lives safer and creating a future without the abuse, neglect, or abandonments that led to placements. The presentation will include preliminary findings from case studies and a research study currently in progress evaluating implementation of this sequential model with children and adolescents in foster family care.

T-172 **Track 5 (commun)**

Intimate Partner Violence, Mental Health, and Work Functioning

Kaltman, Stacey, PhD, Georgetown University Medical Center; Anise, Ayodola, MHS, Georgetown University Medical Center; DeMeo, Katherine, BA, Georgetown University Medical Center; Dutton, Mary Ann, PhD, Georgetown University Medical Center

The prevalence of intimate partner violence (IPV) and its mental health correlates are well-documented. However, the functional outcomes of IPV, including work functioning, rarely have been studied. IPV may interfere with women's attempts to work, and cause mental health problems that impact battered women's abilities to secure and maintain employment. The current study examines prospectively the impact of IPV, PTSD and depression on work status, income, and resources. Data are derived from a longitudinal study of a low-income, primarily African-American community sample of battered women. Level of past year sexual and physical violence was associated with employment (B = -1.855, p<.001, OR = .156) and income over the poverty level (B = -1.886, p<.10, OR = 1.52) at baseline. Level of violence also predicted being employed (B = -1.490, p<.10, OR = .225), change in employment (B = -1.552, p<.10, OR = .212), and access to resources (â-.208, p<.001) one year later. PTSD predicted income over the poverty level at baseline and level of access to resources one year later. Depression predicted employment and income over the poverty level at baseline, as well as employment, change in employment, and access to resources one year later. The mental health findings were no longer significant when level of baseline violence was controlled, suggesting that it is the experience of IPV that drives work functioning.

T-173 **Track 5 (commun)**

Secondary Trauma and Burnout in Attorneys

Levin, Andrew, MD, Westchester Jewish Community Services, Columbia University; Greisberg, Scott, MA, Institute for Cognitive Behavioral Therapy and Research

Although secondary trauma and burnout have been studied in emergency workers and mental health professionals, few studies have evaluated these responses in law enforcement and court personnel and no studies have addressed these responses in attorneys. Attorneys at legal clinics litigating cases involving child abuse and violence were thought to be at risk for the development of secondary trauma. In a pilot study to explore these responses, 55 attorneys in family and criminal courts, 87 mental health professionals treating trauma, and 25 social services workers completed a 28-item survey including the Secondary Trauma Questionnaire (Motta,et al, 1999), a 20-item instrument designed for a lay population, and eight burnout items adapted from Figley (1995). Compared with mental health professionals and social services workers, attorneys surveyed demonstrated significantly higher levels of secondary traumatic stress and burnout. Attorneys carried significantly higher caseloads of traumatized individuals. Prior history of mental health treatment but not trauma history correlated with higher symptoms in all groups. Attorneys' higher caseloads and lack of supervision may have contributed to their higher scores. These findings suggest the need for specialized training and supervision of attorneys working in these areas.

T-174 **Track 5 (commun)**

Evaluating Treatment of Children and Adolescents After Parental Loss

Meagher, Kelley, University of Houston; Armsworth, Mary, PhD, University of Houston

This study examined responses to the trauma of sudden parental loss in children and adolescents seeking assistance at a community agency specializing in grief and bereavement support. While loss is inherent in all trauma and some degree of trauma is natural in all experiences of loss, sudden loss of a parent by a child often results in responses confusing to the child and to observers. Participants were a community sample of 40 children and adolescents, ages 10-18 years old, who experienced the sudden loss of a parent. Individuals participated in an eight-week group support program for bereaved children, described in this presentation. Participants completed the Child and Adolescent Questionnaire, a PTSD instrument developed by Steele and Raider (2001) that measures arousal, re-experiencing, and avoidance of stimuli. The instrument is a modification of the Child PTSD Reaction Index developed by Frederick, Pynoos, and Nader (1992). The measure was administered pre- and post-treatment. Findings from this study focus on symptom presentation before and after treatment, variation between circumstances of parental death, time lapse before treatment, and developmental phase of participants. Discussion includes application for interventions and suggestions for future research.

T-175 **Track 5 (commun)**

Recognizing Mental Health Needs After Armed Conflicts

Portman, Scott, MFA, The Marjorie Kovler Center for the Treatment of Survivors of Torture

International relief efforts during and after armed conflict generally prioritize food and emergency medical assistance, and under-emphasize mental health care. Primary health care projects almost never view their work in the context of international human rights standards or specifically address human rights violations. Furthermore, most primary health care projects fail to recognize their relationship to established cultures, traditions, and histories that pre-date the crisis and will persist after the conflict is resolved. Torture treatment programs prioritize mental health care, explicitly link health care to human rights, and incorporate traditional beliefs and spirituality as central factors in project design. However, torture treatment is too often considered an adjunct, distinct service component, divorced from primary health care. This presentation will describe ways in which torture treatment programs address important deficits in primary health care during and after conflicts, and how torture treatment can be integrated with primary health care service delivery models.

T-176 **Track 5 (commun)**

Trauma-Focused Service and Outcome Status Eight Months Into Foster Care

Rains, Mark, PhD, Mid-Maine Child Trauma Network; Meister, Stephen, MD, Mid-Maine Child Trauma Network

Collaboration between child welfare services and a rural medical center resulted in a Pediatric Rapid Evaluation Program that has provided triage physical and psychosocial assessment for more than 800 children as they entered foster care. Recommendations for foster parenting, child welfare case planning, primary health care, and mental health services contributed to improved functioning for many children; yet children experiencing Posttraumatic Stress Disorder symptoms at intake often continued to have significant difficulty at eight month followup assessment. Delays in receiving recommended services, weak focus on trauma issues, limited number of trauma-trained therapy resources, instability in placement, lack of resolution of family issues, etc. appeared to contribute to deterioration in functioning. These results informed refinement of the psychosocial triage protocol, development of trauma-focused clinical training, interagency collaboration, parent-child visitation programming, and agency self-assessment and improvement plans regarding trauma issues.

T-177 **Track 5 (commun)**

Drama Therapy Workshops for Adolescents Immigrants and Refugees

Rousseau, Cécile, MD, MSc, Associate professor, McGill University, Montreal Children Hospital; Maryse, Benoit, MSc, Montreal Children Hospital; Legault, Marie-France, MSc, Montreal Children Hospital; Lacroix, Louise, PhD, Concordia University; Alain, Néomée, MSc, Montreal Children Hospital; Mojan, Alexandro, Montreal Children Hospital; Viger Rojas, Musuk, MSc, Montreal Children Hospital; Bourassa, Dominique, Montreal Children Hospital

The number of immigrant and refugee youth coming from war-torn countries is increasing in North America. Schools are in a favorable position to implement programs to help these children work through their past traumatic experiences. The goal of this qualitative study is to document the effects of a preventative drama therapy school intervention with adolescents who have been exposed to war and violence. Data was collected in 6 classes (99 students) during the workshop offered to newly arrived teenagers, ages 12 to 18. Participant observation was performed to describe the interactions among the participants and the emotional climate of the group, as well as to document the stories. Focus groups for teachers were also conducted. The analysis was structured around 4 key aspects: Providing a safe environment for expression, acknowledging and valuing multiplicity, establishing continuity between the present and the past and transforming adversity. The results suggest that expression is supported by the team and by the ritual nature of dramatic play in the workshops. These workshops also provide the teens with an opportunity to transform adversity by replaying their traumatic stories directly, indirectly (through other's stories), or through metaphoric expression. They also help teens by enabling them to talk about losses suffered through migration and about the challenges of a hybrid identity. The teachers reported an improvement of social and academic functioning of the participants. The workshops appear to be an interesting way of working preventively and in a non-invasive manner with adolescents who have been exposed to war and violence.

T-178 **Track 5 (commun)**

Healing Trauma in the Undergraduate Humanities Classroom

Saury, Rachel, MA, PhD, University of Virginia; Alexander, John, MA, University of Virginia

This presentation will provide a new perspective on how psychological understandings of trauma can be adapted and used effectively in non-clinical and humanities classroom settings with dramatic results in individual self-awareness, functioning and community recovery from trauma. John Alexander, MA and Rachel E. Saury, MA, PhD, from the Department of Slavic Languages and Literatures, developed a course called "Story and Healing" in 1999. The course combines psychotherapeutic, academic, and indigenous perspectives on war, violence and trauma with a particular focus on slavery, race and oppression and how story holds, reflects and, in many cases, heals or can be used to heal these wounds. Simultaneously providing students with information through didactic lectures about the neurological affects of trauma and experiential methods in enacting change within the individual, we also use many experiential methods adapted from the Therapeutic Spiral Method and Action Against Trauma. Based on research

showing the impact of images on memory processing and absorption, we also dynamically use images in PowerPoint slides and clips from film and video to break down what often shows up as students' inbred resistance to dealing with their own grief, anger, hurt, guilt, rage, and other difficult emotions and to build up strengths in dealing with cross-cultural dialogue about violence and oppression. Qualitative surveys taken from students during the 5 years we have taught this course show dramatic changes in students' self-identity, ability to deal with trauma in their own lives, and perceptions of war, violence, and oppression in the world around them.

T-179 **Track 6 (culture)**

Cultural Diversity and Trauma in Domestic Violence Offenders

Alexander, Pamela, PhD, University of Pennsylvania

Domestic violence behavior in batterers is not only related to their early traumatic experiences, but also to their cultural background. This poster is based on a project funded by the Centers for Disease Control, conducted at six domestic violence agencies in Maryland, and includes the self-report of batterers as well as the report of their victim partners. Because of the diversity of this sample (including both English-speaking batterers from a total of 43 different countries of origin in addition to Spanish-speaking batterers), it is possible to explore these variations in DV behavior. For example, the victim partners of immigrants overall report more sexual coercion and more mutual violence than do partners of non-immigrants. Moreover, Asian batterers are more suicidal, Middle Easterners are more dissociative and American-born men are more antisocial. This poster will also present preliminary data on the effects of experiences of family violence, community violence, political violence and military combat exposure on the development of violent behavior in batterers. Implications for clinical interventions will be discussed.

T-180 **Track 6 (culture)**

Appreciating the Confusion in Living with Catastrophe

Armstrong, Judith, PhD, University of Southern California

Trauma and its aftermath brings with it a breaking up of one's cognitive and emotional order and a profound sense of uncertainty that is difficult to tolerate for treaters and patients alike. This presentation focuses on the appreciation of such confusion in all senses of the word "appreciate," to recognize and emotionally and morally value confusion as pointing the way to new understanding. This includes appreciation of the role of chance and luck, living with never knowing important elements of the objective truth and developing a deeper, more pragmatic meaning of concepts such as "justice," "guilt" and "truth." Emphasis will be placed on the risks of defining participants in a trauma scenario as being either a victim, victimizer or rescuer. This forensic based model prematurely reduces confusion by locking people into categories and roles and assigning blame but carries dangers inherent in oversimplification of reality. Such dangers include distracting traumatized patients from examining all three roles within themselves, increasing the likelihood that the therapist will unwittingly play all three roles in the patient's eyes, and unintentionally giving the public an oversimplified view of victimizers which prevents them from understanding that their dangerous qualities can exist alongside their positive ones.

T-181 **Track 6 (culture)**

The Impact of Child Abuse on Adult Victimization: A Mediational Model

Banou, Evangelia, BA, Kent State University; Skinta, Matthew, BA, Kent State University; Hobfoll, Stevan, PhD, Kent State University

Childhood abuse may result in depletion of resources and engagement of behaviors that make women vulnerable to adult victimization. This study examined the validity of a theoretical model that proposed that loss of economic/material resources, self-esteem and substance use mediated that relationship of childhood abuse and adult sexual abuse. Participants were 434 inner-city women who sought obstetrical or gynecological care at two clinics that serve low-income women in a midsize, Midwestern hospital. Structural equation modeling indicated that economic/material resources, self-esteem and substance use partially mediated the link between childhood abuse and adult sexual abuse. Implications of the findings for intervention programs as well as the limitations of this study are discussed.

T-182 **Track 6 (culture)**

Incidence of PTSD Symptoms in a Sample of People Living with HIV

Boarts, Jessica, BS, Kent State University; Armelie, Aaron, BA, Kent State University; Bogart, Laura, PhD, Rand Corporation; Figler, Jacqueline, BA, Violet's Cupboard; Delahanty, Douglas, PhD, Kent State University

People living with HIV (PLWH) experience high rates of traumatic events. As a result, reported estimates of posttraumatic stress disorder (PTSD) in this population range from 22-54%. With the publication of the DSM-IV, diagnosis with a life threatening disease was included as an event that could result in PTSD. However, it is unclear whether the high rates of PTSD in PLWH stem from diagnosis with HIV or from other traumas. The present study examined the prevalence rates of PTSD in 74 PLWH recruited from an AIDS social service agency. Participants completed the Posttraumatic Diagnostic Scale (PTDS) with respect to their most distressing prior trauma and the Impact of Event Scale (IES) with respect to their diagnosis with HIV. Despite being diagnosed, on average, 9 years prior to assessment, IES scores relative to HIV diagnosis were high (mean = 27.6, sd = 19.6). Thirty-six (49%) participants met full PTSD diagnostic criteria (PTDS); of these 36, 13 identified diagnosis with HIV as the precipitating trauma. Results highlight the importance of assessing for PTSD symptoms in PLWH and underscore that PTSD diagnosis can stem from a variety of traumatic events in this population.

T-183 **Track 6 (culture)**

Sexual Revictimization Among Sexual Minorities: A Preliminary Study

Gold, Sari, Temple University; Heidt, Jennifer, MA, Temple University; Marx, Brian, PhD, Temple University

The present study examined patterns of sexual assault and its psychological correlates in individuals who identify as gay, lesbian, or bisexual (GLB). A community sample of 342 GLB individuals completed questionnaires assessing victimization history, psychological functioning, and drinking behavior. Nearly 63% of participants reported some form of sexual assault and nearly 40% reported sexual revictimization. Findings indicated that gay males and bisexuals were more likely to report sexual revictimization than lesbians. Sexual victimization was associated with greater psychological distress and alcohol consumption, with sexually revictimized individuals reporting the highest levels of psychological symptomatology. The implications of these findings are discussed, and suggestions for future directions are offered.

T-184 **Track 6 (culture)**

A Guide for Developing Culturally Competent Trauma Programs

Greene, Carolyn, PhD, National Center for PTSD; Whealin, Julia, PhD, National Center for PTSD

This poster addresses how trauma programs can better meet the needs of culturally diverse groups. Whereas literature has begun to address issues related to cross-cultural assessment and treatment, problems concerning pragmatic issues of providing culturally sensitive care have received little attention. Practical issues such as language, childcare, office hours, privacy policies, transportation, and socio-economic hardships all create barriers to care. For example, challenging issues arise when the provider does not speak the same language as the client. Even when providers and clients speak the same language, it is important to assess if written materials are appropriate for clients of all levels of literacy. Although rarely addressed, these matters can create the most difficult obstacles for underserved clients. The following poster addresses various practical methods in which trauma programs can improve accessibility and communication. A model of organizational evaluation and change with regard to cultural competence is described. Recommendations for interacting with the community are discussed, including the use of focus groups as a means of assessing the needs of the clients. Last, suggestions are made for integrating alternative and traditional healers into multidisciplinary treatment models.

T-185 **Track 6 (culture)**

Neurobiological Aspects of PTSD and Violent Behavior

Greenfield, Daniel, MD, Albert Einstein College of Medicine, Montefiore Medical Center

Recent research has found that chronic PTSD is associated with physiological and neurobiological changes. Alterations in the sympathetic nervous system, hypothalamic-pituitary adrenal axis, limbic system and hippocampus, among others, have been linked to PTSD. Physiological responsiveness, emotional reactivity, and other neurobiological functions have been

found to be changed in PTSD sufferers. This paper will summarize and critique current research and theory, and will describe present understanding about the neurobiological aspects of PTSD. General consequences for emotion and behavior will be presented, with additional emphasis on potential contributions to violent or criminal behavior. Relevant case materials will be provided to illustrate these issues. There will be discussion about addressing the assessment and treatment needs of offenders. Effective early identification of posttraumatic symptomatology in youthful offenders in early stages of contact with the justice system may help prevent escalation of offending behavior. Identification and treatment of PTSD among adult offenders may facilitate rehabilitation and positive prison adjustment. Suggestions will be made for possible treatment strategies, including psychopharmacology. Recent advances in the psychopharmacological treatment of posttraumatic disturbances will be discussed.

T-186 **Track 6 (culture)**

Prevalence and Correlates of Trauma in an East African Sample

Hennessey, Moira, MA, Boston University; Dutra, Lissa, EdM, MA, Boston University

Street children represent an important group to examine because they spend most of their time outside of the home without the adult supervision typically associated with healthy, "normal" development. Literature examining children living in similar difficult situations, such as poverty, social upheaval, and political violence, suggests that these children may be at higher risk for experiencing trauma and related symptomatology. This examination sought to assess the prevalence and nature of trauma and associated psychological correlates in children residing on the streets, institutionalized street children, and a comparison group of local children in Tanzania. Seventy-two children between 8 and 12 years of age were interviewed utilizing the UCLA PTSD Index, Penn State Worry Questionnaire for Children, Schoolager's Coping Strategies Inventory, and a demographics questionnaire. Results demonstrated that children residing outside of the home reported significantly more trauma and over one-fourth of children residing on the streets met criteria for PTSD, compared to approximately one-tenth of those living in the home. Moderating variables included age, time spent on the street, and family contact. Findings indicate the need for additional research to better understand the high prevalence of trauma and associated outcomes in this unique population to inform prevention and intervention efforts.

T-187 **Track 6 (culture)**

Trauma Treatment in the Context of Fault Finding

High, James, MD, University of Southern California, Keck School of Medicine

Experienced clinicians are all too familiar with treatment complications caused by issues of primary and secondary gain, the internal and external benefits that maintain illness. These barriers to recovery are much exacerbated by the pendency of litigation stemming from a traumatic event through which the patient seeks compensation. However, other psychological and practical obstacles to recovery may also thwart treatment following a traumatic event when legal proceedings demand assignment of roles of victim and perpetrator. These will be discussed as issues of primary and secondary loss, the threatened internal and external damages that might accrue from treatment attempts, and which therefore also maintain illness. By primary loss I refer here to both the psychic pain and the fear of emotional damage that may follow emotionally stressful reprocessing procedures. By secondary loss I refer to the threat that necessary and healthy exploration of post trauma uncertainties and confusion may be used against the patient. The attempted treatment of the driver in a fatal bus versus pedestrian accident, while he was under indictment for murder, will be presented to illustrate the above concepts and difficulties.

T-188 **Track 6 (culture)**

The Relevance of Cultural Differences in Trauma and Disordered Eating

Jacobs, Carli, BA, Georgia State University, Department of Psychology; Dunn, Sarah, BA, Georgia State University, Department of Psychology; Lilenfeld, Lisa, PhD, Georgia State University, Department of Psychology

Recent research suggests that African-American women may experience similar levels of eating pathology as Caucasian women. Since trauma has long been identified as a nonspecific risk factor for psychopathology, this study explored cultural differences in the association between trauma and disordered eating. Eighteen Caucasian and 23 African-American female college students completed the Eating Disorders Inventory-2 (EDI-2), the SCID Eating Disorders Module (SCID-ED), and the Posttraumatic Stress Diagnostic Scale (PDS). It was confirmed that the white and black women did not significantly differ in number of traumas experienced (M white = 2.4 vs. M black = 2.3) or level of PTSD symptoms (M white = 32.8 vs. M black = 29.1). Number of traumas experienced did not significantly predict any of the eating disorder symptom measures for either group. In addition, PTSD symptoms did not predict the bulimic measures for either group. Interestingly, PTSD symptoms did significantly predict anorexic symptoms ($F_{change}(1,19) = 13.7$, $p<.01$) and drive for thinness ($F_{change}(1,17) = 6.67$, $p<.05$) for African-American women, but not for Caucasian women. The effect sizes associated with each analysis were examined to confirm that nonsignificant findings were not due to an issue with power. Given these findings, future studies should attempt to explain the mechanisms underlying the differential prediction of eating pathology in Caucasian women relative to African-American women.

T-189 **Track 6 (culture)**

PTSD in Battered African-American Women

Jenkins, Esther, PhD, Community Mental Health Council and Chicago State University; Block, Carolyn, PhD, Illinois Criminal Justice Information Authority; Leskin, Gregory, PhD, National Center for PTSD, VA Palo Alto Healthcare System

African-American women are over-represented as victims of intimate partner violence (IPV), and the social and political context in which this violence occurs is arguably different for black women. Despite this, very little research has focused on the impact of IPV on black women and the factors that may moderate this impact. The current study examines the occurrence of PTSD in a sample of black women from the Chicago Women's Health Risk Study (CWHRS), a longitudinal study of women battered in the previous year (N = 348) and a comparison group of non-abused women (N = 129) drawn from patients visiting three large urban health clinics. The majority of the battered women reported PTSD, and at a rate twice that of the non-abused women (58% vs. 26%). The presentation reports descriptive data on PTSD and its relationship to a number of variables that prior research indicates will affect the occurrence and severity of the disorder, including type and recentness of the abuse, response to abuse (fighting back, formal and informal help seeking, leaving or trying to leave the relationship) and the availability of informal social support. The findings are discussed in terms of their implications for mental health interventions with African-American women.

T-190 **Track 6 (culture)**

Low-SES African-American Battered Women: Mental Health and Coping

Kaltman, Stacey, PhD, Georgetown University Medical Center; Bauman, Emily, BA, American University; DeMeo, Katherine, BA, Georgetown University Medical Center; Anise, Ayodola, MHS, Georgetown University Medical Center; Dutton, Mary Ann, PhD, Georgetown University Medical Center

Research suggests that women from low socioeconomic strata are at higher risk of experiencing IPV and its negative outcomes. Further, low-SES, minority women are not adequately served by traditional mental health settings. An important first step in identifying acceptable interventions to meet the needs of this vulnerable group of battered women is to understand their natural coping strategies. Data are reported on 359 African-American battered women (M = 31 years) identified via screening in public sector emergency departments. At baseline, 75% met probable criteria for current major depression and 69% for current PTSD. Regarding the past year use of strategies to address the violence itself (Placating, Resisting, Safety-planning, Legal, and helping seeking from Formal and Informal Networks), Placating and Resisting strategies were endorsed most often but were reported as the least helpful. Safety-planning strategies were reported as most helpful. Regarding strategies used to address the impact of the violence (Aggressive, Distraction, Emotional Expression, Cognitive Minimization, Meaning-making, Relational, Relational Autonomy, Self-care, and Self-harm), Emotional Expression, Distraction, and Relational Autonomy were endorsed most often. Results regarding the relationship between strategy use and mental health as well as the clinical implications of the findings will also be discussed.

Poster Presentations – Session 6

T-191 **Track 6 (culture)**

Posttraumatic Growth in Sri Lankan University Students

McCaslin-Rodrigo, Shannon, PhD, The University of California, San Francisco; de Zoysa, Piyanjali, MA, The University of Colombo, Sri Lanka; Butler, Lisa, PhD, Stanford University; Marmar, Charles, MD, The University of California, San Francisco; Koopman, Cheryl, PhD, Stanford University

This study investigated posttraumatic growth following stressful life events among university students in Sri Lanka, a country that has been dealing with internal armed conflict for over 20 years. Students between the ages of 18 and 22 (N = 151) completed a survey regarding their reactions to a variety of stressful and traumatic life events. Participants identified the most distressing event that they have experienced (including terrorist/military (23%) and non-terrorist/military related) and completed measures of peritraumatic distress and dissociation, posttraumatic stress symptoms and posttraumatic growth related to the event. In preliminary analyses, mean scores on posttraumatic growth scales were relatively higher on posttraumatic growth in relating to others and in spirituality and lower in new possibilities arising from the event. A model of overall posttraumatic growth is being developed from predictors including type of event, age at the time of the event, gender, religion, posttraumatic stress symptoms, and peritraumatic distress and dissociation. Initial multicollinearity analyses revealed that none of the predictor variables were correlated above .55. This study provides evidence about psychological factors that have not been previously studied in relation to posttraumatic growth as well as testing previous findings in a different cultural/political setting.

T-192 **Track 6 (culture)**

Another Look at Ethnicity in Child Maltreatment Research

Miller, Alisa, MA, Brandeis University, Boston Medical Center; Cross, Ted, PhD, Brandeis University

The present study examined how ethnicity was addressed in research as reported in 489 empirical articles published in three major child maltreatment specialty journals between 1999-2002. Of the 489, 161 did not use participants representative of the United States and were excluded from analyses. Of the remaining 328 articles: 12.5% focused on ethnicity, 76.2 % reported the ethnic composition of participants, and 33.8 % used ethnicity of participants in analyses. Results revealed over 50% of 111 articles that used ethnicity in analyses found statistical significance. The current findings align with past research demonstrating that over time, there has been a moderate increase in the amount of attention paid to ethnicity in child maltreatment research. Child maltreatment research must continue to take into consideration ethnicity so that professionals may be better informed of ways to help and understand an increasingly diverse clientele.

T-193 **Track 6 (culture)**

Intercultural Aspects of Trauma Disclosure and Social Acknowledgement

Mueller, Julia, PhD, Psychiatric Department, University of Zurich; Maercker, Andreas, PhD, Clinical Psychology and Psychotherapy, University of Zurich

Previous research in PTSD etiology has primarily focused on intrapersonal variables of emotional processing or of memory disorganization. In a study with German crime victims (N = 151) we identified two interpersonal variables as important PTSD predictors: "Disclosure of trauma" and "social acknowledgement as a victim" (Müller & Maercker, 2003). In the present study we wanted to know, if these two interpersonal variables do also have intercultural predictive value and if cultural values do moderate potential effects. 50 Chinese Crime Victims completed the Cantonese questionnaire. Sociodemographics, trauma characteristics, psychopathology, cognitive and both interpersonal variables as well as cultural values were assessed. Results confirmed our hypotheses: like in the German sample, Chinese participants with PTSD differed significantly from Non-PTSD participants in disclosure of trauma and social acknowledgement as a victim. In both samples the interpersonal variables explained PTSD variance additional to standard variables. Cultural value orientation moderated the effects. These results are considered important for developing a broader understanding of interpersonal processes after traumatization as well as for providing adequate interventions for trauma victims. Further implications will be discussed.

T-194 **Track 6 (culture)**

The SSCC Model of Trauma Intervention by Religious Professionals

Rashid, Navid, MD, University of Illinois-Chicago; Weine, Stevan, MD, University of Illinois-Chicago; Fayle, Vaughn, PhD, University of Illinois-Chicago

Objective: To understand and construct a model of trauma interventions of religious professionals, based on qualitative investigation. Methods: Semi-structured interviews were conducted with male and female religious professionals in the Chicago area of various faiths and backgrounds. Interviews were transcribed and analyzed. Results: The Supportive Spiritual Care and Connectedness (SSCC) model was constructed from the principles and methods of trauma intervention described by the subjects. This model emphasizes four basic elements. 1) Supportive: being present to or "walking with" victims in their search for meaning. 2) Spiritual: use of faith and ritual to cope with and understand the impact of trauma, facilitating existential and spiritual inquiry. 3) Care: providing service and being a conduit to direct or refer victims to other appropriate services. 4) Connectedness: encouraging a holistic view of healing involving connections within self, to family and community, and to transcendence. Conclusions: It is well known that much of the initial contact with traumatized individuals and communities occurs through religious rather than mental health professionals. Understanding religious as well as mental health perspectives in trauma may foster a more collaborative approach to trauma intervention.

T-195 **Track 6 (culture)**

Relation Between Perceived Discrimination and PTSD in Muslim Americans

Rippy, Alyssa, MA, University of Tulsa; Kennedy, Shawn, University of Tulsa; Newman, Elana, PhD, University of Tulsa

Although research has explored the relationship between perceived discrimination (PD) and post-traumatic stress disorder (PTSD) among Asian American Vietnam veterans (Loo et al., 2001), this experience has not been examined among Muslim Americans. This study examines the effects of perceptions of discrimination upon PTSD symptoms among Muslim Americans since the attacks of 9-11 and the subsequent war in Iraq and Afghanistan. A group of 152 Muslim Americans including immigrants, second-generation Muslims, and converts to Islam, were administered the Perceived Religious Discrimination Scale (PRDS), a questionnaire regarding incidents of hate crimes and discrimination, and the PTSD Checklist-Civilian Version (PCL-S) to assess symptoms of post-traumatic stress disorder. A total of 55.3% (n = 83) Muslim Americans in the study reported at least one incident of discrimination or hate crime. Mean scores on the PCL-S were 32.23 (SD = 12.67) with 22% meeting or surpassing the cut-off score of 44. Perceived religious discrimination was positively correlated with levels of PTSD, as were the levels of perception of a racist environment. Multiple regression revealed that perceived discrimination was a significant predictor of PTSD symptoms, while gender, number of incidents of hate crimes or discrimination, and age were not.

T-196 **Track 6 (culture)**

Individual Treatment Goals in Traumatized Refugees

Smid, Geert, MD, Centrum '45; Kleijn, Wim, MSc, Centrum '45, Oegstgeest, The Netherlands; Smith, Annemarie, MD, Centrum '45, Oegstgeest, The Netherlands

Refugees residing in the host country for a longer period of time may suffer from psychological symptoms related to severe traumatization in the country of origin. Traumatized refugees applying for psychological treatment may have widely varying expectations of the treatment process and goals. Goal Attainment Scaling is a structured way to formulate and evaluate individual treatment goals. Aim of the present study is, to evaluate the clinical utility of Goal Attainment Scaling in the treatment of traumatized refugees residing in the host country for a longer period of time. Subjects are patients enrolled in a day treatment program for traumatized refugees at Centrum '45, Oegstgeest, The Netherlands. Individual treatment goals were identified in a 1-hour clinical interview using a semi-structured format. At three months follow-up, level of goal attainment was evaluated. Results indicate that primary treatment goals are to reduce posttraumatic stress symptoms and pain, to improve relations with others, and to increase activities. Within the observation period, treatment goals were attained to a limited extent. Goal Attainment Scaling seems to be a useful tool in the treatment of traumatized refugees. It may help bridging the gap between patient complaints and attributions, and the treatment process.

T-197 **Track 6 (culture)**

Prevalence and Risk Factors of Comorbidity in Battered Women

Somberg, Rachel, BA, George Washington University; Dutton, Mary Ann, PhD, Georgetown University Department of Psychiatry

The majority of individuals with PTSD have at least one additional disorder (Kessler et al., 1995); depressive disorders are the most commonly cited secondary disorders (Cascardi et. al, 1999). Identifying risk factors associated with PTSD/depression comorbidity can improve intervention strategies for women exposed to intimate partner violence (IPV). This poster examines comorbidity in a sample of 406 low-income, African-American battered women. Most reported symptoms consistent with comorbidity (67%) vs.16% for depression, alone; < 3% for PTSD, only; and 14%, neither. In comparing those with comorbidity to those with depression alone, levels of combined physical/sexual IPV (B = 3.80, p = .000, OR = 47.21), psychological abuse (B = 3.56, p = .000, OR = 35.09), IPV threat appraisal in the next year (B = .06, p = .000, OR = 1.07), and a history of childhood sexual abuse (B = 1.19, p = .027, OR = 3.30), but not childhood physical abuse or prior partner IPV, significantly predicted comorbidity (vs. depression alone). Multivariate logistic regression revealed that physical/sexual IPV (B = 2.55, p = .002, OR = 12.80), psychological abuse (B = 1.67, p = .029, OR = 5.29), and IPV threat appraisal (B = .45, p = .003, OR = 1.05) were uniquely associated with comorbidity (vs. depression, alone) (Nagelkerke R2 = .26). As physical/sexual IPV, psychological abuse, and threat appraisal increase by 1 SD, the odds of comorbidity vs. depression alone increase by approximately 1.84, 1.47 and 1.78, respectively.

T-198 **Track 6 (culture)**

Effects of Partner Violence and Ethnicity on Women's Mental Health

Weston, Rebecca, PhD, Southern Illinois University; Temple, Jeff, MS, University of North Texas; Marshall, Linda, PhD, University of North Texas

Although partner violence consistently shows negative impact on women's mental health, the effects of different patterns of violence have not been considered. We expected women in unilaterally violent relationships, typically male-dominated, to be more distressed than women in mutually violent relationships. Data were from a longitudinal study of community women, Project HOW: Health Outcomes of Women. Requirements included income less than twice the poverty threshold, age 20 – 48, and in a long term relationship. The 835 participants were African-American (36%), Euro-American (33%) and Mexican-American (31%). Most women (64%) completed five interviews. Using Marshall's Severity of Violence Against Women/Men Scales, relationship violence was absent (23%), unilateral male-dominated (12%), unilateral female-dominated (9%), symmetrical (frequency of women's and partners' behavior approximately equal; 20%), mutual male-dominated (25%) or mutual female-dominated (11%). Symptoms of PTSD, dissociation and stress were measured over time. Three 6 (violence group) x 3 (ethnicity) MANOVAs showed main effects for violence group on all variables and for ethnicity on stress, with no interactions. Women in the mutual male-dominated group reported the most symptoms, indicating worse mental health. Mexican-American women reported more stress than African-Americans, with Euro-Americans not differing from either group. Results and implications will be discussed.

T-199 **Track 6 (culture)**

Emotional Numbing Symptoms in American Women of Japanese Descent

Yoshihama, Mieko, PhD, University of Michigan; Horrocks, Julie, PhD, University of Guelph; Levin, Dana, MA, University of Michigan

In recent years, studies of veterans and others who experienced various types of trauma have found a strong relationship between emotional numbing and arousal symptoms, challenging the current DSM-IV diagnostic criteria, which combines emotional numbing and avoidance symptoms in a single criterion. In this paper, we investigate emotional numbing symptoms in a community-based random sample of women of Japanese descent who had experienced interpersonal victimization, such as childhood abuse, intimate partner violence, and violence perpetrated by non-intimates (n = 202). Controlling for age, place of birth, and timing and severity of victimization, emotional numbing symptom counts were associated more strongly with arousal than avoidance symptoms, consistent with previous studies of veterans and assaulted women. This finding challenges the current DSM-IV diagnostic criteria. In addition, emotional numbing symptom counts were significantly associated with age and, to a lesser degree, country of birth. Together, our findings call for increased research on posttraumatic stress among immigrants, who are not only the fastest growing population group in the United States, but also typically underserved by the current mental health system.

T-200 **Track 4 (clin res)**

Marital and Sexual Satisfaction Among Battered Wives Who Experienced Marital Rape

Yüksel, Sahika, MD, Istanbul University, Instanbul Psycho-Social Trauma Program (1st-PSTP); Genc Discigil, Aysun, MD, Istanbul University, Instanbul Psycho-Social Trauma Program (1st-PSTP)

This study was carried out in Istanbul Medical Faculty, Psychosocial Trauma Programme outpatient unit. The study participants were 50 females who had a history of partner abuse and who sought psychiatric help. They were studied for their marital satisfaction, sexual dysfunction and self-esteem. Participants were divided in two groups according to whether they had PTSD diagnosis and not. Assessment: a structured interview included demographic questionnaire, self-reported violence, SCID, Posttraumatic Stress Diagnostic Scale, Moudsley Marital relationship Questionnaire, Shover-Sexual History form (S-SHF) and Rosenberg Self-esteem Inventory were used. Results: The mean age was 37 ± 9.48, Most women did not mention their sexual problems during the initial interview. But when they were asked, they disclosed their sexual problems very willingly as if Pandora's box was open at last. Furthermore, Schover et al. (1980-1982) proposed a multiaxial problem oriented system for women who were diagnosed with sexual dysfunction. In our study, except for 3 (6%) all women reported sexual problems such as lack of sexual desire (74%), lack of arousal (62%), orgasm related problems (44 %) , pain during intercourse (40%) and dissatisfaction during sex was reported by 88%. In addition, PTSD positive women's self-esteem, marital satisfaction and sexual problems statistically higher than the ones who have not PTSD diagnoses. Conclusion: Mental health professionals should be aware of marital rape and its relationship with psychiatric problems. In this study which was in concordance with other studies, violence within the family had negative effects on sexuality.

T-201 **Track 6 (culture)**

Neuropsychological Correlates of PTSD and Violent Behavior

Zimmermann, Marc, PhD, Private Practice, Zimmermann Psychology Clinic

This presentation will focus on the effects of PTSD in those areas designated as neuropsychology. It will address the cognitive and perceptual changes that often occur with PTSD. Research has indicated that traumatized individuals and PTSD sufferers experience deficits in many neuropsychological functions, including attention, memory, decision-making, organizing information, planning and perception. Results have been conflicting as to whether these deficits reflect actual neuropsychological deficits or disruption by emotional factors. Recent research will be reviewed and critiqued. Current understanding of neuropsychological issues will be presented and implications for behavior will be discussed. In particular, the role of neuropsychological problems as possible contributors to violent behavior will be presented, along with illustrative case materials. Practical information will be provided to assist participants to identify neuropsychological issues in traumatized individuals, and to understand how they impact functioning. Implications for the assessment and treatment of traumatized youth will be discussed.

T-202 **Track 9 (train)**

Training Culturally Competent Trauma Group Therapists

Ayres, Jennifer, PhD, Childrens Hospital Los Angeles; Shuman, Tara, PsyD, Childrens Hospital Los Angeles

Project Heal at Childrens Hospital Los Angeles (CHLA) is a trauma treatment program located in the Hollywood area that serves a primarily Latino population. Project Heal trains pre-doctoral interns in CHLA's APA accredited internship program and trains psychology fellows in the CHLA fellowship program. Group treatment for trauma survivors and at-risk populations is a major component of Project Heal's training program. Groups are comprised of members with similar presenting problems (e.g., sexual abuse, domestic violence, traumatic grief/loss, developmental disabilities) and collateral groups are simultaneously conducted for the non-offending caregivers. Project Heal trainees undergo multiple didactic trainings in preparation for the group on trauma-related topics (e.g., sexual abuse, developmental disabilities, domestic violence, interventions for traumatized children) and cul-

tural sensitivity. Newer trainees are paired with more experienced clinicians to co-facilitate the groups and group supervision is conducted immediately following the groups to provide an opportunity for clinicians to process their experiences. Collateral groups are offered in Spanish and the younger children's abuse groups have a bilingual therapist to ensure that the children are able to process their experiences without linguistic constraints. The groups are co-supervised by a bilingual psychologist who is able to address trainees' language and cultural issues.

T-203 **Track 9 (train)**

Problems Verifying Claims About Children's Testimony

Cheit, Ross, PhD, Brown University

There is an obvious and recognized need to protect the identities of children testifying in child abuse cases. Most states provide basic protections aimed at protecting the names, addresses and phone numbers of alleged victims in these cases. Some state statutes protect the court record more broadly. Trial court judges also have the authority to issue protective orders seeking to seal sensitive evidence, particularly audio or videotapes of child interviews. Neither the literal effectiveness of these protections nor their broader consequences, intended and otherwise, have received much scholarly attention. This paper argues that some of the most intensely publicized cases—cases where privacy protections are simultaneously most relevant and most severely challenged—suggest serious cause for concern. Court orders have routinely been violated in high-profile cases, leaving the intended beneficiaries of these rules (children) with little or no protection. Despite these breaches in privacy, the scholarship about children's testimony is surprisingly difficult to scrutinize. In the name of protecting anonymity, standards of scholarship in this area have suffered. Ironically, efforts to protect children's privacy in criminal proceedings have apparently helped insulate a body of scholarship that unduly favors the defense position in these cases.

T-204 **Track 9 (train)**

E-Learning of the CAPS: A French CD-ROM

Clément, Marie-Hélène, MA, Douglas Hospital Research Center; Defer, Sabine, MA, Douglas Hospital research Center; Brunet, Alain, PhD, Douglas Hospital Research Center

Since events such as 9.11 the awareness about Posttraumatic Stress Disorder (PTSD) has increased tremendously in the lay public as well as among mental health professionals. Accordingly, there is a worldwide need for such professionals to learn to recognize the signs and symptoms of this psychiatric disorder. The National Center for PTSD developed an interactive CD-ROM designed to train English-speaking mental health professionals in diagnosing PTSD. However, up until this day professionals from French-speaking countries did not have access to such material. This poster reports on the development of a CD-ROM in French designed to teach how to use the Clinician-Administered PTSD Scale for diagnosing PTSD. The CD-ROM includes two mock interviews, one with a peace-keeper and one with a female victim of a motor vehicle accident. The CD-ROM allows the viewers to rate each PTSD symptom and then compare their rating with the official rating, and receive an explanation of the appropriate rating. This poster will explain the features of this innovative e-learning tool.

T-205 **Track 9 (train)**

Believability Bias in Judging Memories for Abuse

Cromer, Lisa, MS, University of Oregon; Freyd, Jennifer, PhD, University of Oregon

Participants (N = 337) were presented with four vignettes in which an adult confided to a friend about being sexually or physically abused at age 9 by either a stranger or father. The memory was presented as either continuous or recovered. Participants judged report believability, memory accuracy, and rated each incident on a scale of 0 = not abuse to 5 = definitely abuse. Analyses were conducted using a 2 (continuous or recovered memory) x 2 (victim sex) x 2 (physical or sexual abuse) x 2 (stranger or close perpetrator) repeated measures ANOVA. Participants completed the Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986), Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996), and Brief Betrayal Trauma Inventory (BBTS; Goldberg & Freyd, 2003). The believability bias hypothesis was supported. Continuous memory was believed more ($p<.0001$) and rated more accurate ($p<.0001$) than recovered memory, and male victims were believed more than female victims ($p = .05$). Level of dissociation was positively correlated with likelihood to label "being made to have sex with" or "being beaten with a belt" as abuse ($p<.01$), and level of sexism was negatively correlated with labeling these actions as abuse ($p<.02$). Implications are discussed in relation to biased and unscientific public opinion about memory for abuse.

T-206 **Track 9 (train)**

Misleading Implications from the Use of the Label "False Memory"

DePrince, Anne, PhD, University of Denver; Allard, Carolyn, MS, University of Oregon; Oh, Hannah, BS, Pepperdine University; Freyd, Jennifer, PhD, University of Oregon

Since 1995, psychologists have increasingly used the term "false memory" to describe memory errors for details (e.g., errors for words learned in a list); such errors in details were once referred to by other terms, such as "intrusions". "False memories" is also used to refer to suggestibility experiments in which whole events are apparently confabulated and in media accounts of contested memories of childhood abuse. We examined use of the term "false memory/ies" to describe 1) suggestibility for, or confabulation of, entire events or 2) errors in details. Using the keyword "false memory/ies", journal articles published between 1992 and August 2003 were identified. Editorials, commentaries, responses to other articles, and book reviews were excluded. Of the 397 articles collected, 222 (55.9%) were empirical reports. Approximately 70% of empirical articles used the term "false memory/ies" to refer to error in details. The shift in language away from prior terms such as "memory intrusions" to a new use of the term "false memory" presents serious ethical challenges to the data-interpretation process by encouraging over-generalization and misapplication of research findings on word memory to social issues. The research and ethical implications of the new use of the term will be discussed.

T-207 **Track 9 (train)**

Trauma-Related Insight Reduces Worker Reactivity to Acting-Out Clients

Greenwald, Ricky, PsyD, Child Trauma Institute; Johnston, Karen, MSW, Massachusetts Children's Trust Fund; Smyth, Nancy, PhD, University at Buffalo

We train therapists and paraprofessionals about trauma in part because we hope that better understanding will help the worker to: (a) know how to intervene in a way that will be effective; and (b) stay focused on the client rather than taking it personally when the client acts out. If either or both of these assumptions is correct, then the more the worker can understand the trauma-related source of a client's acting-out behavior, the less distress the worker should experience. In the present study we tested this hypothesis by repeatedly describing a scenario of an angry, uncooperative client, and asking for a SUDS rating at each instance. Participants were 45 family support workers attending a trauma-related workshop. The first time, only the situation was described. The second time, the client's trauma history was also reported. The third time, the participants had completed a trauma-informed case formulation on the client, that explained the client's problem behavior as arising from trauma-related reactivity. The workers' reported SUDS ratings decreased slightly after learning about the trauma history, and decreased more after working to understand how the trauma history contributed to the problem behavior.

T-208 **Track 1 (assess)**

Journalists and Trauma. Moving from Pathology to Wellness.

McMahon, Cait, PhD candidate, Swinburne University of Technology, Melbourne, Australia and Dart Centre

The study focuses on examining both the pathogenic and salutogenic (wellness) responses to traumatic exposure experienced by all modes of journalism in the Australasian region. Using the Post Traumatic Checklist (PCL-Civilian), Dissociative Experiences Scale (DES), Depression, Anxiety and Stress Scale (DASS), Dimensions of Anger Reaction (DAR) and the Post Traumatic Growth Inventory (PTGI), the study suggests that whilst some journalists exposed to trauma do indeed experience adverse effects, many of those are able to transform this negative effect into a positive response, known as Post Traumatic Growth. The findings suggest that a salutogenic response to dealing with the trauma affected journalist is an effective way of dealing with the issue of traumatic incidents in the newsroom. The implications of these findings have far reaching ramifications not only for the treatment of traumatized persons but the way that the traumatologist perceives the notion of trauma.

T-209 **Track 9 (train)**

The Effects of Exposure to Secondary Traumatic Material at Conferences

Rooney, Mary-Catherine, PhD, University of Calgary

The primary purpose was to determine the effects of exposure to secondary traumatic material (STM) at trauma-related conferences. A secondary purpose was to investigate the effect of demographics and coping skills on secondary traumatic stress (STS) and the effect of demographics on the use of coping skills. Participants were surveyed pre- and post-conference (107 participants pre-conference only, 66 both pre- and post-conference). STS was measured by the IES-R (Weiss & Marmar, 1997), the TSI Belief Scale-M (TSI/CAAP, 1999), and the CSFT (Stamm & Figley, 1996). Coping Strategies were measured by the COPE (Carver, Scheier, & Weintraub, 1989) and the Self Care Strategies Checklist (Pearlman, 1995). Prior trauma exposure was measured the SLES-Long Form (Stamm & Rudolph, 1996). No significant differences were found on participants scores on STS, or the use of coping skills, prior to and following conference attendance. The results of standard regression analyses were mixed: STS (IES-R, TSIBS-M) was not significantly predicted by demographics or coping strategies; Burnout and Compassion Fatigue (CSFT) were significantly predicted by the use of Disengagement Coping and prior trauma history, respectively. The qualitative component of the study examined participants' exposure to trauma, use of self-care strategies, and recommendations for future conferences.

Post-Meeting Institutes

Post-Meeting Institutes will be held Wednesday, November 17, and Thursday, November 18, immediately following the ISTSS Annual Meeting at the meeting hotel, the Hilton New Orleans Riverside, and immediately preceding AABT's annual meeting.

To register for an institute hosted by ISTSS, held on November 17 or 18, visit the ISTSS registration desk. Only those holding tickets for a specific session will be admitted. Discounts are available if you register for more than one ISTSS Pre- and Post-Meeting Institute. You may attend and register for up to five half-day sessions, with each full day institute counting as two half-day sessions.

To register for an institute hosted by AABT on November 17 and/or 18, visit the AABT registration desk. You **cannot** register for AABT events through ISTSS. Members of ISTSS are allowed to register at the AABT membership rate.

Post-Meeting Institutes Hosted by ISTSS

Wednesday, November 17

Morning Half-Day
8:30 a.m. – 12:00 p.m.

14 **IMPLEMENTING EBTS FOR TRAUMATIZED CHILDREN IN COMMUNITY SETTINGS**

Versailles Ballroom, 3rd Floor

TRACK: (3) Children and Adolescents
TECHNICAL LEVEL: Intermediate
Cohen, Judith, MD, Allegheny General Hospital; Murray, Laura, PhD, Columbia University; Berliner, Lucy, MSW, Harborview Medical Center

Treatments for traumatized children have been increasingly evaluated in randomized controlled trials. One of these treatments, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) has been shown to be effective in several treatment studies for sexually abused, community violence-exposed, and multiply traumatized children. Given the strong efficacy evidence for TF-CBT, the SAMHSA-funded National Child Traumatic Stress Network (NCTSN) selected TF-CBT to be disseminated to several community-based treatment sites. Following September 11th, 2001, the Child and Adolescent Trauma Treatment Services (CATS) program coordinated by Columbia University, selected TF-CBT as one of two child treatments to be disseminated to 6 sites in Greater New York. During the past two years, more than 300 community-based clinicians have been trained in the TF-CBT treatment model; ongoing consultation with the treatment developers has been provided to a subset of these trainees. This presentation will highlight barriers to implementing TF-CBT and other evidence based treatments (EBTs) for traumatized children in ordinary community settings, and successful solutions that community sites have developed for overcoming these problems. These issues include the following: how to effectively screen children for their appropriateness to receive a specific EBT; how to use EBTs in children with severe behavioral problems, multiple traumatic experiences, multiple psychiatric comorbidities and/or chaotic family situations; how to adapt EBTs for children whose insurance do not pay for parental treatment; how to enhance supervision in EBTs, particularly among therapists with little previous experience in providing these types of treatments; how to address therapist resistance to using time-limited, structured and therapist-directed treatments; and how to encourage therapists to adapt EBTs for use in culturally diverse populations. Dr. Cohen will address how the TF-CBT developers have modified the treatment manual, initial training and ongoing supervision to address the needs of community-based therapists. Ms. Berliner will discuss common barriers encountered among community therapists and programs attempting to implement TF-CBT in the NCTSN. Dr. Mallah will describe how one community-based NCTSN center addressed and overcame these barriers, and how therapists have attempted to adapt the TF-CBT interventions for children from diverse cultures. Dr. Murray will address challenges to conducting treatment outcome research in community sites attempting to implement EBTs for traumatized children and how these challenges have been successfully addressed in the CATS program. Audience participation will be encouraged in discussing these issues.

15 **ETHICS IN TRAUMA TREATMENT, INSTRUCTION, AND RESEARCH**

Hilton Exhibition Center A, 2nd Floor

TRACK: (7) Clinical Practice, Issues and Interventions
TECHNICAL LEVEL: Basic
Davis, Joanne, PhD, University of Tulsa; Newman, Elana, PhD, University of Tulsa; Courtois, Christine, PhD, The Center: Posttraumatic Disorders Program, The Psychiatric Inst of Washington; Turner, Stuart, MD, University College London

This Institute will cover topics that exemplify areas of ethical concern when working with trauma-exposed individuals. Broadly, we will describe ethical concerns in the areas of therapy, teaching and research. We will present empirical literature for each area and discuss steps to take in the absence of such literature. Case examples will be used throughout to illustrate main points of the presentation. Therapy: Research on trauma-focused interventions yields several efficacious and promising, and a few controversial, treatments. The empirical literature on these interventions and the current state of knowledge will be reviewed. We will discuss related ethical concerns including boundaries of competence, exploitation, informed consent and confidentiality. Ethical clinical guidelines when working with clients reporting unclear memories will be reviewed. The impact of conducting trauma treatment on the provider also will be discussed in the realm of competence. Teaching: Teaching trauma-related courses raises ethical concerns including possible revictimization through provision of information, student disclosure of personal information, multiple roles of the instructor and creating a safe academic environment. Information will be provided on the ethical considerations for each of these issues. Research: Numerous ethical concerns are described in the literature regarding conducting research with victims of trauma. Unfortunately, few studies are conducted to assess the validity of these concerns. These concerns may include the potential for re-victimizing participants, the assumption of heightened vulnerability of trauma victims, the assumption of heightened suggestibility of trauma victims, the ability of victims to provide true informed consent, and potential benefits from research participation. We will describe a model developed to address the ethics of conducting research with victims of trauma.

16 **COMPLEX PTSD WITH COMBAT VETERANS: PRACTICAL CLINICAL SKILLS**

Magnolia, 3rd Floor

TRACK: (7) Clinical Practice, Issues and Interventions
TECHNICAL LEVEL: Intermediate
Munroe, James, EdD, VA Outpatient Clinic; Fisher, Lisa, PhD, National Center for PTSD Behavioral Science Division - Boston; Quinn, Steven, PhD, National Center for PTSD Behavioral Science Division-Boston; Pearlman, Laurie, PhD, Traumatic Stress Institute; Ford, Julian, PhD, University of Connecticut Medical School; Davison, Eve, PhD, National Center for PTSD, Women's Health Science Division-Boston

This Post-Meeting Institute is designed to provide an active learning forum for clinicians at the intermediate and advanced levels of conducting therapy with complex PTSD in combat veterans. Much of our research and literature is based on specific traumas and short-term interventions delivered soon after the event. Many clients, however, have suffered a series of traumatic events over a prolonged period of time and they may present for therapy many years after the events. Combat veterans may have traumas before and after their combat exposure. These clients may have been so extensively traumatized that they do not have the basic level of trust necessary to engage in some therapies. Such clients require therapists with a wide range of skills and the ability to engage clients on their own ground. This institute will focus on identifying the therapeutic issues of combat veterans and complex PTSD as well as the practical skills and techniques that clinicians employ to help these clients. It will be facilitated by a number of highly skilled therapists whose diverse experience includes traumas such as combat, rape, domestic violence, and childhood physical and sexual abuse. The format will include structured exercises to promote active discussion of the issues. Issues will include: testing of trust, setting and maintaining boundaries, issues of power, when and how to do exposure, parallel process, dealing with aggression and threats, splitting, counter transference, re-enactment, ethical issues, use of self, the effects of this work on therapists, and therapist self care. Participants should be prepared for an active experi-

ence and should be willing to engage in an exchange of ideas and experience. Participants will have opportunities to present some of their own clinical questions or dilemmas for discussion by the entire group. The institute will not focus on or favor any particular theoretical approach, but will identify issues that are common to the processes of trauma therapy. Attention will be paid to maintaining the confidentiality of any case material presented and the institute will conclude with exercises to emphasize the importance of secondary exposure and therapist self-care.

Participant Alert: *Although no specifically graphic or distressing material is intended to be presented, discussion of clinical material runs the risk of upsetting content. Attention will be paid to monitoring traumatic content, and the session contains closing exercises on self care and secondary trauma.*

17 THE RAVAGES OF WAR: CREATIVITY AND EMBODIMENT IN TRAUMA TREATMENT

Elmwood, 3rd Floor
TRACK: (10) Theme: War Trauma
TECHNICAL LEVEL: Intermediate
Johnson, David, PhD, Post Traumatic Stress Center; Gray, Amber, MA, Marjorie Kovler Center for Survivors of Torture; Macy, Robert, PhD, National Center for Child Traumatic Stress Network; Macy, Dicki, MEd, The Center for Trauma Psychology

This Institute will focus on the use of innovative expressive and behavioral interventions in widely diverse cultural contexts for the treatment of psychological trauma as a result of war and violent conflict. The presenters have had broad experience with introducing intervention programs in such countries as Haiti, Palestine, Indonesia, Sri Lanka, Kosovo, Israel, Turkey and Sierra Leone, as well as with veterans of the Persian Gulf and Vietnam wars. Emphasis will be placed on the use of specifically structured programs of visual art, role-playing and theatre, dance and movement, and music and ceremonies, to engage clients across cultural and linguistic barriers and to reach traumatized children. The results of a number of outcome studies will also be presented to support the potential significance of these methods, particularly in a recently completed classroom-based intervention with Palestinian children, ages 6–11, and in studies of combat veterans. Throughout, participants will learn of the significant behavioral and cognitive elements in expressive interventions, which allow for the concretization and externalization of affect and imagery associated with traumatic experience. The result is similar to other methods: to achieve a re-formation of the trauma narrative toward more positive, open, and complex qualities. The Institute will also provide live demonstrations of some of these interventions, as well as videotaped examples with actual clients from several war-torn nations. The use of dance/movement, rhythmic activity with Haitian children, expressive arts with children from the West Bank and Gaza, and theatrical presentation with combat veterans will be examined in detail in relation to concepts of exposure therapy, cognitive restructuring, and affect regulation. The need for more rigorous empirical studies of these interventions will be emphasized, as well as the need for conceptual frameworks that allow comparison with other more traditional trauma treatment methods.

18 CONTEXTUAL MODELS FOR TREATING SURVIVORS OF COMPLEX TRAUMA

Rosedown, 3rd Floor
TRACK: (7) Clinical Practice, Issues and Interventions
TECHNICAL LEVEL: Intermediate
Gold, Steven, PhD, Nova Southeastern University-Trauma Resolution & Integration Program (TRIP); Dalenberg, Constance, PhD, Alliant University; Brown, Laura, PhD, Argosy University

Survivors of prolonged and multiple forms of trauma are frequently an unusually challenging population to treat effectively. They often present with a wide range of severe problems that greatly restrict their quality of life, such as disabling anxiety and depression, trauma-related symptoms such as terrifying nightmares and flashbacks, dramatic dissociative symptoms such as amnesia and identity fragmentation, and addictive and compulsive patterns of behavior such as substance abuse, self-mutilation, bingeing and purging, and compulsive sexual activity. Effective treatment for these complex and multiple difficulties requires a well-planned, systematic, sequential program of intervention. This Post-Meeting Institute will provide an overview of a contextual conceptual framework and corresponding intervention strategies for treating survivors of prolonged and complex trauma. Contextual models propose that treatment of these clients is most likely to be effective when intervention is informed—not only the context of explicit trauma they have experienced, but also by the interpersonal, social and political contexts which promote abuse. They stress that the problems experienced by these clients are not only performance deficits related to the disruptive effects of trauma, but also skills deficits; the interpersonal contexts in which prolonged and repeated trauma is most likely to occur are characterized by inadequate resources for social learning and by the frequent modeling of maladaptive coping strategies. Three central aspects of contextual approaches to treating complex trauma survivors will be covered: (1) The conceptual framework for understanding the interpersonal, social, cultural and political context that fosters the occurrence of complex trauma, and the impact of these contextual factors on long term functioning, will be considered. (2) Ways in which the therapeutic relationship and countertransference must be navigated to develop and maintain a stable working alliance with complex trauma survivors will be discussed. (3) Specific cognitive and behavioral interventions aimed at addressing both the skills deficits resulting from the social context and performance deficits related to the trauma context experienced by complex trauma survivors will be presented.

Wednesday, November 17

Full Day
8:30 a.m. – 12:00 p.m. and 1:30 p.m. – 5:00 p.m.

19 COGNITIVE-BEHAVIORAL INTERVENTION FOR TRAUMA IN SCHOOLS (CBITS)

Jasperwood, 3rd Floor
TRACK: (3) Children and Adolescents
TECHNICAL LEVEL: Intermediate
Jaycox, Lisa, PhD, RAND Corporation; Stein, Bradley, MD, PhD, RAND Corporation; Langley, Audra, PhD, UCLA

Although trauma exposure causes deleterious emotional and behavioral outcomes for children, few community-based intervention programs exist. Researchers, clinicians, and school administrators refined an intervention for children exposed to violence that uses cognitive-behavioral depression prevention and PTSD treatment techniques and evaluated its efficacy. The resulting Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) program is a group-based intervention, including 10 sessions for middle school students, two sessions for parents, and an educational session for teachers. We previously examined outcomes in a quasi-experimental design among recent immigrant children designated as at-risk by virtue of exposure to severe trauma and elevated depressive or PTSD symptoms, and showed positive effects. As published in JAMA in 2003, we recently extended that work to evaluate the intervention within the general middle-school population. Results show a significant intervention effect, with children in the intervention group reported fewer PTSD and depressive symptoms as compared to wait-list controls. Parents of intervention also reported fewer behavioral and emotional problems than parents of children on the waiting list. Thus, this intervention appears to reduce trauma-related symptoms in the general middle-school population. In this institute, we will present the theoretical models underlying CBITS, research supporting its effectiveness, and the context and resources appropriate for its use. We then will provide step-by-step instruction on implementation of the manual and its key elements, including the rationale for each intervention component. Discussion of common pitfalls and ways to overcome obstacles will be included. Workshop participants are expected to leave with a firm understanding of the intervention and how to implement it.

20 NIGHTMARE THERAPY: A MISSING PEACE FROM WAR TRAUMA

Melrose, 3rd Floor
TRACK: (7) Clinical Practice, Issues and Interventions
TECHNICAL LEVEL: Advanced
Daniels, Lori, PhD, Hawaii Pacific University; Donovan, Beverly, PhD, Brecksville Department of Veterans Affairs Medical Center; Padin-Rivera, Edgardo, PhD, Brecksville Department of Veterans Affairs Medical Center; Forbes, David, MA, Australian Centre for Posttraumatic Mental Health; Scurfield, Raymond, DSW, University of Southern Mississippi; Phelps, Andrea, Australian Centre for Posttraumatic Mental Health

Exposure to life-threatening situations within a war zone can result in a survivor suffering from traumatically based nightmares. The reoccurrence of

traumatic memories during sleep can have a negative impact on other areas of a survivor's life, resulting in difficulties with occupational and interpersonal relationships. The content of dreams can be used as a source of information for therapeutic processing of traumatic memories. This four-part institute describes five different techniques designed to reduce the frequency and intensity of trauma-based nightmares. Each technique presented has been used in the treatment of survivors of war. The first part discusses the development and psychometric evaluation of a nightmare assessment instrument. In addition, a method to create meaning within traumatic nightmares through a group treatment model is also presented with outcome data. The second part introduces a Gestalt method, using a one-session case example to illustrate the processing of traumatic events, and the outcome four years later. The third part will describe treating traumatic dreams and findings from a 12-month pilot study using imagery rehearsal. The final part discusses two methods of working with traumatic nightmares: sandplay processing and a writing technique. Each of these procedures will be illustrated using case examples and videotaped therapy sessions. A major goal of each nightmare therapy technique is to train clinicians in different methods that may minimize the negative influence of a survivor's traumatic nightmares. This institute is designed for intermediate or advanced clinical practitioners who wish to enhance their skills addressing specific traumatic memories that impact on their clients' lives. Participants at this institute are encouraged to bring a fully written copy of a client's nightmare for discussion and to assist in applying the different nightmare therapy techniques.

21 HOW TO IMPLEMENT PROLONGED EXPOSURE FOR CHRONIC PTSD

Grand Ballroom B, 1st Floor

TRACK: (7) Clinical Practice, Issues and Interventions
TECHNICAL LEVEL: Intermediate
Foa, Edna, PhD, University of Pennsylvania School of Medicine; Riggs, David, University of Pennsylvania School of Medicine; Cahill, Shawn, University of Pennsylvania School of Medicine

Chronic posttraumatic stress disorder (PTSD) is an often complex and challenging disorder for clinicians to treat. But with a lifetime prevalence ranging from 8% of the population, and in the aftermath of recent terrorist events in the US, it is likely that clinicians will continue to see a sizable number of clients with PTSD and other trauma-related pathology. In this workshop, Edna B. Foa, PhD, David Riggs, PhD, and Shawn Cahill, PhD, will provide instruction in the use of Prolonged Exposure (PE), an empirically validated and highly efficacious cognitive behavioral treatment for chronic PTSD. Following a brief summary of the background theoretical and empirical work underlying PE, the presenters will describe the components of the treatment and will illustrate these interventions with excerpts from videotaped therapy sessions.

22 WORKING WITH ACTION AND BODILY STATES IN THE TREATMENT OF TRAUMA

Hilton Exhibition Center B, 2nd Floor

TRACK: (7) Clinical Practice, Issues and Interventions
TECHNICAL LEVEL: Intermediate
van der Kolk, Bessel, MD, Boston University, Trauma Center; Ogden, Pat, PhD, Naropa University, Sensorimotor Psychotherapy Institute; Spinazzola, Joseph, PhD, Boston University

Trauma affects the total human organism: neurobiologically, psychologically, behaviorally and socially. Behavioral responses include impulsive aggression, physical helplessness, dissociation, behavioral re-enactments, physical tension, and a large variety of somatic ills. Traditional psychotherapy has approached the resolution of trauma as something that needs to be understood, worked through and put into the larger perspective of one's life. More recently, cognitive processing therapies (which tend not to focus on behavioral concomitantson of PTSD) have been subject of exhaustive studies. However, working directly, a behavioral level, with the modulation of affective and psychophysiological states is a very old tradition. For centuries, various cultures have elaborated ways of helping to manage these states with methods such as yoga, chi gung, tai chi, prayer and meditation, most of which, until recently, have not been subject to Western methods of investigation. In a separate tradition, various cultures have worked with movement, dancing and action to deal with these states—all of which have developed separate from mainstream psychiatry. In the wake of the emerging research on the neurobiology of trauma, its effects on heart rate variability, immune function and other issues related to self regulation, physical helplessness, loss of executive functioning, and difficulty engaging in collaborative relationships, the Trauma Center in Boston, and the Sensorimotor Psychotherapy Institute in Boulder, Colorado, have started to explore the use of collaborative movement and action, both in the aftermath of trauma, and in the treatment of chronically traumatized individuals. This includes theater groups with traumatized inner city youth in Boston, yoga groups, as well as individual and group sensorimotor psychotherapy. This postconference workshop will explore how experience itself and controlled bodily action, individually and in groups, can help overcome traumatic repetitions and continued fight/flight/freeze responses. The faculty will show, with the help of live demonstrations, videotapes and handouts, how body-centered approaches and improvisational and ritualized theater groups can help people regain a sense of mastery and communality. This postconference workshop also will present research methodology for clinicians and researchers working with body-oriented methods and discuss their research findings on yoga and theater groups that support the utility of such approaches in traumatized adolescents and adults.

23 YOU CAN WRITE IT, BUT CAN THEY USE IT?

Grand Ballrom A, 1st Floor

TRACK: (9) Media, Training and Education
TECHNICAL LEVEL: Intermediate
Power, Elizabeth, MEd, EPower & Associates Inc.; Saltzman, William, PhD, California State University Long Beach; DeRosa, Ruth, PhD, Family Therapy Institute of Suffolk; Cohen, Judith A., MD, Allegheny General Hospital; Van Horn, Patricia, PhD, San Francisco General Hospital

Clinicians and skilled helpers are trained in individual and group interventions designed to accomplish one or more outcomes: 1) Prevent or remedy any occurrence of diminishment of mental and emotional health; 2; Support the maintenance of newly learned effective functioning even when full restoration is not feasible or likely; 3) Promote interactions among individuals and groups that foster higher levels of mental and emotional health. While these interventions employ learning as a core tool, clinicians seldom receive formal instruction how to transfer knowledge to other skilled helpers in a format that is effective, usable, and true to the intent and content of the author. Thus, they are hampered when creating training materials that are effective for others to use to replicate the authors' success. Developing effective training manuals involves these disciplines: 1) Customer-centricity (thinking from the users' points of view); 2) The "-gogies" (andragogy and pedagogy—how adults and children learn); 3) Instructional Systems Design (the systematic construction of instructional materials); 4) Systems thinking (the ability to think simultaneously about the needs of the facilitator and the client through a learning filter while creating a product). This workshop provides a basic foundation in developing effective written training manuals for clinicians.

24 GROUP THERAPY INTERVENTIONS: APPLICATIONS TO WAR AND TERRORISM TRAUMA

Hilton Exhibition Center C, 2nd Floor

TRACK: (10) Theme: War Trauma
TECHNICAL LEVEL: Intermediate
Niles, Barbara, PhD, VA Boston Healthcare System, Department of Psychiatry Boston University School of Medicine; Wattenberg, Melissa, PhD, VA Boston Healthcare System, Tufts University School of Medicine, Massachusetts College of Pharmacy & Health Sciences; Glynn, Shirley, PhD, VA Greater Los Angeles Health Care System at West Los Angeles; Unger, William, PhD, VA Providence Healthcare System, Brown University School of Medicine; McKeever, Victoria, PhD, VA Puget Sound Healthcare System

This Institute offers intermediate to advanced training in several empirically based models of group treatment for PTSD. Presenters will briefly review evidence from a 10-site randomized VA trial supporting the efficacy of Trauma Focus and Present-Centered group therapy for Vietnam combat veterans. They will then outline and demonstrate the essential interventions from these therapies, as well as interventions from a variety of psychoeducational and skills-building group treatments that also have shown promise in PTSD treatment. The program will cover approaches to symptom-reduction, and restructuring of the trauma-based worldview, including methods for enhancing members' sense of meaning, interpersonal connection, safety and self-efficacy. Recommendations for adaptation of these models to treatment of individuals with recent war zone and terrorism trauma-exposure will emphasize adjustment issues, reintegration into community, and incorporation of a non-pathologizing stance regarding initial reactions to trauma. The Trauma Focus Group is based on a skills-building and trauma exposure model that incorporates psychoeducation, coping-skills training, exposure

therapy, cognitive restructuring and relapse prevention in a developmental perspective. The Present-Centered Group is a supportive, process approach informed by schema theory for PTSD, in which trauma-based symptoms and attitudes are targeted, and group interaction is used as the basis for reframing trauma-based assumptions, affects and behaviors. The three additional 12-week manual-based psychoeducational and skills-building groups covered in this presentation are: Understanding PTSD, offering psychoeducation and introduction to PTSD treatment; Stress Management for Trauma Survivors, utilizing relaxation skills and promoting healthy lifestyles; and Anger Management for Trauma Survivors, discouraging aggressive and passive coping, and supporting assertive behaviors. The Institute will focus on implementation and maintenance of active treatment in the face of challenges regularly encountered with trauma survivors, such as trauma-based attitudes and beliefs, sense of helplessness, avoidance and numbing, high levels of affect and arousal, and re-experiencing. The presenters will discuss and model specific interventions, including: responding to trust and compliance issues; encouraging mid-range affects; managing dissociation in the group; addressing common comorbidities (e.g., substance abuse and mood disorders); maintaining consistent attendance and participation; dealing with history of multiple traumatizations; and working with family issues that affect treatment. In addition, the program will cover how to achieve the best fit between the client and the particular group model, with consideration for the client's therapy-readiness and stage of treatment. Didactic materials, demonstrations and role-play exercises will be utilized.

Wednesday, November 17

Afternoon Half-Day
1:30 p.m. – 5:00 p.m.

25 IDENTIFYING AND SERVING TRAUMA-EXPOSED CHILDREN IN MEDICAL SETTINGS

Rosedown, 3rd Floor
TRACK: (3) Children and Adolescents
TECHNICAL LEVEL: Intermediate
Kassam-Adams, Nancy, PhD, Children's Hospital of Philadelphia; Rains, Mark, PhD, Mid-Maine Child Trauma Network; Ryan, Barbara, LCSW, Chadwick Center for Children and Families; Saxe, Glenn, MD, Boston Medical Center; Zatzick, Doug, MD, University of Washington

Health care settings provide opportunities to identify children affected by trauma and to link children and families with appropriate services. Many trauma-exposed children do not seek mental health support or treatment, and may best be identified through other service systems. Additionally illness, injury and medical treatment can themselves be traumatic stressors for children and families. This PMI will address current best practices in screening, secondary prevention, intervention and referral for child trauma exposure and traumatic stress across a range of medical settings—primary care, emergency departments and inpatient hospital care. Presenters will describe methods for addressing, in the health care setting, both child trauma exposure/traumatic stress (broadly defined) and traumatic stress related to medical events. Issues to be discussed include building collaborative relationships with health care providers and the logistics of incorporating screening into busy medical clinics. Presenters will describe model approaches that might be incorporated into other medical settings and offer insights regarding challenges. Mark Rains will discuss child, parent and health care provider perspectives on the characteristics of medical settings that support resilience following traumatic stress, and how these perspectives can guide planning, implementation and evaluation of healthcare systems change. Glenn Saxe will describe empirically supported brief screening protocols for parents regarding child traumatic stress reactions. Nancy Kassam-Adams will present a model for building anticipatory guidance regarding traumatic stress into pediatric medical encounters. Saxe and Kassam-Adams will present a multifaceted toolkit developed by the Medical Traumatic Stress Working Group of the National Child Traumatic Stress Network to increase awareness and basic skills of medical/nursing staff regarding medical traumatic stress in the hospital setting. Barbara Ryan will discuss bridging the gap between trauma work in outpatient therapy clinics and medical trauma—a clinical pathway for treating children with medical trauma after hospital discharge. Doug Zatzick will describe the use of clinical epidemiological data to identify post-injury concerns and health service utilization of injured adolescents, and how to harness this knowledge to engage adolescents and families in evidence-based PTSD interventions. This PMI is designed to stimulate thinking about best practices in integrating traumatic stress awareness and services into pediatric medical settings.

26 WHAT EVERY TRAUMA THERAPIST SHOULD KNOW ABOUT PANIC, PHOBIAS AND OCD

Hilton Exhibition Center A, 2nd Floor
TRACK: (7) Clinical Practice, Issues and Interventions
TECHNICAL LEVEL: Basic
Winston, Sally, PsyD, Anxiety and Stress Disorders Institute of Maryland

Both the acute and chronic states of hyperarousal in the wake of trauma can precipitate the onset or exacerbate anxiety disorders in those predisposed genetically or by prior experiences. This symptomatology including panic attacks, phobic avoidance behavior, obsessive-compulsive intrusions of thoughts and images accompanied by compulsive rituals and anticipatory anxiety may become functionally autonomous from the original trauma and may persist for years, even after successful integration of the traumatic material. There are well established and specific CBT methodologies for treatment of panic disorder, phobias and OCD, which can be adapted for use when these symptoms are trauma-based. This workshop will present an overview of basic psychological treatment principles with an emphasis on common clinical errors and misconceptions. Psychoeducation, exposure and response prevention, management of anticipatory states and in vivo and interoceptive exposure will be elucidated, as well as the paradoxical nature of effort with respect to anxiety, the double-edged swords of relaxation and safety behaviors, the dangers of interpretation of content of thoughts in true OCD, distinctions between flashbacks and panic attacks and how to handle them, and other related topics.

Participant Alert: *Presenter will ask for volunteers to participate in interoceptive exposure techniques which raise the level of arousal (such as brief hyperventilation and spinning).*

27 TOOLS FOR SAFELY RESTORING AUTOBIOGRAPHICAL MEMORY AFTER VIOLENCE

Versailles Ballroom, 3rd Floor
TRACK: (7) Clinical Practice, Issues and Interventions
TECHNICAL LEVEL: Intermediate
Ford, Julian, PhD, University of Connecticut School of Medicine; Berger, Rony, PsyD, Natal Health Center

Exposure to violence early in life (e.g., war atrocities; Wessel, Merckelbach, & Dekkers, 2002) can fundamentally disrupt the process of autobiographical remembering by altering the neurobiological systems necessary for emotional and cognitive processing (Brewin, 2001) and attachment (Gündel, O'Connor, Littrell, Fort, & Lane, 2003). Building on these research literatures, and the clinical literatures on existential, experiential, solution-focused and dynamic/self psychotherapies, we have developed parallel approaches to the clinical restoration of autobiographical memory, as an alternative to treatments aimed at expunging or desensitizing the memory of trauma. A framework for "traumatic memory restructuring" (Berger, 2003) is described with case examples of therapy with survivors of war and other forms of cumulative exposure to interpersonal violence in childhood and adulthood (both acutely and after years of chronic impairment). Additional case examples are used to expand the frame to address "trauma adaptive recovery" (Ford, in press) with a seven-phase process ("FREEDOM") for autobiographical memory restoration that serves as a transtheoretical basis for a practical toolkit (summarized in handouts) that clinicians can use to assist trauma survivors and to address vicarious trauma. Experiential exercises will engage attendees in carefully titrated demonstrations of the memory restoration process using simulated and personal (non-traumatic) memories. Special issues involved when clinicians work in communities exposed to ongoing terrorism or war (e.g., the Middle East) will be addressed.

Post-Meeting Institutes Hosted by AABT

Post-Meeting Institutes Hosted by the Association for Advancement of Behavior Therapy (AABT)

Wednesday, November 17

Please check at the AABT registration desk (1st floor registration centers North and South) for specific room locations.

Full Day
8:30 a.m. – 12:00 p.m. and 1:30 p.m. – 5:00 p.m.

Three full day Post-Meeting Institutes will be hosted by AABT. To register for these events, go to the AABT registration desk. You cannot register for these events through ISTSS. Members of ISTSS are allowed to register at the AABT membership rate.

Clinical Intervention Training 1: Cognitive Therapy: Basics and Beyond

Beck, Judith S., PhD, Institute for Cognitive Therapy and Research, and University of Pennsylvania

This practical, interactive session is designed to teach the essentials of cognitive therapy and to help participants immediately start using what they have learned. Beginner and intermediate level of familiarity with the material is suggested. You will learn to:

- Conceptualize patients according to the cognitive model
- Establish and maintain a strong therapeutic alliance
- Structure therapy sessions effectively
- Use a variety of cognitive and behavioral techniques
- Vary standard therapy for patients with challenging problems

Note: *This Institute continues on Thursday, November 18.*

Continuing Education for Sessions Hosted by AABT
ISTSS **cannot** offer CE or CME for sessions hosted by AABT. Please visit the AABT registration desk for information regarding CE accreditations available for their sessions, in addition to their CE registration and payment procedures.

Clinical Intervention Training 2: Cognitive Behavioral Treatment of Anxiety in Children and Adolescents: Moving Beyond the Basics

Albano, Anne Marie, PhD, Columbia University

Childhood anxiety disorders often are comorbid with other internalizing disorders, such as depression, and cause significant impairment in school performance, family relationship and social functioning. Intermediate level of familiarity with the material is suggested. You will learn:

- The psychopathology of anxiety in youth and its sequelae
- Empirically supported methods of assessment, diagnosis, and treatment
- The basic elements of the cognitive behavioral treatment programs for anxiety concerns, and when to apply these components in a comprehensive treatment plan
- Optimal and innovative ways to involve parents and other family members in the recovery process

Clinical Intervention Training 3: Using Motivational Interviewing with Substance Use and Comorbid Disorders

Sobell, Linda C., PhD, Nova Southeastern University

Motivational Interviewing (MI) is a collection of strategies and techniques from existing models of psychotherapy and behavior change. A key goal of MI is to assist individuals who are initially low in terms of readiness to change. Beginner and intermediate level of familiarity with the material is suggested. You will learn:

- How to use motivational strategies and skills to enhance clients' commitment to change
- How to use advice/feedback materials and assessment instruments in a motivationally enhancing manner
- How to use a decisional balance exercise to evaluate and promote readiness for change

Post-Meeting Institutes Hosted by ISTSS

Thursday, November 18

Morning Half-Day
8:30 a.m. – 12:00 p.m

28 **ACCEPTANCE AND COMMITMENT THERAPY IN TREATING PTSD: THEORY AND PRACTICE**
Rosedown, 3rd Floor
TRACK: (4) Clinical and Interventions Research
TECHNICAL LEVEL: Intermediate
Walser, Robyn, PhD, National Center for PTSD, VA Palo Alto Health Care System; Westrup, Darrah, PhD, National Center for PTSD, VA Palo Alto Health Care System; Gregg, Jennifer, MIRECC & NCPTSD, VA Palo Alto Health Care System; Loew, Dorene, PhD, National Center for PTSD, VA Palo Alto Health Care System; Rogers, David, MSW, National Center for PTSD, VA Palo Alto Health Care System

Acceptance and Commitment Therapy (ACT) is a behaviorally based intervention designed to target problematic verbal behavior and excessive emotional control while also focusing on behavior change specific to personally held values. The ACT approach assumes the position that clients can learn to accept their own emotions and deliteralize their own thoughts such that they do not have a significant negative psychological impact, even if these emotions and thoughts continue to occur--and choose to live meaningful lives. More specifically, ACT addresses emotional avoidance through a variety of experiential, verbal and mindfulness techniques and encourages committed behavior change that occurs in the direction of stated values. Emotional or experiential avoidance occurs when an individual is unwilling to experience certain private events such as negatively evaluated emotional states, thoughts and/or unpleasant physiological arousal, and he or she then takes steps to alter the form or frequency of these events. In the lives of individuals who have PTSD, they are frequently working to avoid negatively evaluated thoughts and feelings and other trauma-related situations or cues. Additionally, their lives have often become unmanageable. In addition to the symptoms of PTSD, the painful emotional experience and aftermath of trauma can often lead traumatized individuals to view themselves as "damaged" or "broken" in some important way. The job of the profes-

sional is to help the traumatized individual heal from the traumatic experience. The word "heal" comes from a word meaning "whole." In this sense, the client has come to the therapist to be made "whole" once again. From the ACT perspective, the individual is already "whole" and the goal is to bring this into the client's awareness and, through acceptance of internal experience and commitment to a valued direction, help them to live fulfilling and meaningful lives. This workshop will briefly focus on the behavioral theory underlying ACT and specifically present the different stages of ACT therapy as it applies to PTSD.

Participant Alert: This PMI will present experiential exercises that may cause emotional arousal or distress for participants.

Thursday, November 18

Full Day
8:30 a.m. – 12:00 p.m. and 1:30 p.m. – 5:00 p.m.

29 **CHILDREN AFFECTED BY DOMESTIC VIOLENCE: CURRENT CHALLENGES**

Grand Salon 4, 1st Floor

TRACK: (3) Children and Adolescents
TECHNICAL LEVEL: Intermediate
McAlister Groves, Betsy, MSW, Child Witness to Violence Project, Boston Medical Center; Acker, Michelle, PsyD, Child Witness to Violence Project, Boston Medical Center; Van Horn, Patricia, PhD, Child Trauma Research Project, San Francisco General Hospital; Gaba, Rebecca, PhD, Children's Institute International; Epstein, Carrie MSW, Safe Horizon; Osofsky, Joy, PhD, Louisiana State University Health Sciences Center

Within the past decade, increased attention has been paid to the impact on children of being exposed to violent or assaultive behavior between their parents. For many children, their earliest exposure to trauma is likely to be within the home. This exposure may result in intense, long-lasting symptoms, and disruptions in social and emotional development. This focus on the children who live with domestic violence has occurred against the backdrop of the expanding battered women's movement, the fathers right's movement, and associated questions about whether a child's exposure to domestic violence should be defined as a crime or as child maltreatment. As public awareness of the risks of domestic violence to children has increased, interest in effective interventions also has grown. Clinicians who work with these children are challenged to respond to the complexities of family dynamics, legal involvement, and ongoing safety concerns, as they attempt to address the child's interests and well-being. They often work with families whose ethnic or cultural background strongly affects their understanding of the problem and their choices about seeking help. Clinicians may be asked to determine the nature and extent of trauma as it pertains to issues of custody or visitation with an abusive parent. They may face difficult decisions in deciding when and how to involve child protective services in families affected by domestic violence. In the face of sometimes conflicting political, cultural, social and legal paradigms, how does the clinician maintain a focus on the best interests of the child? This institute will examine these challenges by presenting principles of clinical treatment of children and families, taking into consideration the evolution of legal, child protection, and social policies related to identification, risk-reduction and management of families affected by domestic violence. Using case studies, faculty will discuss intervention strategies, including individual and group treatment of children, concurrent intervention with the abusing and non-abusing parent, court-requested custody and access evaluations for children, and dilemmas of working with the child protection system. Presenters will focus on the importance of working collaboratively with other systems in order to effectively help children and will discuss the challenges of working with immigrant and refugee communities on issues of family violence.

30 **OVERCOMING TREATMENT ROADBLOCKS AND FAILURES WITH TRAUMA VICTIMS**

Magnolia, 3rd Floor

TRACK: (7) Clinical Practice, Issues and Interventions
TECHNICAL LEVEL: Intermediate
Grunert, Brad, PhD, Medical College of Wisconsin; Smucker, Mervin, PhD, Medical College of Wisconsin; Weis, Jo, PhD, Medical College of Wisconsin

Although trauma outcome studies have found the most effective PTSD treatments to be cognitive and exposure-based therapies that focus on emotional processing of the trauma material, a recent meta-analysis (Foa, 2003) concluded that even the best of CBT treatments are successful with no more than 62% of PTSD sufferers. To date, no theoretical models or empirical guidelines are available to aid the clinician in addressing roadblocks and failures when they arise in treatment. This workshop is designed to offer clinicians a methodical approach for dealing with treatment roadblocks with trauma victims. Particular emphasis will be given to assessing which type of interventions are likely to be the best fit for which specific trauma characteristics. The speakers will present their recently formulated treatment algorithm for PTSD which has grown out of more than 20 years of clinical and research experience with patients who have experienced a broad array of traumatic events (e.g., industrial/occupational injuries, physical and sexual assault, death threats, kidnappings, motor vehicular accidents, natural disasters). Outcome research data will be presented along with case examples that demonstrate the application of the PTSD treatment algorithm based on clear, empirically based guidelines. Participants are encouraged to bring their own case material to assist in demonstrating how the PTSD treatment algorithm can be applied to their individual cases.

Thursday, November 18

Afternoon Half-Day
1:30 p.m. – 5:00 p.m.

31 **HOW TO USE COGNITIVE PROCESSING THERAPY FOR SEXUAL ABUSE IN PRACTICE**

Rosedown, 3rd Floor

TRACK: (7) Clinical Practice, Issues and Interventions
TECHNICAL LEVEL: Intermediate
Chard, Kathleen, PhD, University of Kentucky

This presentation will show participants how to use cognitive processing therapy for sexual abuse (CPT-SA) in their clinical and research practices. CPT-SA is a manualized treatment, adapted from Resick's Cognitive Processing Therapy for rape victims, and it can be offered in group and individual combined format or in an individual format alone. The treatment lasts 17 weeks, with participants attending group each week for 90 minutes and individual therapy for the first nine weeks and the 17th week for 50 minutes if using the combined protocol. If using the individual only protocol, clients attend therapy for 60 minutes once a week, for 17 weeks. A brief overview of the treatment outcome data will be given to show that there is support from a randomized, controlled treatment study for the use of CPT-SA with adult survivors of child sexual abuse. The majority of the presentation will include a session by session discussion of CPT-SA, including the theoretical underpinnings and the treatment rationale. Sessions 1 through 4 include an explanation of cognitive therapy, a review of symptoms, a discussion of developmental impact and an orientation to thoughts and feelings. Sessions 5 through 8 focus on exposure to the traumatic event(s) by reading written narratives of the abuse and examining rules that developed due to the abuse. Sessions 9 through 17 focus on challenging cognitive distortions in the core areas of safety, trust, power, self-esteem, communication, intimacy and social support. In addition to session content, homework assignments and ways to deal with difficult client issues will be addressed.

Post-Meeting Institutes Hosted by AABT

Post-Meeting Institutes Hosted by the Association for Advancement of Behavior Therapy (AABT)

Please check at the AABT registration desk (1st floor registration centers North and South) for specific room locations.

Thursday, November 18

Full Day
8:30 a.m.–12:00 p.m. and 1:30 p.m.–5:00 p.m.

Clinical Intervention Training 1: Cognitive Therapy: Basics and Beyond (continued)

Beck, Judith S., PhD, Institute for Cognitive Therapy and Research, and University of Pennsylvania

This practical, interactive session is designed to teach the essentials of cognitive therapy and to help participants immediately start using what they have learned. Beginner and intermediate level of familiarity with the material is suggested. You will learn to:

- Conceptualize patients according to the cognitive model
- Establish and maintain a strong therapeutic alliance
- Structure therapy sessions effectively
- Use a variety of cognitive and behavioral techniques
- Vary standard therapy for patients with challenging problems

Note: *This Institute is a continuation of Wednesday's session.*

Clinical Intervention Training 4: The ABZs of DBT: Dialectical Behavior Therapy: Basics and Beyond

Linehan, Marsha M., PhD, University of Washington; Korslund, Kathryn E., PhD, University of Washington

Dialectical Behavior Therapy (DBT) is a comprehensive, principle-driven, cognitive-behavioral treatment for bipolar disorder (BPD). Originally developed for the chronically suicidal individual, the treatment has been extended to nonsuicidal individuals engaging in other patterns of life-threatening or severely dysfunctional behavior. DBT blends interventions targeting behavior change (skills training, behavioral analysis, contingency management, exposure procedures, cognitive modification) with therapeutic strategies that foster acceptance. All levels of familiarity with the material are appropriate. You will learn:

- Empirical support for DBT's effectiveness
- The biosocial theory of BPD
- Essential principles, structure, and strategies of DBT

Thursday, November 18

Afternoon Half-Day
1:00 p.m.–6:00 p.m.

Theses Institutes are designed for clinical practitioners and include discussion and displays of specific intervention techniques. Each 5-hour Institute is limited to 40 participants and offers a unique opportunity to interact with experts in various fields. Video, role-play, and participants' case discussion are routinely included.

Institute 1: The Assessment and Treatment of Anger Disorders

DiGiuseppe, Raymond, PhD, St. John's University and The Albert Ellis Institute

You will learn how to conceptualize anger symptoms functionality; how to adequately assess existing anger problems and the psychological and contextual factors that influence them; and how to use motivational, cognitive restructuring, affect arousal and exposure-based interventions.

Institute 2: Acceptance and Commitment Therapy and Comorbidity: Using ACT in the Treatment of Clinical Complexity

Wilson, Kelly, G. PhD, University of Mississippi; Merwin, Rhoda, MA, University of Mississippi

You will learn how to assess valued domains and use them as the basis for a potent therapeutic contract; how to conduct an ACT-consistent assessment of complex client difficulties; and strategies for linking values assessment to other interventions in ACT.

Institute 3: Beginning-Level Training for the Cognitive Behavioral Analysis System of Psychotherapy

McCullough, James P. Jr., PhD, Virginia Commonwealth University; Spiro, Marilyn L., PhD, Private Practice, Richmond, Virginia; Penberthy, J. Kim, PhD, University of Virginia Health System

CBASP is a treatment model developed specifically for the chronically depressed adult. Two CBASP techniques, situational analysis and the interpersonal discrimination exercise, will be explained and demonstrated. The importance of disciplined personal involvement with patients will be covered.

Institute 4: Treating Comorbid Psychopathology and Relationship Distress in Couple Therapy

Baucom, Donald, PhD, University of North Carolina, Chapel Hill; Kirby, Jennifer, MA, University of North Carolina, Chapel Hill

You will learn an overall model for working with couples with individual psychopathology, a new intervention for couples with affect-dysregulation, and how to help couples overcome avoidance associated with individual anxiety problems.

Post-Meeting Institutes Hosted by AABT

Institute 5: Bio-Behavioral Treatment of Children and Adolescents with Complex Obsessive-Compulsive Spectrum Disorders

Neziroglu, Fugen, PhD, Behavioral Institute, Great Neck, New York; Yaryura-Tobias, Jose A., PhD, Behavioral Institute, Great Neck, New York; McVey-Noble, Merry, Bio-Behavioral Institute, Great Neck, New York

This Institute will highlight the differences in the assessment, diagnosis and treatment of OCD spectrum disorders, how to assess if a disorder is comorbid with OCD or a distinct diagnostic entity, and the proper cognitive behavior therapy and pharmacotherapy to apply in an algorithm.

Institute 6: Emotion Regulation and Interpersonal Skills Training for Chronic PTSD Related to Childhood Abuse and Multiple Traumatizations

Cloitre, Marylene, PhD, New York University School of Medicine

Skills Training in Affective and Interpersonal Regulation (STAIR) can be used alone or in conjunction with traditional PTSD-focused treatments. The role of the therapeutic alliance in treatment with childhood abuse survivors and core interventions used in emotion regulation and interpersonal skills training will be covered.

Institute 7: New Advances in Schema Therapy for Personality Disorders

Young, Jeffrey, PhD, Columbia University

Schema Therapy (ST) is especially well-suited to patients with entrenched, chronic psychological problems, especially those with personality disorders. You will learn about "schema mode" work, an approach used with borderline, narcissistic and antisocial clients.

Continuing Education for Sessions Hosted by AABT

ISTSS **cannot** offer CE or CME for sessions hosted by AABT. Please visit the AABT registration desk for information regarding CE accreditations available for their sessions, in addition to their CE registration and payment procedures.

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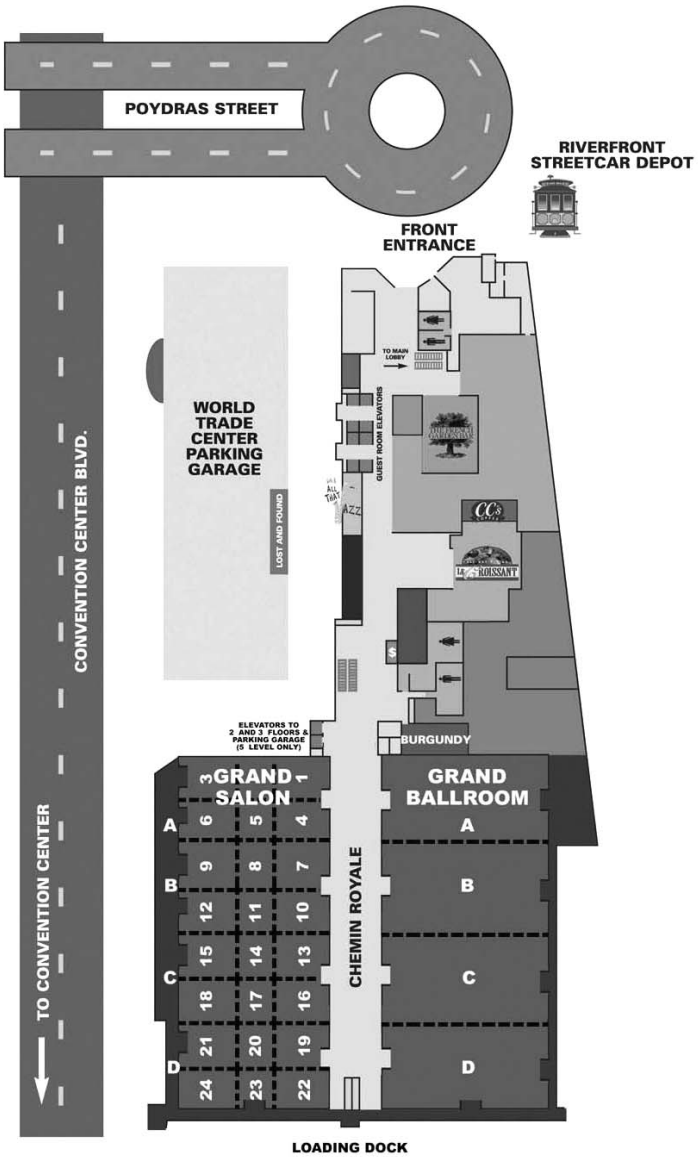

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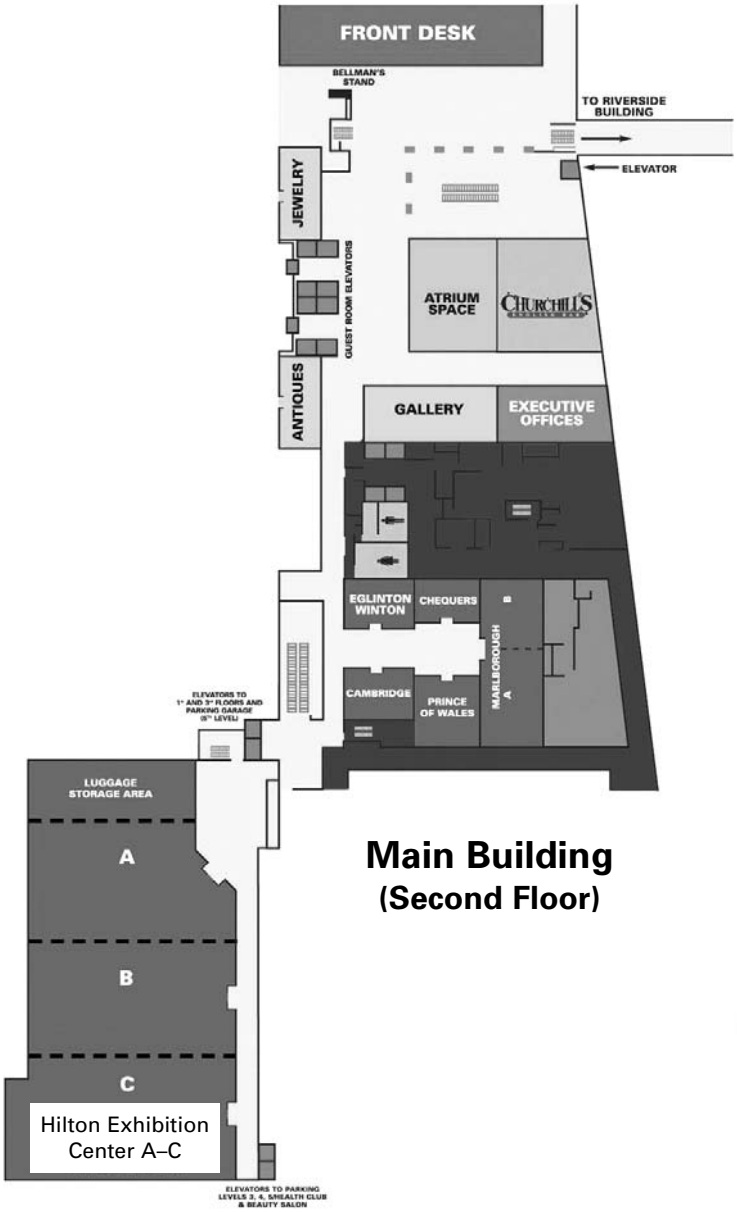

Main Building
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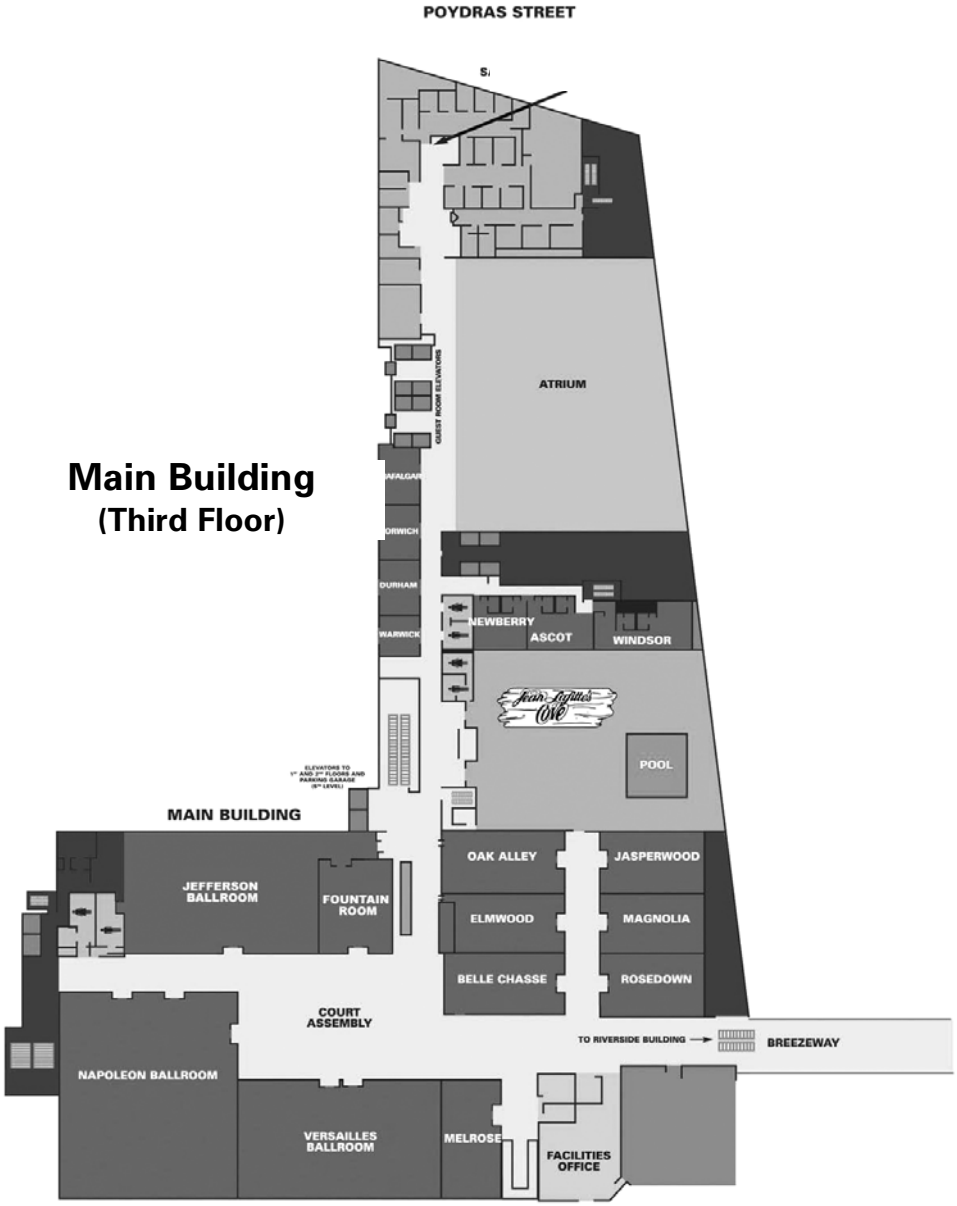
Floor Plans



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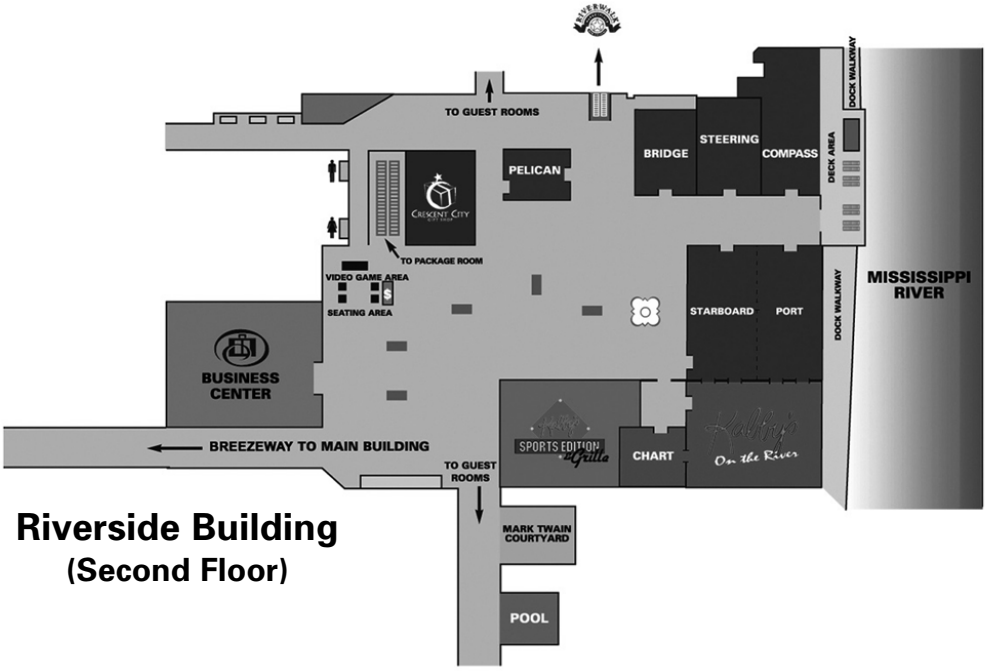

Riverside Building
(Second Floor)