

# Concurrent Sessions - Friday, December 7

10:00 AM–11:15 AM

## CONCURRENT SESSION I

Mayor's Chamber, Second Floor

Workshop

Basic Research

### EVERYTHING YOU EVER WANTED TO KNOW ABOUT A RESEARCH CAREER BUT WERE AFRAID TO ASK

**Chair:** Karestan C. Koenen, Columbia University; Marylene Cloitre, New York Hospital and Cornell University Medical College; David W. Foy, Pepperdine University; Denise A. Hien, Women's Health Project Treatment and Research Center; Elana Newman, University of Tulsa; Daniel W. King, Boston VA Medical Center, NCPTSD; Lynda A. King, National Center for PTSD, Boston, MA

This workshop is sponsored by the Research SIG, Student SIG, and Gender and Trauma SIG in response to requests from our membership. The purpose of the workshop is to provide aspiring researchers with the opportunity to: 1) learn about the different paths open to PTSD and trauma researchers, 2) identify the necessary building blocks to a successful research career, and 3) ask questions about career issues they are currently facing. Each presenter is an accomplished researcher in the area of trauma and PTSD. In addition, the presenters have followed different trajectories for their research careers (e.g. academic psychology department, psychiatric department in a medical school, VA) and will discuss the pros and cons of the paths they chose. Other issues such as how to choose an internship or post-doctoral fellowship, how to survive financially, how to balance work and family, and hard versus soft money research positions will also be addressed.

Grand Ballroom, Mezzanine Floor

Symposium

Basic Research

### ERP CORRELATES OF ATTENTIONAL AND HIPPOCAMPAL FUNCTIONING IN PTSD

**Chair:** Matthew O. Kimble, VA Boston Healthcare System/National Center for PTSD; **Discussant:** Steven H. Woodward, Palo Alto VA Medical Center/National Center for PTSD

This symposium emphasizes three studies with combat veterans utilizing an event-related potential (ERP) paradigm particularly sensitive to attentional functioning and hippocampal integrity. The "Novelty P300" paradigm can provide electrophysiological evidence for concentration problems and hypervigilance in subjects with PTSD as well as indicate possible disturbances in hippocampal functioning.

### NOVELTY P3 IN PTSD REVISITED: COVARIANCE WITH SUBJECTIVE DEPRESSION

Steven H. Woodward, Palo Alto VA Medical Center/National Center for PTSD; Matthew O. Kimble, Danny G. Kaloupek, Catherine J. Kutter, Kelly Teresi, Boston VA/National Center for PTSD; Wendy K. Stegman, Lorraine P. Stewart, Palo Alto VA Medical Center/National Center for PTSD

The novelty P3 event-related potential (ERP) is eliminated by lesions to the posterior hippocampus (Knight, 1995), suggesting that this EEG marker may be used to index effects of stress on a brain region that is critical to memory functioning. For example, differences in novelty P3 amplitude between a disordered group and controls may indicate that the functional status of the underlying neural circuits, including the hippocampus, are affected by the disorder. We will present results from an ongoing study of Vietnam Era combat veterans with and without PTSD who are administered an elicitation protocol on two occasions, approximately 1.5 hours apart. Results from initial subjects (17 w/ PTSD and 9 controls; final group sizes >20 are expected) show a trend for controls to have the predicted larger amplitudes at frontocentral scalp sites. The novelty P3 exhibited the expected reduction in amplitude from first to second administration; however, this reduction did not interact with group. An unanticipated finding is that the novelty P3 is negatively related to the Beck Depression Inventory

score ( $\rho(15) = -0.51$  to  $-0.64$ ; PTSD group only). This latter result, if confirmed, suggests the potential importance of accounting for depression in the interpretation of between-group differences in novelty P3 amplitude.

### TEMPORAL INSTABILITY OF AUDITORY AND VISUAL EVENT RELATED POTENTIALS IN PTSD

Thomas C. Neylan, Paul Jasiukaitis, Maryann Lenoci, James Scott, Thomas J. Metzler, Charles R. Marmar, University of California, San Francisco

All of the published studies of the P300 event related potential in subjects with PTSD have utilized cross-sectional designs. At present it is unclear if abnormalities in P300 reported in PTSD are related to enduring trait-like characteristics or transient state-dependent changes in symptom levels. This presentation will first focus on the retest reliability of auditory and visual P300 measures in PTSD and control subjects. The second focus will be on the retest differences in the ERP measures within the PTSD subjects and changes in symptom levels. P300 were obtained in a 3-condition auditory and visual paradigm in 25 male subjects with combat-related PTSD and 15 combat-exposed normal controls. Seventy percent of trials were standard non-target stimuli, fifteen percent were target stimuli, and fifteen percent were novel non-target visual images or excerpts from a sound effects tape. P300 amplitudes and latencies were measured at two time points six months apart. Regression analyses were conducted to compare the temporal stability of ERP measures in PTSD and controls. Variability in ERP measures within the PTSD were examined with regard to fluctuations in clinical symptoms. The data show that auditory and visual ERPs are less stable over time in PTSD subjects compared to trauma exposed controls.

### EMOTIONAL PRIMING EFFECTS ON ERP MEASURES OF ATTENTION IN COMBAT VETERANS

Matthew O. Kimble, VA Boston/National Center for PTSD; Milissa L. Kaufman, VA Boston/Boston University School of Medicine; Allison M. Forti, Danny G. Kaloupek, VA Boston/National Center for PTSD

Previously, we reported increased P300 amplitudes to novel sounds using the "novelty P300" event related potential (ERP) paradigm in combat veterans with PTSD (Kimble et al., 2000) and interpreted these findings as reflecting an increase in attention to unique, distracting stimuli in the environment. This study was designed to replicate those findings as well as assess possible contextual effects on attentional processing. Twenty-eight combat veterans (PTSD: 19; No PTSD: 9) completed the novelty P300 task directly after participating in neutral, generally stressful, and trauma-relevant emotional priming procedures. The subjects pushed a button to a target tone occurring on 10% of the trials and "ignored" novel sounds (10%) and frequent tones (80%). Initial analyses indicate that subjects with PTSD showed smaller P300s to novel sounds and target tones during all three conditions although differences were not statistically significant with the current sample size. Further, there was no Group x Condition effect indicating PTSD-specific deficits after the trauma-relevant priming procedure. In PTSD subjects, BDI scores correlated significantly with P300 amplitudes to novel sounds (neutral:  $-.50$ ; stressful:  $-.76$ ; traumatic:  $-.63$ ) indicating that levels of depression may play a prominent role in determining P300 amplitudes to novel sounds in subjects diagnosed with PTSD.

Creole Room, Mezzanine Floor

Symposium

Clinical Theory/Clinical Practice

### YOUTH PTSD ASSESSMENT: PSYCHOMETRIC INVESTIGATION OF PTSD SELF-REPORT INSTRUMENTS

**Chair:** Ned Rodriguez, UCLA Trauma Psychiatry Program; **Discussant:** William N. Friedrich, Mayo Medical School and Mayo Clinic

Despite the prevalence of traumatic events experienced by many children/adolescents, few psychometrically-standardized youth self-report instruments exist to aid clinicians/researchers in conducting empirically rigorous trauma assessments. Researchers will present psychometric data on scales developed and standardized in community-based programs targeting underserved populations of survivors of acute and chronic traumatic events.

## CHILDREN'S DRAWINGS: RELATIONSHIP TO TRAUMA FACTORS AND PTSD SYMPTOMS

Vicky V. Wolfe, Stephanie Rabenstein, Children's Hospital of Western Ontario; Kemp Brooke, Department of Psychology, University of Western Ontario

Children's Drawings: Relationship to Trauma Factors and PTSD Symptoms Multiple assessment methods and informants are recommended when assessing the impact of trauma on child victims. Relationships among three measures were evaluated for this presentation: child-report and parent-report on a general trauma version of the Children's Impact of Traumatic Events Scale (CITES) and the Draw-A-Person (DAP). The DAP, despite poor psychometric sophistication, is commonly used with child trauma victims as it is easily administered, serves as an ice breaker, and averts defensive reactions. This study had three goals: (1) Comparison of child and parent CITES; (b) comparison of a trauma-clinic group with a school sample on the child CITES and DAPs; and (c) correlations among CITES and DAP variables. Our current sample includes 40 trauma cases and 50 school children (anticipated total sample = 50 trauma and 100 school children). Preliminary analyses indicate (a) similar factor structure to the original CITES and (b) positive, significant correlations between parent and child CITES scores. DAP coding includes size and location of figure and other objects, use of color, and figure characteristics (e.g., presence of genitals, omitted body parts). DAP inquiry variables include figure age and gender (relative to child), types of activity described, feelings (positive, negative, neutral), and thoughts (optimistic, neutral, pessimistic).

## THE CHILDREN'S IMPACT OF TRAUMATIC EVENTS SCALE: NEW PSYCHOMETRICS

Vicky V. Wolfe, JoAnn Birt, Children's Hospital of Western Ontario

The Children's Impact of Traumatic Events Scale: New Psychometrics The Children's Impact of Traumatic Events Scale (CITES) assesses PTSD among sexually abused children. It yields eleven factor-based scales: four PTSD, two Social Reaction, four Attributional, and one Eroticism. All DSM-IV symptom criteria are assessed using a 3-point scale. Three groups (age 8 to 16) participated: 202 sexual abuse victims (SA) and 72 clinic-referred (CR) and 78 community volunteers (COM) screened for sexual abuse history. A confirmatory factor analysis supported the scale structure. Group comparisons on the PTSD and Eroticism scales revealed: (a) Avoidance and Eroticism higher among SA than comparison groups; (b) Re-experiencing higher for SA than COM; (c) for adolescents, Sexual Anxiety higher for SA than either comparison groups; (d) for adolescents, Hyperarousal higher for SA and CR than COM; (e) for females, Re-experiencing higher for SA than both comparison groups; and (f) for males, Re-experiencing higher for SA and CR than COM. Regression analyses revealed that both abuse severity and peritraumatic experiences of fear/anxiety and guilt increased likelihood of PTSD symptoms among SA victims. Using very strict DSM-IV criteria ("very true" for each criteria), 27% of sexual abuse victims met DSM-IV trauma and symptoms criteria. Report of PTSD symptoms among nontraumatized children will be discussed.

## PTSD INDEX: PSYCHOMETRIC ANALYSIS OF THE ADOLESCENT VERSION

Ned Rodriguez, Alan M. Steinberg, William S. Saltzman, Robert S. Pynoos, UCLA Trauma Psychiatry Program

The Adolescent Version (AV) of the PTSD Index for DSM-IV was designed for 12-18 year-old youth. The AV is a revision and upward age extension of the Child Version. The scale was developed to efficiently screen for PTSD symptoms in settings where large numbers of youth have experienced traumatic events (e.g., urban schools in high crime areas, post-natural disaster settings, school shootings). The AV assesses for Criterion A and all DSM-IV PTSD symptoms. Youth rate symptom frequency on a 5-point scale, and complete the AV in approximately 10 minutes. Data will be presented from a multi-ethnic sample of approximately 65 adolescents that had experienced acute traumatic events in the community. These youth participated in a collaborative program between a state agency, university researchers and clinicians, and a high-crime urban school district. Traumatized youth identified via classroom screenings for trauma exposure/PTSD are provided with trauma-focused clinical services in a school-based trauma clinic. The sample was selected to provide a continuum of scale scores. Preliminary analyses investigating the test-retest stability and internal-consistency

support the reliability of the scale scores. Comparison of scale scores with a structured diagnostic interview generated optimal cutoff scores for screening/diagnosis establishing the AV's PTSD criterion-related validity.

## PTSD INDEX: PRELIMINARY PSYCHOMETRIC ANALYSIS OF CHILD AND PARENT VERSIONS

Ned Rodriguez, Alan M. Steinberg, Robert S. Pynoos, UCLA Trauma Psychiatry Program

The PTSD Index for DSM-IV (PI) was developed to serve as a self-report screening instrument to efficiently assess PTSD symptoms in traumatized youth. The PI is a second-generation instrument designed to provide a more comprehensive assessment of DSM-IV PTSD criteria than the widely-used first generation scale, The Child Posttraumatic Stress Reaction Index (RI). The PI assesses for DSM-IV Criterion A, and all DSM-IV PTSD symptoms. Parallel versions exist for child self-report and parent report of child's symptoms where each rates symptom frequency on a 5-point scale. Scale completion time is approximately 10 minutes. Data will be presented for both child and parent versions in an anticipated sample of approximately 30 acutely traumatized children (ages 6-12) and their parents, and 20 nontraumatized community controls. Preliminary analyses investigating the test-retest stability and internal-consistency support the reliability of the scales' scores. Comparison of scale scores with a structured diagnostic interview generated optimal cutoff scores for screening/diagnosis establishing the PI's PTSD criterion-related validity. PTSD construct validity was demonstrated by significant differences between the PI scores of traumatized and control participants; and by significant correlations between scores on the PI and RI, and significant correlations between a measure of trauma severity and PI score.

## University Room, Second Floor

### Workshop

Clinical Theory/Clinical Practice

## COUNTER TRANSFERENCE IN PSYCHOTHERAPY WITH UNDERSERVED POPULATIONS

Chair/Discussant: Jon R. Conte, University of Washington; Constance J. Dalenberg, Alliant University

Therapists working with trauma survivors have increasingly recognized the role that their own histories and contemporary life experiences can have on therapy. Traditionally thought of as "counter transference", it is now recognized that a large range of reactions both emotional and cognitive and conscious and unconscious can be stimulated by clinical work with trauma. This workshop will discuss common counter transference reactions in trauma work with underserved populations of traumatized people, including: children, people of color, and sexual minorities. The workshop will discuss ways to manage and use counter transference in the process of trauma therapy.

## Bayou I, Bayou Level

### Panel Discussion

Clinical Theory/Clinical Practice

## INTEGRATING THE STUDY OF TRAUMA INTO EDUCATION AND TRAINING PROGRAMS

Chair: Janet E. Osterman, Stephen M. Brady, Boston University School of Medicine; Rosalin Moore, Trauma Center; Joop de Jong, Transcultural Psychosocial Organisation

Over the past 20 years, the body of knowledge about psychological trauma has grown from limited pre-DSM-III concepts to a broad knowledge base encompassing neuroscience, clinical sequelae, the interplay of culture and trauma, and the development of specific and effective treatments for PTSD. It is essential to integrate this body of knowledge into the education of medical, psychology and social work students and trainees. Experienced clinicians must also have ongoing education and training to keep abreast of developments in effective treatments for PTSD. A panel of psychology and psychiatry educators will discuss common issues that arise in teaching new and experienced clinicians about trauma, its consequences, transcultural issues, and effective treatments for PTSD. Audience participation and contributions to the discussion is encouraged. The discussions will focus on the following topics: 1) Transcultural issues including teaching trauma across cultures, understanding culture and trauma in clinical expression and treatment approaches, and teaching existing

# Concurrent Sessions - Friday, December 7

health care workers and/or local healers, 2) New and inexperienced students/trainees, 3) Experienced clinicians who are open to new concepts, 4) Experienced clinicians who are resistant to new concepts, 5) Medical student and Psychiatry residency curriculum development 6) Psychology students and internships curriculum development

## Emerald Room, Second Floor

### Featured Session: Panel Discussion

#### Collaborations

#### COLLABORATION BETWEEN RESEARCH AND PRACTICE ON THE FRONT LINES: COMMUNITY-BASED INTERDISCIPLINARY APPROACHES TO WORKING WITH VIOLENCE

**Panel Members:** Joy Osofsky, Ph.D., Program Director, Violence Intervention Program, Louisiana State University Health Sciences Center; Michael Cunningham, Ph.D., Professor of Psychology, Tulane University; Armond Devezin, Ph.D., Dillard University and Private Practice

Combating the problem of urban violence has taken on a new urgency in New Orleans in the wake of a schoolyard shooting in which two young students were seriously wounded. The panel presentation will address how an integration of research, prevention, and treatment services can support local neighborhoods, schools, and community organizations in their efforts to limit the impact of violence. The panel members, who represent a variety of approaches and perspectives, including mental health, law enforcement, and education, are directly involved in studying violence, preventing its occurrence, or providing services to trauma victims here in the local community. Their work includes research on resiliency in young African-Americans, implementation of a community outreach program for trauma victims exposed to domestic violence and crime, and crisis intervention. Discussion will focus on the importance of collaboration among researchers and service providers working in the community.

## Imperial Ballroom, Mezzanine Floor

### Workshop

#### Collaborations

#### THE IMPACT OF RACISM ON RECOVERY FROM TRAUMA

**Chair:** Janet Yassen, Victims of Violence Program/Cambridge Hospital; Emily Schatzow, VISIONS, Inc.

Despite the growing awareness of the traumatic impact of racism on the lives of people of color, attention paid to these issues in the field of trauma treatment and research has been minimal. In the United States, racial issues have been rendered insignificant through a process of marginalization. This workshop will begin by exploring the blind spots that have been engendered in us by this marginalization. Then we will examine the intersection of racism and trauma delineating the traumatic sequelae of racism as well as the impact of racism on recovery from physical and sexual violence. We will present a theoretical model that will help participants recognize unintentional racism which they may encounter or unwittingly be part of and develop options for personal, professional and system change. This will be an interactive workshop ending with discussion of the supports each of us needs to continue this important work in our communities.

## Bayou III, Bayou Level

### Symposium

#### Collaborations

#### DEVELOPMENT OF COMMUNITY-BASED SERVICES FOR TRAUMA SURVIVORS

**Chair:** Annabel Prins, San Jose State University/National Center for PTSD; **Discussant:** Mary Beth Carter, California Coalition Against Sexual Assault

The purpose of this symposium is to introduce two community-based projects that were developed and implemented to prevent or reduce posttraumatic stress reactions. Both projects involved close collaboration with front-line staff and evaluation of outcome. The presentations will focus on establishing community-based relationships, developing intervention materials, and evaluating different outcomes.

#### DEVELOPMENT OF A FOLLOW-UP COUNSELING MANUAL FOR SEXUAL ASSAULT COUNSELORS

**Annabel Prins, San Jose State University/National Center for PTSD; Josef I. Ruzek, National Center for PTSD/VA Medical Center; Tracy Flemming, San Jose State University; Buck Kay, California Coalition Against Sexual Assault; Esparza Dan, California Coalition Against Sexual Assault**

Most community-based rape crisis centers provide follow-up counseling services to victims of sexual assault. The nature and content of these follow-up contacts vary widely. As a first step to understanding current practices, we reviewed 15 rape crisis training manuals and their coverage of follow-up interventions. Although we found excellent agreement on what topics should be covered (i.e., psycho-education about trauma and recovery, coping, challenging negative beliefs, and disclosure), the specific content and focus of each topic differed considerably from what is often recommended for the prevention and treatment of PTSD. With the collaboration of three rape crisis centers, and several experts on PTSD, we developed a manual to assist with follow-up counseling practices. The manual was implemented in three sites and data was collected on the acceptability and usability of the material. The process of our collaboration and the results of the implementation will be discussed.

#### HELPING TRAUMATIZED IMMIGRANT CHILDREN: A PARTICIPATORY RESEARCH MODEL

**Lisa H. Jaycox, RAND; Bradley Stein, RAND; Sheryl Kataoka, University of California, Los Angeles; Marleen Wong, Mental Health Services, Los Angeles Unified School District; Arlene Fink, University of California, Los Angeles**

This paper describes a collaborative effort to improve mental health functioning among recent immigrant children in a large school district in Southern California, using a participatory research model. School district personnel identified the need for intervention related to violence exposure and funded the intervention and its evaluation; local experts helped to develop the intervention and outcome measures and consulted on the evaluation; and immigrant and bilingual/bicultural school counselors made recommendations regarding feasibility and appropriateness of measures and intervention materials. This process of collaboration will be described, highlighting intervention manual development and implementation. We designed a randomized controlled trial, with some compromises to an optimal design because of real-world constraints. A total of 1004 3rd-8th grade children were screened: 88% reported significant violence exposure, 29% reported symptoms consistent with a diagnosis of PTSD and 16% were in the clinical range for depressive symptoms. Among the children randomized into the evaluation, preliminary results of the study show that children who received the intervention reported fewer depressive and PTSD symptoms, as compared to controls. Based on these results, the project received continued funding. Modifications based on preliminary results, counselor feedback, participant feedback, and implementation issues will be discussed.

## Wildcatter Room, Mezzanine Floor

### Panel Discussion

#### Collaborations

#### DESIGNING AND IMPLEMENTING A COLLABORATIVE APPROACH TO A COMMUNITY PROBLEM: PROVIDING TREATMENT FOR SURVIVORS OF DOMESTIC VIOLENCE

**Chair:** Elizabeth E. Hill, Madigan Army Medical Center, U.S. Army; **Julie A. Owens, HOPE Domestic Violence Consultant; Cynthia J. Iannce-Spencer, Domestic Violence Clearinghouse and Legal Hotline; Ann R. Sloat, University of Hawaii at Manoa**

The panel will initiate discussion with a brief description of a highly successful research and therapy collaboration that encompassed a variety of providers and community organizations in Honolulu, Hawaii. Key personnel included a doctorally prepared military nurse researcher with a background in posttraumatic stress disorder (PTSD) and women's health, a domestic violence consultant (also a domestic violence survivor), a program and services manager for a domestic violence legal agency, and a clinical psychologist/researcher specializing in PTSD. Using the expertise and background of each team member, the group wrote a research grant that was funded by the TriService Nursing Research Program for \$350,000. This grant provided the resources for cognitive trauma therapy for a very diverse community of domestic violence victims. Each panelist will give a brief overview of how individuals/organizations fit into the collaboration to

recruit study participants, and to provide and evaluate therapy for these participants. Well over 100 study participants referred through local legal agencies, women's shelters, and military organizations, have completed very successful courses of therapy for PTSD incurred as a result of domestic violence. The panel will open for discussion concerning approaches for developing, funding, and implementing community programs that expand upon this success.

## Orleans Room, Mezzanine Floor

### Symposium

### Collaborations

#### THE USE OF RITUAL IN HEALING

**Chair: Mary R. Fabri, Marjorie Kovler Center for the Treatment of Survivors of Torture; Discussant: Nancy Pearson, The Center for Victims of Torture**

Survivors of severe trauma have lost their sense of connection to the world, themselves, and others. This symposium will describe the re-establishment of connectedness and the enhancement of healing through the use of culturally based ritual in the form of indigenous ritual practice, construction of altars, sandplay, and body movement.

#### THE HEALING WORLD OF THE SANDTRAY

July B. Okawa, CMHS' Program for Survivors of Torture & Severe Trauma

Survivors of torture often have a shattered sense both of the world and of the self. Repairing the wounds of trauma can be greatly facilitated by the use of ritual that taps into the survivor's cultural as well as internal experience. Sandplay, with its use of a tray of sand and dozens of miniatures capable of representing a multicultural world, allows a client to create in a concrete, visual, and tactile form an image of his inner world. Through the use of slides and pictures, this presentation will demonstrate the power of sandplay in helping trauma survivors identify both their own internal strengths and external factors that can help them move towards healing. Group sandtray work with clinicians who have been exposed to stories of torture and war trauma will also be discussed. This session will address the origins of sandplay, basic principles of sandplay work, and techniques for using sandtray work to help both survivors of severe trauma and the clinicians who bear witness to their trauma to identify resources for coping and healing.

#### THE USE OF RITUAL IN HEALING

Amber E. L. Gray, Rocky Mountain Survivors Center

This symposium presentation will address the use of ritual in working with social trauma. Specifically, this presentation will focus on the importance of ritual in work with child survivors of torture, street children who are exposed to extreme violence, and former child prisoners in Port au Prince, Haiti. Haiti is a country and a culture that is accustomed to healing through ritual, rhythm, and dance/movement. It is also a country that has known extreme poverty and deprivation, political and civil unrest, and low intensity warfare since its independence in 1804. Following a brief description of the healing traditions (drawn from rituals, dances and rhythms of the African Diaspora) that are integral to Haitian culture, a basic theory of dance/movement therapy and of movement-based ritual will be presented. Using slides and general case material, clinical rationale and interventions with individual, small and large groups of children will be described. The material presented will draw from the work of one dance therapist working with child survivors and street children during three different trips. Participants will also have the opportunity to explore rhythm as a therapeutic intervention.

#### A CLASH OF CULTURES OR LEARNING A NEW DANCE

Mary R. Fabri, Marjorie Kovler Center for the Treatment of Survivors of Torture

Working with non-English speaking trauma survivors with non-Western worldviews presents a challenge for clinicians wanting to provide services. Understanding psychology within a cultural context, recognizing its language and customs, is helpful in making the modifications needed in providing cross-cultural services. Learning about the healing traditions of another culture and understanding their context and meaning can inform the clinician of important adjustments that need to be made in the delivery of clinical services. The use of ritual in many cultures provides an act of creating safety and a familiar context for the trauma survivor. This presentation will

explore the use of ritual in psychotherapy with Guatemalan survivors of the civil war. Also included will be a brief description of the Mayan belief system and its influence on daily life. This model is based on a therapist-client collaboration to integrate indigenous ritual practice into the therapy session. The use and meaning of the construction of altars, the invocation of ancestors and healing spirits, and prayer will be described. A discussion of the use of these rituals as an essential component of the therapeutic process will also be offered and implications for cross-cultural treatment.

## Rex Room, Mezzanine Floor

### Symposium

### Epidemiology

#### THE FUNCTIONAL IMPACT OF ACCIDENTAL INJURIES

**Chair: Ulrich Schnyder, Psychiatric Department, University Hospital; Discussant: Stuart W. Turner, Traumatic Stress Clinic**

Accidental injuries are frequent and their socio-economic consequences enormous. In addition to physical impairment and psychiatric morbidity, accidents frequently cause social disability, affecting work, leisure and family life. This symposium focuses on the functional impact of accidental injuries in terms of quality of life, sick-leave days, health service usage, etc.

#### PATIENTS' COGNITIONS PREDICT TIME OFF WORK AFTER LIFE-THREATENING ACCIDENTS

Ulrich Schnyder, Hanspeter Moergeli, Psychiatric Department, University Hospital

The present study aimed to identify predictors of the number of sick-leave days in a consecutive sample of severely injured accident victims. 100 patients who were referred to a trauma surgeons' intensive care unit, were interviewed within one month of the trauma, and 12 months post-accident. Injury severity, type of accident (sports or leisure time), and, most important, the patients' appraisals of accident severity and of their abilities to cope with the accident and its job-related consequences predicted the number of sick-leave days attributable to the accident (multiple regression,  $R = .60$ , adjusted  $R^2 = .30$ ,  $p < .001$ ). Patients who perceived the severity of their accident as relatively low and judged their coping abilities as high had a mean of 121 sick-leave days, as compared to 287 days off work in those who perceived the trauma as relatively severe and were less optimistic with regard to their coping abilities. ANOVA showed that patients' perceptions of accident severity ( $p < .001$ ) and their appraisals of their coping abilities ( $p < .01$ ) made independent contributions to the prediction. In conclusion, in severely injured accident victims, time off work due to the accident depends to a considerable degree on the patients' accident-related cognitions.

#### SURVIVING INJURY—MORE THAN PHYSICAL RECOVERY?

Meaghan L. O'Donnell, Department of Psychology, University of Melbourne; Mark Creamer, Australian Centre for Posttraumatic Mental Health

The short term and long term consequences of major injury on functional outcome is becoming an important focus of injury research. However, evaluation of functional outcome has traditionally overlooked the impact that injury-related psychological sequelae have on physical recovery. This is despite the increasing body of literature that identifies psychiatric morbidity as being a relatively common consequence of accidental injury. This study investigated the relationship between psychiatric morbidity and functional outcome by prospectively assessing consecutive admissions ( $N = 392$ ) to a Level 1 Trauma Service attached to a major hospital. Assessments were conducted just prior to discharge from the acute hospital (mean = 8 days posttrauma), at 3 months and at 12 months post injury. Functional outcome was measured by return to work, days out of role, health service usage, emotional and physical disability (SF-12) and quality of life (WHO-QOL). Psychiatric morbidity was assessed using the CAPS-IV, SCID IV, BDI, BAI, and AUDIT. At 3 months, psychological morbidity included PTSD (12%), major depression (9%), and alcohol dependence (6%), and these rates had reduced only marginally by 12 months. A clear relationship was found between psychiatric morbidity and functional outcome. The implications for health care services will be discussed in the light of the potential for early intervention models.

# Concurrent Sessions - Friday, December 7

## FUNCTIONAL IMPACT OF ACCIDENTAL INJURIES IN A RANDOM SAMPLE

Hanspeter Moergeli, Ulrich Schnyder, Psychiatric Department, University Hospital  
Accidental injuries can cause social disability, affecting work, leisure and family life. This study aimed to assess somatic, social, and job-related consequences of accidents, to investigate their associations with the psychological impact, and to look for predicting factors. During a recruitment period of one year, victims of accidents of various types were randomly sampled from the clinic for trauma surgery at the University Hospital of Zurich. Assessments were conducted shortly after the traumatic event and six months later. Measures included CAPS, HADS, sense of coherence, questions on life satisfaction (FLZ: modules general and health), length of hospital stay, number of sick-leave days. 323 subjects participated in the study (65% males, mean age 41 years). Average length of stay was 16 days, mean number of sick-leave days was 96. Six months post accident 44% of patients were still under medical treatment, 64% reported to suffer from pain, and 69% declared being disabled. FLZ decreased significantly over the observation period. FLZ scores and number of sick-leave days correlated significantly with symptoms of PTSD and depression. The findings point out the relevance of an extensive view on the functional impact of accidental injuries. A predictive model will be presented at the meeting.

## Bayou II, Bayou Level

### Symposium

### Human Rights

## POST-TRAUMATIC DIMENSIONS OF THE PALESTINIAN-ISRAELI CONFLICT

**Chair:** Theo K. De Graaf, psychiatrist; **Discussant:** Danny Brom, The Israel Center for the Treatment of Psychotrauma

The Middle East peace process is seriously jeopardized by an inflation of nationalistic and quasi-religious feelings which in their turn are strongly connected with the traumatic past and victimization of both Palestinians and Jewish Israelis. Acknowledgment of each other's sufferings is imperative for making peace.

## WE NEED HELP!!!

Eyad El Sarraj, Gaza Community Mental Health Programme (GCMHP)

I always believed, but now increasingly so, that both Israelis and Palestinians are trapped. Israelis who appear as the masters are in fact victims of a history of pain, suffering persecution and ghettos. Israelis deep-seated fear of annihilation has sharpened their resolve to win. But as they were winning battles of fire and murder they were losing their inner feeling of security and empathy. Furthermore, the occupation of the West Bank and Gaza has seriously eroded their soul. The master has grown to become dependent on the slave. Palestinians are hurt. They felt betrayed by the Arab regimes and unjustly treated by the Western world. Palestinians harbor much bitterness and anger. Their anger turned into cycles of defiance and rage. Now it is the bullets of despair on a suicidal path. In the first Intifada the message was that of rebellion 'If the occupation continues, we will kill'. Ten years later, the message reads "If Israel has the power to kill, we have the power to die". The generation that was a witness to the beating of his elderly in the first Intifada is today's fuel of revenge along the road of martyrdom. I believe that there is a common message of the two nations; we urgently need help.

## THE TRAUMA VORTEX IN THE MIDDLE EAST

Gina Ross, Psychotherapist

Much has been written about understanding the Middle East crisis in the context of history, culture, and political and religious environment. Virtually nothing has been written about understanding it in the context of psychological trauma, which explains the seeming intractability of the conflict. Without this understanding, events and negotiations appear irrational and baffling. Perhaps by understanding how the "trauma vortex" -the cycle of trauma- affects individuals, families, and cultures, there could be a prospect for peace. The "trauma vortex" is a spiraling process in which unresolved trauma becomes mobilized and nondischarged energy in the body. At the core of unresolved trauma is violence, polarization of beliefs, principles and feelings, intolerance and revenge. Understanding that the trauma vortex is at work in both

nations and bringing the knowledge of innovative techniques to heal trauma, could well help both nations reach peace through spiritual transformation that comes from healing trauma.

## TRANSGENERATIONAL TRAUMATIC ROOTS OF THE PALESTINIAN-ISRAELI CONFLICT

Theo K. De Graaf, Psychiatrist

For those Jews who had managed to escape the Nazi massacre, the establishment of the State of Israel in 1948 had the significance of a redemption and a magic resurrection. Conversely, the Arabs in and outside Israel bewail to this day what they use to call 'the great catastrophe', that is, the defeat of their armies and the expulsion of thousands of Palestinians from their homes. In addition to the direct impact of traumatic violence, the deadly spiral of mutual violence may have its deepest roots in what might be called a 'mythologization' of the sufferings which befell the parents and grandparents on both sides. For the Jews this consisted of the holocaust and the subsequent losses in the Israeli-Arab wars, and for Palestinians the poverty of the refugee camps, the humiliating arrests, and the ongoing discrimination vis-à-vis the Jewish Israelis. The author proposes the view that the kernel of so-called 'second generation' pathology consists of being witness to the humiliation or degradation of parents as 'ideal objects'. This may result on both sides in a compensatory flight to, and inflation of, religious and nationalistic symbols which consecutively have to be defended (and avenged) in a new 'holy war'.

## Blue Room, Lobby Floor

### Symposium

### Intervention Research

## APPLICATION OF READINESS TO CHANGE CONCEPTS TO PTSD TREATMENT: ADVANCES AND ISSUES

**Chair:** Ronald T. Murphy, Dillard University; **Discussant:** Raymond M. Scurfield, The University of Southern Mississippi Gulf Coast

This symposium presents developments in the area of readiness to change PTSD, including progress on classification of the PTSD Motivation Enhancement Group as an "empirically validated treatment". A strategy for assessing PTSD treatment outcome with a compensation-seeking population is reviewed, as well as an empirically-supported, motivation-based subtyping of PTSD patients.

## CHALLENGES IN MEASURING TREATMENT OUTCOME IN PTSD VETERANS

Karin E. Thompson, VAMC New Orleans, Tulane University School of Medicine; Laurel Franklin, Brown University; Michael S. McCloskey, Stephanie A. Repasky, VAMC New Orleans

Studies examining treatment effectiveness for PTSD have traditionally relied on self-report instruments and clinical interviews to assess PTSD severity and related symptoms. PTSD symptom inventories have been used to show the effectiveness of exposure-based treatments with sexual abuse survivors; however, these measures have been less useful in measuring the effectiveness of treatments with combat veterans. The use of patient-reported symptom severity as a primary measure of treatment outcome for veterans has come under sharp criticism. Researchers have noted that measurement of core PTSD symptoms may be insensitive when used as sole indices of treatment effectiveness, in part due to the chronicity and severity of the disorder. Furthermore, when used with combat veterans, many of whom are receiving financial compensation for PTSD, the face validity of these measures allow veterans to mask symptom reduction. Our ongoing research on Motivation Enhancement in PTSD veterans suggests that more emphasis should be placed on alternative measures of treatment effectiveness, such as treatment satisfaction and quality of life assessment, as these variables appear to be sensitive to adaptive change and less impacted by secondary gain. The use of PTSD assessments batteries that include symptom severity, quality of life, and treatment satisfaction indices are discussed as important measures of change.

## VETERANS' READINESS TO CHANGE ANGER AND ALCOHOL PROBLEMS ASSOCIATED WITH PTSD

Craig S. Rosen, National Center for PTSD; Kent D. Drescher

Veterans with combat-related PTSD often face difficulties with anger management and alcohol abuse. Failure to acknowledge and address these problems can impede recovery from combat trauma. Male combat veterans (n = 102) with histories of alcohol abuse and/or anger problems were assessed upon entering a U.S. VA residential rehabilitation program for PTSD. Participants completed University of Rhode Island Change Assessment (URICA) questionnaires and process of change measures based on the transtheoretical model (TTM; Prochaska, DiClemente, & Norcross, 1992). Readiness to change was assessed separately for anger and for alcohol. Patients were divided into four readiness subgroups for anger control (precontemplation, contemplation, preparation, and action/maintenance) and four subgroups for alcohol problems (precontemplation, "I'm handling it", action/maintenance, and long-term recovery). Readiness-to-change subgroups differed in their severity of alcohol and anger problems, their self-identification of alcohol or anger as "definite" problems in their life, and their use of self-change strategies specified in the TTM. Patients in different readiness subgroups were also compared on measures of post-discharge functioning. These findings suggest that veterans enter treatment with differing treatment goals and varying degrees of willingness to change PTSD-related behaviors. Clinical implications for treatment adherence and customized treatment planning are discussed.

## PROGRESS ON EMPIRICAL VALIDATION OF THE PTSD MOTIVATION ENHANCEMENT GROUP

Ronald T. Murphy, LaShonda Gipson, Ashley Butler, Dillard University

Readiness to change PTSD is a modifiable patient variable that may moderate the effectiveness of treatment for combat veterans. In this presentation, the authors describe progress on classification of the PTSD Motivation Enhancement Group as an "empirically validated treatment". Important criteria include use of manualized treatment, assessment of therapist treatment adherence, and outcome data. New modifications in the PTSD ME group treatment manuals and their use in clinical practice are reviewed. Also, development and use of a PTSD ME group therapist treatment adherence instrument are briefly described. Finally, the authors will discuss two program evaluation studies which provide the first data comparing patients who did and did not participate in the ME group on beliefs about the need to change specific PTSD symptoms, PTSD-related problem severity, and overall PTSD treatment satisfaction. Further research is described, such as the status of a randomized control study aimed at providing support for PTSD ME group to meet criteria for an empirically validated treatment.

## Explorer's Room, Second Floor

### Symposium

### Intervention Research

## COMMUNITY BASED TREATMENT OF COMPLEX PTSD: REPORTS FROM THE VICTIMS OF VIOLENCE PROGRAM

**Chair:** Judith L. Herman, Victims of Violence Program/Cambridge Health Alliance; **Discussant:** Matthew J. Friedman, Dartmouth Medical School/National Center for PTSD

This symposium assesses the effectiveness of a community-based, multi-modal trauma treatment program serving primarily low-income patients who report prolonged and repeated physical and/or sexual abuse in childhood. General psychotherapy outcome findings, changes in dissociation in response to treatment, and protective factors related to suicidal ideation are discussed.

## ATTENDING TO DISSOCIATION: ASSESSING CHANGE IN TREATMENT AND PREDICTING TREATMENT OUTCOME

Shannon M. Lynch, Victims of Violence Program/Cambridge Health Alliance

This study explores the range of dissociative symptoms in our patient population and the changes in dissociation that occur over the course of treatment. Dissociation was assessed with the Dissociative Experiences Scale (DES) and the DES-Taxon scale score. We report both quantitative analyses of data from our general patient population (N=50) and narrative data from a subpopulation (N=20) who have described changes

in their reliance on dissociation during the course of recovery. Questions addressed in this presentation include: (1) Is high or pathological dissociation negatively associated with general improvement in therapy? (2) Do individuals with high or pathological initial dissociation scores show significant change in dissociation over time? (3) How do high and low dissociators compare on rate of symptom change? (4) How does narrative data inform our understanding of how dissociation changes over the course of treatment? And (5) what alternative coping strategies replace dissociation? Preliminary results suggest that dissociation decreases over the course of treatment and that initial level of dissociation is related to treatment outcome.

## TREATMENT OUTCOMES IN A COMMUNITY-BASED SAMPLE

Evan M. Forman, Victims of Violence Program/Cambridge Health Alliance

In this study, treatment outcomes are reported for patients (N=50) engaged in trauma-focused individual, group, and/or psychopharmacological treatments. Study participants typically manifest diffuse and pervasive symptoms consistent with Complex PTSD in early stages of recovery. Outcomes were assessed via self-report inventories that included measures of PTSD, depression, anxiety, somatic and dissociative symptoms, social and occupational functioning, self-esteem, and parasuicidal/suicidal behavior and ideation. Questions addressed in this presentation include: (1) How can "improvement" and "recovery" be operationalized empirically for this sample? (2) Using these definitions, what portion of the sample can be judged to have improved or recovered? (3) How does improvement vary across different symptoms? (4) What is the relationship between treatment modality and outcome? (5) How does initial symptom level impact symptom change? And, (6) What is the relationship between treatment duration and outcome? Preliminary results indicate that a substantial majority of patients with Complex PTSD make clinically meaningful improvement across domains of functioning during the course of treatment. The severity of initial symptoms and duration of treatment both positively predict symptom change.

## PROTECTIVE FACTORS FROM SUICIDE ATTEMPTS FOR SURVIVORS OF CHILDHOOD VIOLENCE BY ETHNICITY

Thema S. Bryant, Victims of Violence Program/Cambridge Health Alliance

This study highlights the protective factors that are attractive to and effective for survivors of childhood abuse, with special attention to ethnicity. Childhood trauma may have multiple physical, psychological, interpersonal, and spiritual effects. Long-term psychological effects often include depression, hopelessness, and a sense of a foreshortened future. Suicidal ideation and suicide attempts are common among adult survivors. While childhood trauma is pervasive across ethnic lines, White Americans are at greater risk for committing suicide than African-Americans. Factors that may protect survivors from attempting suicide include social support, social responsibility, therapeutic alliance, and hope for the future. Using a clinical sample of 100 adult survivors of childhood violence and controlling for diagnosis, a general linear model was utilized to determine the effectiveness of these four protective factors. The strategies were found to be predictive in reducing the likelihood of suicide attempts. The relationship between ethnicity and the choice and use of protective strategies was also explored. These findings may be helpful for clinicians and community psycho-educators in assisting adult survivors of diverse ethnicities on the path to wholeness.

# Concurrent Sessions - Friday, December 7

## CONCURRENT SESSION II

11:30 AM – 12:45 PM

**Emerald Room, Second Floor**

*Featured Session: Symposium*

**Basic Research**

Friday, December 7 11:30 AM–12:45 PM

### REMEMBERING AND FORGETTING TRAUMA

**Richard A. Bryant, University of New South Wales**

This symposium will address mechanisms that mediate remembering and forgetting traumatic experiences. These papers will present the findings from empirical studies that have employed established cognitive paradigms to index how people who have been traumatized manage their recollections. These papers will focus on directed forgetting paradigms to index recall for trauma.

#### A COMPARISON OF FLASHBACKS AND ORDINARY MEMORIES OF TRAUMA

Chris R. Brewin, Subdept. of Clinical Health Psychology, UCL; Steph J. Hellawell, Dept. of Psychology, Royal Holloway

According to Dual Representation Theory, people typically form two types of memory for trauma, a verbally accessible form (VAMs) that can be readily retrieved and edited, and a situationally accessible form (SAMs) that can only be retrieved spontaneously in response to suitable cues. SAMs are thought to support flashbacks, reliving, and nightmares related to the trauma. In the first test of this theory 57 participants with diagnosed PTSD from a variety of sources (war veterans, crime and accident victims) wrote extended narratives concerning their traumas. After completion narratives were divided by the participants into those sections that involved flashbacks or intense reliving and those that involved ordinary memories. As predicted, a comparison of the contents of these sections, controlling for narrative length, showed that flashbacks were distinguished by more sensory words, references to death, and primary emotions such as fear, whereas ordinary memory sections were distinguished by more secondary emotion such as sadness and anger. Also as predicted, flashbacks resulted in selective deficits on a visuospatial processing task (trail-making). Unexpectedly, flashbacks and ordinary memories did not differentially affect a verbal processing task.

#### DO HIGH DISSOCIATORS FORGET TRAUMA WORDS IN THE LAB?

Jennifer J. Freyd, Anne P. DePrince, University of Oregon

We will present results from a series of laboratory investigations of memory processes in individuals with dissociative tendencies as compared with control samples. Our earlier work suggested that the cognitive capacities of high dissociators are impaired under conditions of focused (selective) attention, but not under conditions of divided attention. We now report results from three different laboratory tasks indicating that high dissociators have impaired memory for words associated with sexual assault and abuse (e.g. "incest") but not neutral words, as compared with low dissociators. In other words, high dissociators do not remember trauma words as well as they remember neutral words relative to the performance of controls. These effects are greater when attention is divided. In addition, the high dissociators report significantly more trauma history and significantly more "betrayal trauma" (abuse by a caregiver). The findings taken together suggest that high dissociators use divided attention as a way to control the flow of information. Such a view is consistent with betrayal trauma theory. We understand the inability to remember trauma words as a way high dissociators keep information that is threatening out of awareness. The results uncover some of the cognitive mechanisms behind dissociative experiences associated with a trauma history.

#### DIRECTED FORGETTING IN ACUTE STRESS DISORDER

Michelle L. Moulds, The University of New South Wales; Richard A. Bryant, The University of New South Wales

Acute Stress Disorder (ASD) describes acute stress reactions that are characterized by dissociative mechanisms that purportedly impede the individual's awareness of trauma-related memories and their associated affect. The rationale underpinning the ASD diagnosis is that dissociative mechanisms result in avoidant processing of aversive

experiences. This study investigated acutely traumatized participants (N = 45), and examined the extent to which ASD participants display an avoidant encoding style and deficient memory for trauma cues relative to trauma-exposed non-ASD and non-traumatized control participants. Participants were administered intermixed presentations on a computer screen of either trauma-related, positive and neutral words that were followed by instructions to either remember or forget each word. A directed forgetting effect for trauma-related words was observed in the ASD group; furthermore, ASD participants did not exhibit recall deficits for to-be-remembered trauma words, relative to non-ASD and control participants. On a subsequent recall test, ASD participants displayed poorer recall of to-be-forgotten trauma-related words than non-ASD participants. Severity of psychopathology was negatively correlated with to-be-remembered positive words. Overall, the current findings partially accord with the proposal that people who develop ASD, who by definition experience dissociative reactions, possess an aptitude for the superior forgetting of aversive material.

### Wildcatter Room, Mezzanine Floor

*Workshop*

**Clinical Theory/Clinical Practice**

#### A COMMUNITY BASED PREVENTATIVE MODEL FOR DEALING WITH TRAUMATIC STRESS

**Chair: Rony Berger, Natal & The Hebrew University of Jerusalem; Itamar Barnea, Israel Support Center for Victims of National Psychotrauma**

In this workshop we will present a community-based trauma prevention model which was developed in Natal, The Israel Support Center for Victims of National Psychotrauma, and was applied for mental health professionals in both Jewish and Arabic communities. The basic principles of the model and its theoretical tents will be outlined following by the actual protocol including the themes, the processes and the techniques utilized. The 12 session program include the following themes: 1) Creating the basic structure - expectations, fantasies and limitations. 2) Exposing personal styles of coping with traumatic stress. 3) Empowering professionals personal coping style. 4) Dealing as a professional with victims of traumatic stress. 5) Road blocks in the therapeutic journey of recovery. 6) Emergency-relief: psychological principles. 7) Individual interventions during traumatic stress situations. 8) Group interventions during traumatic stress situations. 9) Group dynamic during traumatic stress events. 10) Empowering the professional community in dealing with trauma victims. 11) Dealing with individuals and groups at risk. 12) Closure - doing it better! In order to assess the program efficacy in reducing primary and secondary traumatic stress the presenters have utilized both qualitative and quantitative measures. The qualitative method was based on summaries of all the sessions provided by leaders and by group members which were analyzed using content analysis. Special questionnaires were designed to evaluate participants SUDŌs levels and were delivered at the first, sixth, twelfth session and at one month follow up. Results were analyzed utilizing 2 way ANOVAS followed by post hoc tests.

### Bayou III, Bayou Level

*Symposium*

**Clinical Theory/Clinical Practice**

#### A COMMUNITY PSYCHOTHERAPY CLINIC FOR UNDERSERVED TRAUMA POPULATIONS

**Chair/Discussant: Kathy H. Steele, Metropolitan Psychotherapy Community Clinic**

The Metropolitan Psychotherapy Community Clinic (MPCC) was established to serve financially disenfranchised trauma survivors. This symposium presents the Clinic's establishment, discusses the challenges of marketing to its underserved population, and describes the experience of its post-graduate clinicians being prepared for licensure and community involvement.

## MARKETING LOW-COST PSYCHOTHERAPY TO UNDERSERVED TRAUMA SURVIVORS

Margaret A. Walden, Andrew G. Dishman, Kathie Thodeson, Metropolitan Psychotherapy Community Clinic

This paper will present marketing strategies developed by the Metropolitan Psychotherapy Community Clinic (MPCC), which are implemented by residents in training. Such marketing is designed to inform and connect trauma survivors with limited financial resources to community low-cost psychotherapy. Symptoms related to traumatization may interfere with the ability to maintain gainful employment and financial stability, thus rendering usual psychotherapy unaffordable for many chronically traumatized individuals. Since its inception, MPCC has networked and collaborated with a variety of community agencies to increase community awareness of the availability of low-cost psychotherapy options. Specific marketing strategies will be discussed including: collaboration with other psychotherapy clinics and agencies, local media advertisements, ongoing contacts with various religious groups, universities, community mental health centers, medical hospitals, medical group practices, and local mental health professionals. In addition, MPCC offers free community presentations pertaining to various aspects of psychotherapy, periodically sends out mailings of clinic literature and its newsletter, and maintains an up-to-date database of referral sources. Of particular importance is the promotion within the community of quality psychotherapy that is based on a sliding scale fee schedule and provides flexibility and encourages responsibility to those using the clinic.

## A MODEL FOR LOW-COST PSYCHOTHERAPY FOR UNDERSERVED TRAUMA POPULATIONS

Kathie Thodeson, Andrew G. Dishman, Margaret A. Walden, Metropolitan Psychotherapy Community Clinic

Psychotherapy has all but disappeared from the services of most community mental health centers. As a result, there is a dire need for such services at the community level for people who have no insurance, inadequate insurance or limited incomes. This paper describes the establishment, growth and development of the Metropolitan Psychotherapy Community Clinic (MPCC), which is an example of an innovative program designed to provide quality psychotherapy to the underserved. One focus of this paper is to present the clinical and theoretical philosophy that led to MPCC's development. This includes 1) delivery of quality, low-cost mental health services to people whose access to psychotherapy is limited by finances, 2) provision of clinical training for post-masters and post-doctoral clinicians working toward licensure, and 3) promotion of social conscience, respect for the client, and collaborative community support among mental health professionals through this training program. In addition, the paper provides practical information about incorporating, applying for tax-exempt status, and grant writing for the Clinic. Conclusions concentrate on MPCC's financial, educational and clinical results to date, as well as its future planning and direction.

## THE EXPERIENCE OF THERAPISTS IN A COMMUNITY-BASED PSYCHOTHERAPY CLINIC

Andrew G. Dishman, Margaret A. Walden, Kathie Thodeson, Metropolitan Psychotherapy Community Clinic

Since its establishment in 1995, the Metropolitan Psychotherapy Community Clinic (MPCC) has provided training, direction and supervision to post-graduate therapists working toward licensure in their disciplines. It is a challenge for the novice therapist to find adequate support and training for the treatment of trauma survivors, which are a significant percentage of clients in community mental health settings. In establishing its program for serving these clients, MPCC provides for extensive training and development of new therapists. MPCC offers more than clinical training. The faculty encourages active community involvement, a respect for peers as well as for clients, and prepares the therapist for responsible practice and community service. This paper will focus on the experience of the therapist going through this program. In addition to personal observations and reflections, the paper will present practical aspects of the residency. These issues include recruitment, evaluation, direction, supervision, training programs, professional development and licensure.

## Creole Room, Mezzanine Floor

### Case Presentation

### Clinical Theory/Clinical Practice

## THE PSYCHOLOGICAL CARE OF A CHILD TRAUMATIZED BY MASSIVE BURNS

**Chair: Bradley C. Stolbach, Steven W. Bender, Sarah D. Stearns, La Rabida Children's Hospital & Research Center**

Victims of burn injuries are among the most unrecognized and underserved survivors of psychological trauma, especially when they are children living in extreme poverty. This case presentation will illustrate a novel approach to the psychological care of pediatric burn patients, developed at an inner-city chronic care children's hospital. Because the needs of pediatric victims are often complex, the program utilizes a team approach including traditional pediatric psychological interventions, such as pain and behavior management, as well as immediate trauma-focused assessment and ongoing trauma-focused psychotherapy. This presentation describes the case of a ten-year-old boy who suffered burns covering more than 80% of his total body surface area in a neighborhood accident involving other children playing with fire. Details of this patient's psychological care, including assessment, pain and behavior management, psychotherapy, and work with the patient's family, will be described. The rationale for interventions and the theoretical implications of the patient's response to treatment will be discussed. The role of psychologists in the multidisciplinary hospital burn team will also be discussed, including the importance of monitoring and responding to countertransference reactions to the patient.

## Orleans Room, Mezzanine Floor

### Workshop

### Clinical Theory/Clinical Practice

## RESTORING HEALTHY BOUNDARIES FOR THE TRAUMATIZED INDIVIDUAL

**Chair: Kekuni Minton, Pat Ogden, Naropa University, Hakomi Somatics Institute**

In PTSD, the patient's ability to assimilate and accommodate incoming information is compromised by physiological states of hyperarousal and "freezing." Boundaries become inadequate because the "somatic markers" that are fundamental in the process of decision making (Damasio) are dissociated or exaggerated. Thus in PTSD, boundaries are often ineffective: overly defensive or seemingly non-existent. The bodily-felt experience—which normally plays an important part of healthy boundary formation—distorts perception and decision making and renders boundaries ineffective. In this workshop, we present interventions that work with physiological hyperarousal and freezing to facilitate the formation of healthy boundaries. Through videotaped sessions and experiential exercises demonstrating the method of Sensorimotor Psychotherapy, will present techniques and group/community interventions that enhance assimilation and accommodation. In the wake of the profound physiological changes caused by PTSD and the resulting distortions in boundaries, this body-centered method appears to facilitate more functional and effective boundaries. Handouts and outlines describing exercises that aim to restore effective boundaries will be provided.

## Bayou II, Bayou Level

### Symposium

### Clinical Theory/Clinical Practice

## MENTAL HEALTH, LAW ENFORCEMENT, AND MEDIA PERSPECTIVES ON DEBRIEFING

**Chair: Hadar Lubin, Post Traumatic Stress Center; Discussant: Frank Ochberg, Dart Foundation**

This symposium will bring together representatives of debriefing teams in mental health, law enforcement, and journalism/media, to examine the challenges and opportunities of trauma-oriented interventions with FBI agents, journalists, and police after they have experienced traumatic incidents. The importance of developing new norms for processing stressful events in these professional groups will be stressed, and innovative programs being implemented will be described.

# Concurrent Sessions - Friday, December 7

## JOURNALISM, ETHICS AND TRAUMA

Frank Smyth, Committee to Protect Journalists

This presentation will describe efforts to attend to the debriefing needs of journalists after they have reported on or witnessed traumatic incidents. The presenter is a journalist who experienced capture by Iraqis during the Gulf War, and has been treated for this incident with the Counting Method, developed by Frank Ochberg. Significant norms exist within the journalism field that prevent journalists from asking for support or help after being traumatized, which brings to the fore questions regarding the impact of traumatic experiences on the objectivity and completeness of their subsequent reporting.

## DEBRIEFING NEEDS WITHIN THE FBI'S CRITICAL INCIDENT RESPONSE GROUP

Greg Saathoff, University of Virginia

As psychiatric consultant to the FBI's Critical Incident Response Group, I consider the ethical and practical aspects of innovative methods to ameliorate emerging threats. These threats include terrorism and serial killing. The purpose of this talk will be to identify the types of trauma which confront agents who work within the FBI's Critical Incident Response Group. These agents include those who are in the Crisis Negotiation Unit and The National Center for the Analysis of Violent Crime. As the United States has recognized the globalization of crime, we recognize that this has increased the potential for traumatization to agents and their families. One investigative tool we might evaluate is the Counting Method applied by trained detectives months after witnesses encounter terrifying exposure. ISTSS clinicians who attend this discussion can help me identify ethical and operational considerations in assessment and treatment of this population.

## USE OF THE COUNTING METHOD AMONG LAW ENFORCEMENT AND MEDIA PROFESSIONALS

David R. Johnson, Post Traumatic Stress Center

The Counting Method is a brief desensitization technique designed for use in a wide range of clinical and nonclinical settings. This presentation will describe a program to implement this method among law enforcement and media professionals following traumatic incidents, and propose guidelines for its implementation more broadly in nonclinical contexts. The challenges and obstacles to introducing debriefing programs in these settings will be presented, with illustrations of successful and unsuccessful attempts in the New Haven area. A videotaped case example will also be presented.

## Imperial Ballroom, Mezzanine Floor

### Symposium

Clinical Theory/Clinical Practice

## DEVELOPING COLLABORATIVE MODELS FOR ADDRESSING VIOLENCE AGAINST WOMEN WITHIN HEALTH, MENTAL HEALTH AND ADVOCACY SETTINGS

**Chair: Discussant: Lynne Stevens, UNFPA; Discussant: Mary Harvey, International Center for Migration and Health**

This session will present integrated models for addressing the health, mental health and advocacy needs of survivors of gender-based trauma: an institutionally-based model for survivors seen within healthcare settings and a community-based collaboration between domestic violence and mental health agencies to address needs of domestic violence survivors and their children

## DEVELOPING COLLABORATIVE PARTNERSHIPS FOR ADDRESSING THE MENTAL HEALTH AND ADVOCACY NEEDS OF DOMESTIC VIOLENCE SURVIVORS AND THEIR CHILDREN

Carole L. Warshaw, Cook County Hospital

Over the past two decades there has been a growing awareness of the prevalence and impact of intimate partner abuse among women seen in mental health settings. More recent data reveal high rates of trauma-related mental health problems among women seeking care in domestic violence programs. Despite recognition of the traumatic effects of domestic violence, collaborative models for addressing these issues have been slow in developing. This has been due in part to the differing perspectives of advocates and mental health providers and to the lack of an integrated framework that addresses both

the social and psychological needs of battered women. This presentation will describe two years findings of the Domestic Violence and Mental Health Policy Initiative - a collaboration between the public mental health system and 17 domestic violence advocacy programs in Chicago - and the Developing Collaborative Partnerships Project - a national consensus process to develop practice guidelines and policy recommendations, to bridge philosophical and service delivery gaps, and to develop integrated models for addressing the mental health and advocacy needs of domestic violence survivors and their children. Results of a multi-tiered needs assessment will be presented and ongoing work in six critical policy areas will be discussed.

## WHERE WOMEN GO: INTEGRATING PROGRAMS FOR SURVIVORS OF VIOLENCE AGAINST WOMEN (VAW) INTO HEALTH SERVICES

Lynne Stevens, UNFPA

Globally it is estimated that one out every 3 women is the victim of violence against women (VAW). VAW is a public health problem and human rights violation that puts women at risk for depression, unwanted pregnancies, HIV/AIDS, early death, etc. This presentation will focus on how to integrate VAW services into primary health care settings, such as family planning, antenatal and maternal-child health. These are the places most women go for health care, which makes this an opportune time and place to ask women about VAW. The presentation will focus on a program model that assists groups in developing institutionally based programs that identify, assess, refer and treat survivors of VAW as part of their regular service provision. This model has been implemented in developing countries through both international ngo's and through the United Nations Population Fund. The discussion will include the design, tools and planning needed to implement such programs, the different modular project components and the challenges met along the way.

## University Room, Second Floor

### Workshop

Clinical Theory/Clinical Practice

## WHAT EVERY TRAUMA THERAPIST SHOULD KNOW ABOUT PANIC, PHOBIA AND OCD

*Presented by the Anxiety Disorders Association of America*

**Chair: Sally Winston, Anxiety and Stress Disorders Institute of MD**

Both the acute and chronic hyperarousal states of PTSD can precipitate the onset of other anxiety disorders in those who are genetically or experientially predisposed. Often, panic, phobia and obsessive-compulsive symptoms become functionally autonomous from the original trauma and take on a life of their own. They often persist even after successful integration of the traumatic material. There are well-established and very specific CBT methodologies for the treatment of panic attacks, obsessional intrusions of thoughts and images, compulsive rituals and phobic avoidance which can be adapted for use when these disorders are trauma-based. This workshop will present a basic overview of treatment principles with an emphasis on common clinical errors which can inadvertently prolong suffering. Covered topics: the role of psychoeducation, breathing retraining, graduated exposure with response prevention, management of anticipatory states, affect tolerance training and relapse prevention. Emphasis will be given to the non-obvious: the paradoxical nature of effort with respect to anxiety, the double-edged swords of relaxation and safety behaviours, the dangers of interpretation of content in OCD, and the distinction between flashbacks and panic attacks. Resources for further information and consultation will be offered.

## Rex Room, Mezzanine Floor

### Workshop

#### Collaborations

#### **PERU SHINING PATH VIOLENCE: PSYCHOSOCIAL ASSESSMENT AND INTERVENTION**

**Chair:** Leslie M. Snider, Tulane U. School of Public Health & Tropical Medicine, Int. Health; Claudio O. Cabrejos, Yale University School of Medicine; Alexis C. Avery, Tulane University School of Public Health & Tropical Medicine; Edith M. Huayllasco, Universidad Nacional de San Cristobal de Huamanga

Both the acute and chronic hyperarousal states of PTSD can precipitate the onset of other anxiety disorders in those who are genetically or experientially predisposed. Often, panic, phobia and obsessive-compulsive symptoms become functionally autonomous from the original trauma and take on a life of their own. They often persist even after successful integration of the traumatic material. There are well-established and very specific CBT methodologies for the treatment of panic attacks, obsessional intrusions of thoughts and images, compulsive rituals and phobic avoidance which can be adapted for use when these disorders are trauma-based. This workshop will present a basic overview of treatment principles with an emphasis on common clinical errors which can inadvertently prolong suffering. Covered topics: the role of psychoeducation, breathing retraining, graduated exposure with response prevention, management of anticipatory states, affect tolerance training and relapse prevention. Emphasis will be given to the non-obvious: the paradoxical nature of effort with respect to anxiety, the double-edged swords of relaxation and safety behaviours, the dangers of interpretation of content in OCD, and the distinction between flashbacks and panic attacks. Resources for further information and consultation will be offered.

## Grand Ballroom, Mezzanine Floor

### Symposium

#### Collaborations

#### **THE REFUGEE PROCESS: FROM THE TRAUMA OF MASS VIOLENCE TO RESETTLEMENT AND RECOVERY**

**Chair:** Lorna McKenzie-Pollock & James M. Jaranson, Southeast Asian Community Clinic; **Discussant:** B. Hudnall Stamm, Institute for Rural Health Studies

This Symposium focuses on a variety of different refugee and asylee populations, both in different parts of the world, and at different stages of the escape and resettlement process. The presenters will look at some of the different ways that refugees are impacted by war, ethnic conflict, rape, torture and displacement. Some of the special challenges faced by people seeking asylum, such as lack of access to health and mental health services and legal assistance will be described. We will also look at barriers to the resettlement process that are the sequelae of exposure to trauma. We will describe the process of differential acculturation. We will also examine the intergenerational effects of the refugee experience, and look at some promising treatment approaches.

#### **BOSTON CENTER FOR REFUGEE HEALTH AND HUMAN RIGHTS: PROJECT WELCOME—SERVING SURVIVORS OF TORTURE**

Linda A. Piwowarczyk, Boston Center for Refugee Health and Human Rights, BUSM; Terence M. Keane, National Center for PTSD, BUSM; Michael A. Grodin, Boston University Schools of Medicine, Public Health, BCRHHR

The Boston Center for Refugee Health and Human Rights is a collaboration of the clinical departments of Boston Medical Center, and the Boston University Schools of Medicine, Public Health, Law, and Dentistry. Project Welcome is an outgrowth of BCRHHR and its relationships with two of the major resettlement agencies in Boston: International Rescue Committee and Catholic Charities. We propose to improve the quality of life of torture survivors and their families through the provision of psychosocial vocational support, integrated services, and educational initiatives for professionals with whom torture survivors have contact. Torture and exposure to mass violence can impact on psychosocial adjustment to a new country. It is well established that torture survivors are low utilizers of health services. By incorporating vocational rehabilitation services into the resettlement process, we aim to facilitate job

acquisition and maintenance, augment the work of resettlement agencies to more fully address the needs of traumatized populations, as well as provide direct support to individuals and their families during the process of acculturation.

#### **MITIGATING THE INTERGENERATIONAL EFFECTS OF GENOCIDE: THE STRENGTHENING KHMER FAMILIES PROGRAM IN REVERE, MASS.**

Lorna McKenzie-Pollock, Southeast Asian Community Clinic

This program was prepared with the assistance of Bou Lim and Phalnarith Ba. The Strengthening Khmer Families Program is an intensive seven-session group program developed for use with Cambodian parents and their 10 to 14 year old children in Revere, Massachusetts. All the families who participated in the program lost at least one family member during the Khmer Rouge. Most were survivors of starvation, forced labor and torture. Most of the parents spoke little English. The majority of the children were either born in the U.S. or came at a very young age. Few of them could read or write Khmer. Many spoke limited Khmer and were resistant to speaking Khmer. There was a high incidence of gang and drug involvement among the youth. Many of the families had a child in prison. The goals of the program were: 1. Help the parents/caregivers to integrate traditional Khmer family values and codes of conduct with the needs and expectations of their Americanized children. 2. Foster communication between parents and children about their shared legacy of trauma and survivorship 3. Reduce family-related risk factors for adolescent problem behaviors. The majority of families reported high satisfaction with the program. After the first group, there was a waiting list for subsequent groups.

#### **WORKERS IN CONFLICT-DISRUPTED COMMUNITIES IN SOUTH AFRICA & INDONESIA**

Livia Iskandar-Dharmawan, National Commission on Violence Against Women, Indonesia; Craig Higson-Smith, South African Traumatic Stress Institute; B. Hudnall Stamm, Idaho State University Institute of Rural Health; Amy C. Hudnall, Appalachian State University

War and civil conflict cause massive disruptions in the lives of the people who live in the areas of conflict. Staffing centers and camps that serve refugees or internally displaced persons can be physically and psychologically challenging. This presentation will focus on workers in two areas, South Africa (SA) and Indonesia (IN). Data were collected using the Compassion Satisfaction and Fatigue Test (CSF), which has subscales for burnout (BO), compassion fatigue (CF), and compassion satisfaction (CS). Both SA and IN workers had significantly elevated BO scores with IN lower than the SA. Both SA and IN were significantly higher on CF than a general sample of non-warzone traumatic stress workers and volunteer debriefers. Scores on CS were not available for SA but IN's were clinically lower than all other groups. While these results suggest a complex pattern, they can be understood in terms of length of time working with disrupted communities. BO may elevate with the realization that the difficult situation is not transitory. In both SA and in IN, workers focused on working proactively with traumatized communities to strengthen the community's ability to withstand and heal the distress that accompanies conflict and war.

#### **HEALTH AND MENTAL HEALTH CONSEQUENCES OF DETENTION ON ASYLUM SEEKERS**

Kathleen M. Alden, Dartmouth Medical School

Individuals who fear persecution if forced to return to their countries of origin may seek asylum in the United States. Asylum seekers are often survivors of torture. U.S. law relating to asylum is part of the general immigration law which is enforced by the Justice, State and Labor Departments. At the close of the year 2000 there were 329,000 asylum applications pending with the Department of Justice, Immigration and Naturalization Service (INS). This high number reflects an extensive backlog of undecided cases. Since passage in 1996 of the "Illegal Immigration Reform and Immigrant Responsibility Act" the ability of individuals to seek asylum in the USA has been seriously undermined and many who request asylum at ports of entry to the USA are detained. They are detained in county jails and state prisons. Physicians for Human Rights in collaboration with medical and psychiatric experts in the assessment and treatment of torture survivors are conducting a study of the health and mental health

# Concurrent Sessions - Friday, December 7

consequences of detention on asylum seekers. The challenges in conducting such a study are extensive. This paper will review the challenges facing the research team and will review preliminary results from pilot interviews.

## Mayor's Chamber, Second Floor

### Symposium

### Epidemiology

#### NEW RESEARCH WITH MILITARY POPULATIONS

**Chair:** Julia M. Whealin, National Center for PTSD; **Discussant:** Howard F. Detwiler, Tripler Army Medical Center

This symposium presents current studies that exemplify the role that active duty military research can play in enhancing our understanding of PTSD. Military personnel are at high risk for traumatic experiences. Research programs presented address etiological, methodological, and preventive issues of scientific and practical concern.

#### THE IMPACT OF PRIOR TRAUMA EXPOSURE UPON MILITARY DEPLOYMENT COHESION AND MORALE

Julia M. Whealin, National Center for PTSD; Charles A. Morgan III, National Center for PTSD/Yale University; Wayne Batzer, Tripler Army Medical Center; Paula P. Schnurr, Friedman, National Center for PTSD/Dartmouth University

The aim of this project was to evaluate the role that lifetime trauma has upon service member's morale and ability to function as part of a cohesive group. Individuals with a prior history of traumatic events were expected to exhibit lower levels of morale and unit cohesiveness than individuals without a prior history of trauma exposure. Four hundred Air Force, Navy, and Army service members completed the Brief Trauma Questionnaire, the Maslach Burnout Scale, the PANAS, and the Bliese Cohesion Scale. Data were collected both prior to and following a stressful, two-week Tri-service training mission. Linear regression models indicated that there was a significant association between level of life trauma and levels of morale/cohesion. Follow-up analyses explored prospectively how deployment affected the variables, as well as the interaction among variables. Findings have significant practical utility in the development of a preventative measure that could identify factors that may hinder the process of unit cohesion and morale, as well as put service members at risk for re-traumatization.

#### CONSISTENCY OF SELF-REPORTS OF TRAUMATIC EVENTS IN DUTCH PEACEKEEPERS: REASON FOR OPTIMISM?

Inge Bramsen, Anja J. E. Dirkzwager, Suzanne C. M. Esch, Henk M. Ploeg, VU Medical Center

Doubts have been raised concerning the reliability and the validity of self-reports of traumatic events. A correlation between the number of inconsistencies in self-reports and the level of PTSD symptoms has been found. We examined whether these results can be generalized to a population of 137 Dutch peacekeepers who took part in operation UNTAC (United Nations Transitional Authority in Cambodia). The peacekeepers completed a 16-item trauma checklist, three and four years after their return from UNTAC. The test-retest reliability of the trauma checklist was adequate. Inconsistencies were randomly divided over all respondents and all items and were not correlated with symptoms of PTSD. No increase in the number of reported events over time was found. Earlier findings raising doubts concerning the reliability and validity of self-report measures of exposure were not replicated in this sample of Dutch peacekeepers.

## Blue Room, Lobby Level

### Workshop

### Human Rights

#### INTERNATIONAL TRAUMA TRAINING GUIDELINES: DISSEMINATION AND DIALOGUE

**Chair:** Stevan M. Weine, University of Illinois at Chicago; **Yael Danieli, Private Practice and Group Project for Holocaust Survivors and their Children New York, NY; Joop De Jong, Free University; John A. Fairbank, Duke University; Jack M. Saul, New York University**

The Task Force on International Trauma Training was formed by members of the ISTSS who share a central concern. The established scientific knowledge and clinical practices of traumatic stress and trauma mental health are being heavily deployed in the international arena in response to conflict and disasters but in ways that too often appear to be not helpful and even possibly harmful. We believe that progress requires changes in trauma training by trauma mental health professionals. Together we prepared a text on Draft Guidelines for International Trauma Training. The guidelines are a result of a vigorous one-year dialogue, which included reaching out to many others inside and outside of the ISTSS. These guidelines are intended for professionals who are engaged in international trauma training, such as: trainers; recipients; designers; sponsors; funders; monitors; and evaluators. Promoting a dialogue on trauma training was a central goal of the Task Force from the beginning. Now we are using the guidelines as means for advancing that dialogue in several realms: (1) within the ISTSS community; (2) within other professional societies; (3) with professionals in service organizations involved in international trauma training. We will report on these dissemination activities and engage in further dialogue on international trauma training with the audience.

## Bayou I, Bayou Level

### Symposium

### Intervention Research

#### NEW CONSIDERATIONS IN THE TREATMENT OF COMORBID SUBSTANCE ABUSE AND PTSD

**Chair:** Miles E. McFall, Northwest MIRECC (VA PSHCS); **Discussant:** Elisa G. Triffleman, Senior Research Scientist

Substance abuse is highly comorbid with PTSD, particularly in underserved populations. This symposium will describe barriers to treatment, the effect of trauma exposure and PTSD symptoms in substance abuse patterns and treatment, and identify the efficacy of recent substance abuse treatment approaches in trauma-exposed and PTSD subpopulations.

## INTEGRATING GUIDELINES FOR SMOKING CESSATION INTO PRIMARY MHC FOR PTSD

Miles E. McFall, Northwest MIRECC (VA PSHCS)

Smoking among veterans with PTSD is highly prevalent (60%) and treatment refractory. This project aims to (a) determine the feasibility of integrating practice guidelines for smoking cessation into primary mental health care for veterans with PTSD and (b) compare the effectiveness of an integrated care (IC) approach to smoking cessation with standard care (SC), consisting of referral to a specialized smoking cessation clinic. Patients admitted to a VA PTSD clinic were randomly assigned either to IC, administered by mental health clinicians ( $n = 30$ ), or to SC, provided by a specialized smoking cessation clinic ( $n = 30$ ). Participants received five sessions of AHCPR guideline-based smoking cessation treatment and outcomes were assessed at weeks 8, 16, and 24. At 8-week assessment, 50% of IC subjects were non-smokers compared to 10% of SC subjects ( $p < .05$ ). Outcome data for 16- and 24-weeks post-treatment will be presented at the conference. Additionally, results of biological measures of smoking status and the effects of intervention on psychological and functional status will be available. The feasibility and effectiveness of integrating smoking cessation interventions into primary mental health care for veterans with PTSD in order to improve access to care will be discussed.

## DOES TREATMENT BEGET TREATMENT? TREATMENT USE AFTER CBT FOR PTSD AND SUBSTANCE USE

Lisa C. Litt, Denise A. Hien, Lisa Cohen, St. Luke's-Roosevelt Hospital Center

Women with PTSD and substance use disorders (SUDs) frequently underutilize medical and psychotherapeutic services. In addition to issues of availability and cost, many women with histories of abuse associate medical care and counseling or support services with physical or emotional violation, evoking feelings of mistrust, powerlessness and shame. Supporting a client's capacity and motivation to comply with treatment and to seek adjunctive support services may be critical to a woman's recovery from trauma and substance use and a vital component of therapy itself. This paper will discuss the relative efficacy of two CBT treatments, Relapse Prevention Treatment and Seeking Safety, upon the use of treatment resources (measured by the Treatment Services Review) by women with PTSD and SUDs. A randomized NIDA-funded clinical trial with a non-randomized "treatment-as-usual" condition, recruited 120 participants, predominantly minority women of lower SES, from the NY metropolitan area. Women were assessed pre- and post-treatment at 3- and 6-months. Analyses will address the role of treatment in motivating clients to use medical, therapy and other recovery services, as well as how changes in service use relate to reduction in substance use and trauma symptoms. Specific outcomes include: treatment compliance and retention, and changes in treatment services utilization.

## TRAUMA AND SUBSTANCE USE AMONG UNDERGRADUATES

Joanne L. Davis, Amy M. Combs-Lane, Daniel W. Smith, Adrienne E. Fricker, Medical University of South Carolina

Substance use has been identified as both a negative health outcome of trauma and a risk factor for future victimization. Victims of interpersonal trauma report greater involvement in a variety of potentially risky activities, including higher rates of alcohol and substance use, that have been associated with increased risk for future victimization. In addition, victims of interpersonal trauma endorse greater expected involvement in substance use behaviors in comparison to non-victims. It remains unclear, however, what mechanism accounts for the link between a history of trauma and greater involvement in substances among victims. Some possible explanations for victims' greater substance use include emotional avoidance, tension reduction, difficulties in risk recognition related to substance use, and differences in cognitive appraisals of substance use. A series of studies will be presented that address alcohol and substance use among undergraduates, examining the manner in which differences in cognitive appraisals (i.e., perceived risks and benefits) and alcohol use differ by victimization status. Data will be presented highlighting differences between victims classified as heavy versus light drinkers.

## Explorer's Room, Second Level

### Symposium

### Intervention Research

## GENDER ISSUES IN PTSD TREATMENT: FOCUS ON COGNITIVE PROCESSING

**Chair: Rachel Kimerling, University of California San Francisco; Discussant: Judith L. Herman, Cambridge Hospital**

While several studies have addressed gender disparities in the epidemiology of PTSD, few have considered gender as a factor in the recovery from trauma. This symposium examines quantitative and qualitative data in an effort to explore the role of gender in therapeutic reprocessing of traumatic events. Sponsored by the Gender Special Interest Group of ISTSS.

## GENDER AND PTSD TREATMENT

Patricia A. Resick, Dana Cason, Anouk L. Grubaugh, University of Missouri-St. Louis

Although epidemiological data suggest that women are twice as likely to develop PTSD as men (Kessler et al., 1995), comparisons of effect sizes suggest that women respond as well or better than men to treatment. This presentation will focus on issues related to gender and PTSD treatment efficacy through an examination of controlled treatment studies. In order to facilitate comparisons of the study results, we will examine effect sizes of treatment responsiveness among male and female trauma victims across three types of studies (i.e., female samples, male samples, mixed gender samples). The presentation will also address the possible factors contributing to the relative superiority of treatment for women. Gender-role variables, as well as the influence of factors that are theoretically independent of gender (e.g., methodological differences in the studies), will be discussed. The studies, effect sizes, and related factors will be explored in depth during this presentation.

## GENDER, TRAUMA THEMES, AND POSTTRAUMATIC STRESS: NARRATIVES OF MALE AND FEMALE SURVIVORS

Elizabeth D. Krause, Susan Roth, Duke University; Ruth R. DeRosa, Family Therapy Institute of Suffolk

One way investigators have come to understand the processing of trauma as well as the development of PTSD is to examine the meanings people attribute to their traumatic experience and posttraumatic self. Researchers of this tradition have begun to measure specific trauma meanings or themes that seem to predict PTSD and often become targets of therapeutic change. These themes include cognitive-affective categories, such as helplessness, loss, rage, and self-blame. This presentation examines the different ways men and women process common themes by comparing directly the narratives of male and female survivors of sexual abuse. Initial comparisons indicate that: (1) Trauma often challenges one's gender identity; (2) Meaningful gender differences exist in the ways men and women conceptualize common themes and attempt to resolve them; (3) Theme differences emphasize differential gender socialization regarding roles, sexuality, and emotional expression; and (4) Gender-relevant constructions about abuse may contribute to posttraumatic stress, especially when these constructions restrict gender-discrepant emotions and prevent survivors from reframing their trauma in self-protective ways. Recommendations will be made about how these associations may be incorporated into trauma-focused treatments.

# Concurrent Sessions - Friday, December 7

## EXAMINING THE INTERSECTION OF GENDER, BETRAYAL, AND POSTTRAUMATIC SYMPTOMS

Anne P. DePrince, Jennifer J. Freyd, University of Oregon

Betrayal trauma theory posits that traumas involving a high degree of social betrayal will relate to predictable outcomes, such as increased memory impairment for the event. In cases of interpersonal violence, betrayal may take the form of caregivers or trusted partners perpetrating violence. This presentation will explore gender differences in traumas that involve betrayal, using this framework to make predictions about gender and memory impairment in posttraumatic stress disorder (PTSD). Such predictions are particularly important to understanding gender and PTSD because many betrayal traumas are gender asymmetric; for example, more girls are sexually abused by caregivers in the home than boys and more women than men are abused in intimate relationships. Based on an extensive self-report survey, the current presentation will examine predictions about differences in rates of traumatic events (e.g., sexual abuse versus physical abuse) for males and females, as well as how such differences relate to posttraumatic responses. Further, we will consider how differences in the perpetrator relationship and/or the context of traumatic events (e.g., age at time of trauma, duration of trauma) relate to alterations in cognitive processing and memory impairment.

## CONCURRENT SESSIONS III

2:30 PM–3:45 PM

### Bayou I, Bayou Level

#### Workshop

Basic Research

### WORKSHOP ON RETROSPECTIVE MEASUREMENT OF COMBAT EXPOSURE

**Chair:** Bruce P. Dohrenwend, Columbia University & New York State Psychiatric Institute; J. Blake Turner, Karestan C. Koenen, Columbia University

Betrayal trauma theory posits that traumas involving a high degree of social betrayal will relate to predictable outcomes, such as increased memory impairment for the event. In cases of interpersonal violence, betrayal may take the form of caregivers or trusted partners perpetrating violence. This presentation will explore gender differences in traumas that involve betrayal, using this framework to make predictions about gender and memory impairment in posttraumatic stress disorder (PTSD). Such predictions are particularly important to understanding gender and PTSD because many betrayal traumas are gender asymmetric; for example, more girls are sexually abused by caregivers in the home than boys and more women than men are abused in intimate relationships. Based on an extensive self-report survey, the current presentation will examine predictions about differences in rates of traumatic events (e.g., sexual abuse versus physical abuse) for males and females, as well as how such differences relate to posttraumatic responses. Further, we will consider how differences in the perpetrator relationship and/or the context of traumatic events (e.g., age at time of trauma, duration of trauma) relate to alterations in cognitive processing and memory impairment.

### Bayou II, Bayou Level

#### Symposium

Basic Research

### ERP/STARTLE RESPONDING TO TRAUMA-RELEVANT AND CONTROL STIMULI IN PTSD

**Chair:** Steven H. Woodward, Palo-Alto VA Medical Center/National Center for PTSD; **Discussant:** Alexander McFarlane, Queen Elizabeth Hospital/University of Adelaide

This symposium will present data from three studies that investigate startle/ERP responses to stimuli that vary in emotional valence and/or trauma-relevance. All three studies represent an advance with respect to their ability to assess the effect of trauma-specific relative to generally stressful stimuli on psychophysiological responding in PTSD.

### IMPACT OF THREAT RELEVANCE ON P3 EVENT-RELATED POTENTIALS

Matthew S. Stanford, Dept. of Psychology, University of New Orleans; Jennifer J. Vasterling, New Orleans VA; Charles W. Mathias, University of New Orleans; Joseph I. Constans, New Orleans VA; Rebecca J. Houston, University of New Orleans

The purpose of this study was to examine electrophysiological response to trauma-relevant stimuli in combat-related posttraumatic stress disorder (PTSD). Study design incorporated comparison of 10 Vietnam War veterans with PTSD diagnosis to 10 Vietnam War veterans with no mental disorder diagnosis on P3 components in a series of two oddball tasks (Trauma-Relevant threat, Trauma-Irrelevant threat) counterbalanced for order. Each task included high probability emotionally-neutral distractor words and low probability neutral target words, but differed in the content of low probability threat words. Whereas threat words in the trauma-relevant oddball pertained directly to combat trauma, threat words in the trauma-irrelevant oddball task were socially threatening words. Results revealed that, in comparison to healthy combat veterans, those diagnosed with PTSD demonstrated: (a) attenuated P3 response to neutral target items at selected electrode sites across both oddball tasks and (b) increased responsivity to trauma-relevant combat stimuli but not to trauma-irrelevant social-threat stimuli at

frontal electrode sites (F3, F4). Results are consistent with resource allocation models of PTSD, which suggest that PTSD is characterized by attentional bias to threat stimuli at the expense of attention to emotionally-neutral information.

## STARTLE REFLEX MODIFICATION DURING PICTURE PROCESSING IN PTSD

Mark W. Miller, Brett T. Litz, Jennifer L. Greif, Julie Wang, Boston VA Medical Center, National Center for PTSD

This study examined acoustic startle modification in combat veterans with ( $n = 22$ ) and without ( $n = 19$ ) PTSD using photographic images that varied in content and affective intensity. Pleasant images depicted enjoyable activities and heterosexual couples. Unpleasant images included (1) trauma-related threat, (2) non-trauma-related threat, (3) trauma-related horrors, and (4) non-trauma-related horrors. Results replicated two important startle modification findings: First, blinks were larger during viewing of unpleasant than arousal-matched pleasant images. Second, images depicting explicit threats produced greater reflex potentiation than horror scenes rated equally unpleasant but less arousing. Subjects in both groups exhibited less startle potentiation during viewing of trauma-related stimuli relative to affectively equivalent non-trauma-related unpleasant stimuli. Significant group differences were observed during the processing of trauma-related threat. In this condition, individuals with PTSD produced significantly smaller startles relative to both the magnitude of their responses during processing of non-trauma-related threat images, and the magnitude of blinks for control subjects during processing of the same stimuli. In light of the fact that all participants rated these stimuli as highly aversive, this result suggests that, in individuals with PTSD, the defensive emotional response evoked by these images was superceded by the inhibitory effect of attention—a finding consistent with the hypothesis that PTSD involves an attentional bias for trauma-related threats.

## DISSOCIATION STATUS AND ATTENTIONAL ALLOCATION IN VIETNAM COMBAT VETERANS WITH PTSD

Milissa L. Kaufman, Matthew O. Kimble, Allison M. Forti, National Center for PTSD, Boston VA Medical Center

This study examined the relationship between self-reported dissociative tendencies and attentional allocation in a sample of Vietnam veterans with combat-related PTSD utilizing self-report and event-related potential measures. Participants ( $N = 17$ ) were exposed to three affective priming conditions (neutral, generally stressful, and trauma-relevant). Immediately following each condition, they completed an auditory “novelty oddball” task, which included target tones (10%) and non-repeating distractor sounds (10%). Eight participants were categorized as “low dissociators” and 9 participants were categorized as “high dissociators” using a DES cutoff score of 20. High dissociators showed lower P300 amplitudes at Fz following both the generally stressful ( $p = .08$ ) and trauma-relevant ( $p = .02$ ) conditions even when controlling for PTSD severity and depression. This difference was not significant during the neutral condition, suggesting condition-specific effects. There were no between group differences found in P300 amplitudes at Pz to the target tones during any condition. Further data collection is ongoing; however, preliminary results support the hypothesis that attentional allocation in individuals with PTSD is affected both by dissociative tendencies and contextual cues.

## Orleans Room, Mezzanine Floor

### Workshop

### Clinical Theory/Clinical Practice

## TRAUMATIC GRIEF-FOCUSED CBT FOR CHILDREN

Chair: **Judith A. Cohen, Anthony P. Mannarino, T. Greenberg, S. Padlo, C. Shipley, K. Stubenbort, Allegheny General Hospital; E. Deblinger, Center for Children's Support**

Children who lose a parent or other loved one in a disaster such as the recent terrorist attacks on the US or in other traumatic circumstances may develop childhood traumatic grief (TG). Differences and similarities between childhood TG and adult Complicated Grief will be discussed. Childhood TG refers to the interaction of PTSD and bereavement symptoms, in which PTSD symptoms such as traumatic recollections and avoidance interfere with the child's grieving process. In order to optimally address these issues, we and others (ex: Layne et al, 1999) have developed group and individual traumatic grief-focused CBT models. This presentation will describe an individual TG-CBT treatment

model for children and their parents, which includes trauma focused (gradual exposure, cognitive processing, stress inoculation), bereavement focused (mourning the loss, resolving unfinished business with the deceased, creating positive memories, accepting the relationship as one of memory and reinvesting in present relationships), and integrated (finding meaning after the trauma/loss) treatment components. This model evolved from our experience in treating children of victims of a 1994 airline crash, interpersonal violence, parental suicide, and other traumatic deaths. Clinical vignettes and pilot data on treatment response will be presented.

## Rex Room, Mezzanine Floor

### Workshop

### Clinical Theory/Clinical Practice

## UNREMITTING PTSD: THE CHALLENGES OF A CARING COMMITMENT IN A COMMUNITY CLINIC SETTING

Chair: **Lyn H. Williams-Keeler, Associates For the Treatment of Trauma Effects and Responses; Susan R. Brock, Chartier, Arnold, Brock & Associates; Discussant: Gregory D. Passey, Psychiatry Outpatient and PTSD Clinic, Vancouver Hospital**

This workshop will present several issues of concern for Canadian community-based clinics specializing in long-term treatment for those who suffer from chronic PTSD. Such clinics are relatively new on the treatment landscape in Canada and the presenters represent clinics based in the nation's capital, as well as the prairies and Vancouver. The issues to be discussed in an interactive workshop format include the following: the need for appropriate psychoeducation for both the primary client and his/her family members, the role of advocacy with insurance, government and other agencies such as Veterans Affairs and the Department of National Defence, the influx of clients and patients whose trauma histories are varied and complex with respect to the etiology of the disorder and concurrent levels of pre-, peri-, and post-traumatic dissociation, the assessment concerns and any prior treatment issues, the development of creative approaches to symptom management that enfold current research initiatives, the importance of the restoration of occupational, social and relationship functionality and last, but certainly not least, the imperative that the therapists involved rely on a multi-disciplinary team to address their own inevitable compassion stress so that it does not develop into compassion fatigue. Dr. Greg Passey, a psychiatrist formerly with the Canadian military and now involved with treatment of PTSD in both an inpatient and outpatient setting in Vancouver, will be the discussant.

## University Room, Second Floor

### Panel Discussion

### Clinical Theory/Clinical Practice

## IS STANDARD TRAUMA TRAINING TRANSFERABLE TO UNDERSERVED POPULATIONS?

Chair: **James F. Munroe, Boston VA Outpatient Clinic; Lisa M. Fisher, National Center for PTSD Behavioral Science Division; Kelly R. Chrestman, Pascua Yaqui Behavioral Health Programs; Susan R. Brock, Chartier, Arnold, Brock & Associates; Mitchell R. Abblett, Boston VA Outpatient Clinic**

Much of trauma training takes place in standard medical/academic settings. These settings tend to be in urban areas with a particular predominant culture. However, people who are trained in these settings go on to serve diverse trauma populations which differ culturally and socio-economically from the populations with whom they have trained. This panel discussion will focus on what components of standard training are transferable to under-served populations. Training staff from the Boston VA will lead the discussion with panelists who are former trainees. Panelists will present their work with Native Americans, rural Canadian populations, and incarcerated male and female populations. The discussion will focus on questions including: what was useful in your training to prepare you for working with these populations; what was not provided in your training that you need to work with your population; how do cultural differences impact on your ability to deliver trauma services. Attendees will be strongly encouraged to join in the discussion concerning other under-served populations. The purpose of the exchange is to enhance the applicability of trauma training to under-served populations. Issues discussed will be submitted to Stress Points for consideration among the larger trauma training community.

# Concurrent Sessions - Friday, December 7

## Grand Ballroom, Mezzanine Floor

### Workshop

### Clinical Theory/Clinical Practice

#### THE STRENGTH OF AFRICA: COMMUNITY INTERVENTIONS FOR THE WAR AFFECTED

**Chair:** Nancy Baron, Transcultural Psychosocial Organization; **Discussant:** Joop de Jong, Transcultural Psychosocial Organization; Soeren Buus Jensen, Stephen Wori, Herman Ndayisaba, Transcultural Psychosocial Organization

#### Turning the Tide? Can the Community Interventions Successful in Africa Help Communities in the West?

In this workshop we will discuss a different dimension in transcultural - north/south - developed/developing country learning. In the central African countries of Uganda, Sudan and Burundi, the Transcultural Psychosocial Organization (TPO) has developed comprehensive community based psychosocial and mental health services to assist war-affected and poverty stricken populations. Interventions build on the natural strengths of traditional African society and empower families and communities to manage the psychosocial problems of their members. A review of the TPO interventions and their effects on communities will be discussed in this workshop. Examples will include: the effect of mass community education about psychosocial and mental health issues on community values and attitudes; the implementation of community crisis intervention teams and their effectiveness in reducing deaths by suicide and controlling family and community violence; and the effect of recreation and cultural activities on enhancing the self-esteem of youth and promoting peace and reconciliation between warring tribes. Discussion will focus on the reasons for effectiveness in the African context and how these community interventions might be transferable to the U.S. or European context. **Psychosocial Counselling African Style: Explanation of the Approach and Training Indigenous Counsellors.**

African culture requires families and communities to take responsibility for each other. It is not an option to help your mother, brother or uncle but rather a moral and cultural requirement. During periods of war, violence or disaster often the natural system of helping collapses. Poverty limits the family's ability at self-help and dependence on elder councils to solve problems or traditional healers to perform rituals can become impossible when a population is displaced, riddled by death or when the problems are not within the healers realm of healing. At these times a parallel system that offers help through counseling can be useful. To be effective, the African counseling style must reestablish natural avenues of helping and work within the cultural expectations and beliefs of the people. Since it is believed that no individual decides life direction independently problem solving requires networking discussions involving all responsible family and community members. Staff from the Transcultural Psychosocial Organizations in Uganda and Burundi will discuss their approach to community and family focused psychosocial counseling. They will also present the format and curriculum used to train their indigenous counselors to effectively use this approach. **Community-Based Mental Health Care in Africa** He dressed in layers of clothes including a wool hat though the temperature hit 90F. As he walked down the street he shouted as if in a serious argument with the clouds. He could have been an American or a European or an Asian but he was a Sudanese refugee. After performing numerous traditional rituals the family was at a loss about what to do for him. Facilitated by TPO in central Africa, psychiatric nurses, on motorbikes, carry psychotropic drug kits to mobile mental health clinics where they treat thousands of people with mental illnesses. Health centers refuse to treat people with epilepsy so they also attend the mental health clinics. Traditional healing is mostly ineffective and in fear communities condemn those with mental illness and epilepsy to marginalized lives believing their illnesses stem from curses or unhappy ancestral spirits. This workshop will review community interventions used to treat mental health patients including mass efforts at community education to change attitudes and promote referrals; the use of cooperative networks of counselor/ nurse/ community / family to assist each patient; and education to families to promote compliance to treatment. The clinical effectiveness of using a simple "old fashioned" drug formulary will also be discussed.

## Bayou III, Bayou Level

### Panel Discussion

### Collaborations

#### INTERNATIONAL COMMUNITY-BASED RESEARCH: CHALLENGES FOR NEW INVESTIGATORS

**Chair:** Briana S. Nelson, Kansas State University; Yasmina Kulauzovic, University of Illinois Chicago Bosnian Family CAFES Project; Elana Newman, University of Tulsa; Stephen Deets, Miami University of Ohio; Adam Kushner, University of Texas Health Science Center

This panel discussion will consist of researchers and scholars who were involved in a National Research Council Young Investigator program during September 2000 entitled "Trauma and Reconciliation in Bosnia." The presenters, who are new professionals in their careers, come from a variety of disciplines, including medicine, political science, psychology, family therapy, and occupational therapy. The panel discussion will provide a unique perspective about the challenges and benefits of conducting international research, with an emphasis on research in community-based settings. In addition, presenters will address the following dimensions of international community-based research: 1) collaborating with local professionals in the host country; 2) training and supervision of professionals; and 3) research evaluation and follow-up. The panel discussion will focus on an international trauma perspective. The issues unique to various professional approaches will be described, along with recommendations for future international community-based programs.

## Creole Room, Mezzanine Floor

### Symposium

### Collaborations

#### EMPOWERMENT OF FEMALE JUVENILE OFFENDERS

**Chair:** Lenore E. Walker, Nova Southeastern University - CPS; **Discussant:** M. Ross Seligson, International Forensic Psychology Institute

Female offenders in the juvenile justice system often have behavioral problems resulting from traumatic experiences in their home and community environments. Psychologists assist the juvenile court system and relevant state agencies in the identification and treatment of the origins of this behavior. This presentation describes a program designed to work with underserved female offenders.

#### TEAM CHILD PROJECT

Kristy L. Rini, Nova Southeastern University - CPS; Walter Honaman, Legal Aid Service of Broward County

Team Child is a community-based pilot project, which provides a number of psychological and legal services to at-risk youth that have been arrested. The project frequently offers civil legal representation by legal aid attorneys when these youth have problems other than their criminal matters. Over two hundred girls, ages twelve through seventeen, have been screened by forensic psychology practicum students during the two years that the project has been in existence. These girls, most of whom are from socioeconomically disadvantaged homes, have rarely received positive attention from professionals in the past. Legal assistance is offered to ensure due process in school discipline matters, appropriate school placements, and entitlement to benefits from special government programs. Psychologists work with the teenage girls' lawyers on matters, such as family violence, housing conditions, and other civil challenges. The project's goals have been to empower these youth to use the system and reduce the likelihood of their becoming career criminals. Results indicate that we are reducing the severity of dispositions of the original criminal cases and stabilizing the educational, health care, and living environments of the girls who participate in the program.

#### FORENSIC PSYCHOLOGY'S ROLE IN DEFENDING DISADVANTAGED TEENAGE GIRLS

Melissa R. Combs, Maria Masotta, Nova Southeastern University CPS

The large increase in the number of female offenders has placed a burden on the public defender system to ensure that these girls receive a fair and appropriate defense. The juvenile justice system, designed to rehabilitate rather than punish, has become so overloaded with cases that girls arrested for various criminal acts are less likely to receive individual attention from attorneys who handle hundreds of cases. Forensic

psychologists can be of assistance in providing attorneys with psychosocial evaluations of these girls. Nova Southeastern University practicum students, working with the Broward County Public Defender's Office, evaluate female offenders shortly following their arrest and prior to their first court appearance, usually in the juvenile detention center. A comprehensive life history questionnaire is utilized to gather relevant information that can be transmitted to the girls' attorneys. Psychologists testify in court to advocate for proper placement when necessary. Case follow-up indicates that this intervention has reduced recidivism in program participants. Individual case studies will be presented to illustrate this process.

## ATTACHMENT, ALIENATION, AND CHILD ABUSE

Monica J. Beer, Rosemary More, Nova Southeastern University

In Broward County, Florida, like the rest of the nation, the juvenile justice system addresses the actual offenses as the primary problem, rather than looking at the underlying causes for delinquent behavior. Although rehabilitation is the primary goal of the juvenile justice system, too often anger management and substance abuse programs serve to compound the discontinuity with the underlying causes for the behavior rather than eliminating delinquency. This type of "cookbook" treatment methodology overlooks the underlying behavioral triggers caused by a history of poor attachment, alienation, and physical and/or sexual abuse. Data have been collected to assess the degree of alienation and abuse histories in culturally disadvantaged female juveniles, ranging from twelve to seventeen years of age, who were arrested for a variety of misdemeanor and felony criminal acts. All subjects were assessed with Briere's Trauma Symptom Inventory (TSI), Hyman's Student Alienation and Trauma Survey (SATS), and a Life History Questionnaire. Results confirm that the participants' delinquent behavior was related to poor attachment, school alienation, and a history of physical and/or sexual abuse. Recommendations for applicable treatment within the juvenile justice system will be addressed.

## Mayor's Chamber, Second Floor

### Symposium

### Epidemiology

#### PSYCHIATRIC MORBIDITY FOLLOWING TRAUMATIC INJURY: PHENOMENOLOGY AND PREDICTORS

**Chair:** Meaghan L. O'Donnell, University of Melbourne; **Discussant:** Mark Creamer, Australian Centre for Posttraumatic Mental Health

Accidental injury is a frequent and often traumatic event. This symposium presents three longitudinal studies that comprehensively evaluate the psychological responses to surviving injury and their predictor variables. These studies contribute to the literature regarding identification of high-risk injury survivors so early intervention can be specifically targeted.

#### MID- TO LONG-TERM PREDICTORS OF PTSD SYMPTOMS IN SEVERELY INJURED ACCIDENT VICTIMS

Ulrich Schnyder, Hanspeter Moergeli, Psychiatric Department, University Hospital, Switzerland

To study the long-term psychosocial consequences of life-threatening accidents, a consecutive sample of 106 severely injured accident victims (mean ISS = 21.9) who were admitted to the intensive care unit of a University Hospital and had not suffered a severe head injury were followed up over a 36 month period. Assessments were carried out 2 weeks post accident, after 12, and 36 months. Instruments included IES, CAPS-2, HADS, SOC, and FQCI. Shortly after the accident, 4.7% of patients met criteria for PTSD, except for the time criterion. A further 20.8% had subsyndromal PTSD. After one year, 1.9% had PTSD (12.3% subsyndromal). Biographical risk factors, a sense of death threat, IES intrusion, and problem-oriented coping predicted CAPS scores 1 year post accident (multiple regression,  $R = .63$ , adjusted  $R^2 = .34$ ,  $p < .001$ ). For the 3-year follow-up, data from 90 patients could be obtained: 4.4% had PTSD (plus 10.0% subsyndromal). Our predictive model remained largely stable ( $R = .57$ , adjusted  $R^2 = .23$ ,  $p < .001$ ). In summary, in our sample of severely injured accident victims, the incidence of PTSD was low. A significant proportion of the variance of PTSD symptoms can be predicted by mainly psychosocial variables.

#### ACCIDENTAL INJURY—PSYCHOLOGICAL CONSEQUENCES AND THEIR PREDICTORS

Meaghan L. O'Donnell, Department of Psychology, University of Melbourne; Mark Creamer, Australian Centre of Posttraumatic Mental Health

Severe physical harm or injury has long been identified as a traumatic stressor. Given the relative frequency of accidental injury and the increasing survival rates of the seriously injured, identifying the baseline psychological morbidity associated with surviving injury are of primary importance. Furthermore, identifying those individuals who are at high risk of developing psychopathology is essential for the complete health management of this population. This paper presents a prospective, longitudinal study of consecutive admissions to one of the largest Trauma Services in the Southern Hemisphere. Over a 12-month period, a total of 274 participants were assessed at three time periods - just prior to discharge from the acute hospital (mean = 8 days posttrauma), at 3 months and at 12 months post trauma. Assessment at each time period involved both structured clinical interviews (CAPS -IV and SCID IV) and a selection of self-report questionnaires. Significant rates of psychiatric morbidity, including PTSD, major depression, and alcohol dependence were evident at 3 and 12 months. Predictor variables included prior psychiatric history, event severity, early levels of dissociation, initial anxiety, and a negative world view immediately following the accident. The complex methodological considerations specific to this population will be discussed.

#### DELAYED-ONSET PTSD IN A TWO-YEAR SAMPLE OF ACCIDENT VICTIMS

Richard A. Bryant, The School of Psychology, University of New South Wales

Delayed onset posttraumatic stress disorder (PTSD) refers to PTSD that develops at least 6 months after the traumatic event. There is currently little evidence pertaining to the mechanisms that mediate delayed onset PTSD. This study investigated delayed onset PTSD by prospectively assessing 103 motor vehicle accident survivors within one month of the motor vehicle accident, 6 months post-accident, and 2 years post-accident. Five patients (5%) were identified as having delayed onset PTSD because they displayed PTSD 2 years posttrauma without meeting PTSD criteria 6 months posttrauma. Delayed onset cases were characterized by elevated psychopathology scores and resting heart rate levels within the initial month of trauma and by elevated psychopathology 6 six months posttrauma. These findings suggest that these cases of delayed onset PTSD suffered elevated but subsyndromal levels of posttraumatic stress prior to the diagnosis of PTSD. The various mechanisms that may mediate delayed onset PTSD are reviewed.

## Blue Room, Lobby Floor

### Symposium

### Human Rights

#### EMPIRICAL RESEARCH ON THE TRUTH AND RECONCILIATION COMMISSION IN SOUTH AFRICA: SURVIVOR PERSPECTIVES

**Chair:** Jeffrey H. Sonis, University of North Carolina at Chapel Hill; **Discussant:** Andrea K. Talentino, Tulane University

The purpose of this symposium is to explore the perspectives of survivors of human rights violations who submitted statements to the Truth and Reconciliation Commission (TRC). Findings will be presented from focus groups with survivors and analysis of transcripts of survivor testimony to the TRC.

#### VICTIM AND TRC COMMISSIONER PERSPECTIVES OF JUSTICE: AN ANALYSIS OF THE TRC VICTIM HEARINGS

Hugo van der Merwe, Centre for the Study of Violence and Reconciliation

The purpose of the study was to examine and contrast victim and Commissioner perspectives of justice as revealed in the public hearings of the Truth and Reconciliation Commission. The study used quantitative and qualitative coding of the transcripts of the TRC public hearings. A sample of 439 victims' views on justice were qualitatively analysed and cross tabulated with demographic factors and victim experiences. The views of the TRC Commissioners at these hearings and as expressed in the TRC final report were contrasted in terms of their understanding of appropriate approaches to justice. Victims were mainly concerned about the need for punishment of perpetrators. A large minority of victims also had strong concerns about accountability. This contrasted with the Commissioners' almost exclusive emphasis on

# Concurrent Sessions - Friday, December 7

the value of restorative (as compared to punitive) justice. Victim perspectives on justice varied extensively and were significantly influenced by factors such as race, status, and victimization experience. Conclusion: While a significant proportion of victims supported more restorative approaches to justice, the TRC was not successful in persuading the majority of victims to drop their demand for punishment.

## WHAT DO SURVIVORS OF HUMAN RIGHTS VIOLATIONS WANT? AN ANALYSIS OF TESTIMONY TRANSCRIPTS FROM PUBLIC HEARINGS OF SOUTH AFRICA'S TRUTH AND RECONCILIATION COMMISSION (TRC)

Jeffrey H. Sonis, University of North Carolina at Chapel Hill; Nicolette Jones, Semira Ansari, Matthew G. Merfert, Monica E. Patterson, Ellen Moodie, Megan McMillen, Sonya Palay, Samir Baig, University of Michigan

The purpose of this study was to determine what survivors of human rights violations who testified in public hearings of the TRC wanted from the TRC. The TRC selected approximately 1,800 victims of human rights violations to testify in public hearings. We selected a random sample of 390 testimony transcripts, stratified by region. Each transcript was analyzed independently by two raters, using an instrument developed for this study which included items pertaining to the survivor's background, the characteristics of the human rights violation, and what they wanted from the TRC. Survivors requested a wide range of items, including: 1) monetary reparations (as recompense for suffering and/or loss of income); 2) services (medical or psychological care, education for children); 3) memorials for deceased loved ones (plaques, monuments, tombstones); 4) items from perpetrators (acceptance of responsibility, apology, punishment, removal from power); 5) information (e.g., how or where a loved one was murdered); 6) goods for the community (e.g., recreation center for children); 7) transformation of institutions that perpetrated or condoned abuses; 8) other (e.g., clear one's own name, reinstatement of job, acknowledgment of suffering.) Survivors' needs are not monolithic. Truth commissions should be prepared to support diverse survivor needs.

## SURVIVOR PERSPECTIVES ON SOUTH AFRICA'S TRUTH AND RECONCILIATION COMMISSION: VOICES FROM FOCUS GROUPS

Jeffrey H. Sonis, University of North Carolina at Chapel Hill; Hugo van der Merwe, Centre for the Study of Violence and Reconciliation; David Backer, University of Michigan; Nomusa Nkambule, Centre for the Study of Violence and Reconciliation; Serame Masitha, Centre for the Study of Violence and Reconciliation

The purpose of this study was to determine attitudes about the TRC among survivors of human rights violations who interacted directly with it through submission of a statement about their victimization. Nine focus groups were conducted in greater Johannesburg with members of Khulumani, a survivor support group, who had submitted a statement to the TRC. The focus groups comprised: 1) parents of murdered children; 2) torture survivors; 3) relatives of disappeared persons; and 4) injured persons. The TRC was seen as successful at uncovering some types of information about violations which had previously been hidden, raising the hopes of survivors, and starting the process of reconciliation. However, most survivors voiced bitterness at what they perceived as the failure of the TRC to follow through on promises (e.g., to investigate, to build monuments), and the failure of the government to provide monetary reparations recommended by the TRC. A minority felt that the TRC made their suffering worse. In the eyes of survivors from greater Johannesburg, the TRC helped to generate information about previous abuses and to initiate the dialogue on reconciliation, but these positives were outweighed by the common perception that the TRC did not follow through on promises.

## WHAT DOES HEALING INVOLVE? VICTIMS' PERSPECTIVES AT THE HRV HEARINGS OF THE TRC

Carnita Ernest, Pumeza Mafani, Lazarus Kgalema, Centre for the Study of Violence and Reconciliation

The purpose of the study was to understand how victims of gross human rights violations who appeared at the public hearings of the Truth and Reconciliation Commission conceived of the meaning of reconciliation, and the processes needed to facilitate healing and reconciliation. Both quantitative and qualitative methodologies were utilised in the study. A progressive stratified sample of 439 transcripts were qualitatively coded to capture a wide range of information, including: a) the type of victimisation(s) experienced, and the effects of these on the survivor; b) victims' and commissioners' discussion of reconciliation; c) demographics of the deponent, the victim, and the perpetrator. Victims reported a wide range of requests. Highest amongst these were requests for reparations, and truth regarding their specific case. Reconciliation was largely conceived in respect of individual, interpersonal healing, and community healing; which was quite different from the national focus of the TRC. Forgiveness was also conceived as a multi-dimensional and conditional process, quite different from the way in which the TRC reports on the issue. Victims identified various processes which would facilitate healing and reconciliation. Many of these go beyond the ambit of what the TRC could achieve in its lifespan.

## Emerald Room, Second Floor

### Featured Session: Symposium

### Intervention Research

## THE SCIENTIFIC AND CLINICAL CHALLENGES OF COMPLEX TRAUMA

Bonnie L. Green, Georgetown University Dept. of Psychiatry; Discussants: Laurie Anne Pearlman, Traumatic Stress Institute, CT; Christine A. Courtois

When psychological trauma adversely effects critical developmental processes or transitions at any point in the lifespan, the sequelae can include fundamental alterations in biopsychosocial functioning which extend beyond posttraumatic stress disorder. This symposium describes contemporary scientific models and approaches to the study, clinical assessment and treatment of complex trauma.

## THE DISORDERS OF EXTREME STRESS

Bessel A. van der Kolk, Boston University/Trauma Center

When, in the early 1970s, psychiatry rediscovered the impact of trauma on soma and psyche only a sparse literature on "traumatic neuroses" was available to guide the creation of a diagnostic construct for PTSD. The small group of clinicians who helped establish the diagnosis of PTSD in the Third Diagnostic and Statistical manual of the American Psychiatric Association (DSM III) relied on new clinical discoveries and on a very limited literature on traumatized adults, such as combat veterans (e.g. Kardiner, 1941), burn victims (Andreasen et al, 1971) and holocaust survivors (Krystal, 1968) to help them define PTSD. The committee eventually adopted a set of diagnostic criteria that was largely based on Abram Kardiner's 1941 descriptions in "The Traumatic Neuroses of War." Subsequently, a vast research literature has confirmed the relevance of PTSD as a diagnostic construct. However, at the same time, studies of a variety of traumatized populations has shown that the syndrome of intrusions, avoidance and hyperarousal does not begin to capture the very complex long term adaptations to traumatic life experiences, particularly in children and in adults who were traumatized as children. These long-term adaptations vary a great deal according to the developmental level of the victim at the time of the trauma, the victim's personal relationship to the agent responsible for the trauma, temperamental predispositions, gender, cultural context and a variety of other variables. This presentation will review the evidence for a constellation of symptoms resulting from abuse and victimization at various stage of the life cycle with particular emphasis on the DSM IV Field Trial for PTSD.

## PSYCHOMETRIC EVALUATION OF COMPLEX TRAUMA EFFECTS: EMPIRICAL ISSUES

John N. Briere, Dept. of Psychiatry, USC School of Medicine

Repetitive or chronic traumatic events, especially if they involve interpersonal victimization and began relatively early in the life span, can produce a variety of long-term psychological effects beyond PTSD alone. This presentation outlines data on the

covariation of these effects with PTSD and trauma exposure in general population and clinical samples, using a number of new psychological tests. Technical issues associated with the assessment of complex psychological trauma will be presented. Also presented will be a general algorithm that may be helpful in guiding the choice of assessment instruments based on characteristics of the individual's trauma exposure.

## NEUROBIOLOGICAL AND DEVELOPMENTAL ASPECTS OF THE SEQUELAE OF COMPLEX TRAUMA

Julian D. Ford, University of Connecticut Medical School Dept. of Psychiatry

Presents an overview of the neurobiological substrates of the sequelae of exposure to and recovery from complex psychological trauma, with special reference to the impact of developmental epochs and the effects of complex trauma on biopsychosocial development. Several disparate models and research programs are highlighted briefly to provide a context for an integrative approach to the developmental neurobiology of complex trauma. Biological models address the role of the autonomic nervous system, the hypothalamic-pituitary-adrenal axis, the endogenous opioid and immune systems, and the limbic, hippocampal, and cortical brain structures. Psychological models focus on the role of classical and operant conditioning (including preparedness, associative chains, goal-directed behavior, and opponent-processes), motivational dynamics, critical periods, implicit cognition and memory, causal processing and response expectancy, ironic processes, emotion processing, and relational systems. Three organizing principles are derived from these models to provide a context for understanding recent research on the effects of complex psychological trauma and related psychobiological stressors (e.g., exposure to psychoactive substances; neglect) on children and youth: attachment, self-awareness, and autonomy. Parallels and contrasts with conceptualizations of the features of complex trauma (including dissociation, affect dysregulation, somatization, and self, interpersonal, and spiritual alienation) are summarized.

## PHASE-ORIENTED TREATMENT OF COMPLEX PTSD: THE EVOLVING STANDARD OF CARE

Onno van der Hart, Department of Clinical Psychology, Utrecht University

In the provisional absence of evidence-based treatments for Complex PTSD, the choice of treatment must rely on expert clinical observations. Despite varied theoretical orientations, specialists generally agree that a phase-oriented approach is indicated, representing the current standard of care. Thus, the treatment of traumatic memories should only be undertaken when the patient is sufficiently prepared for it—a goal which is not feasible for every patient. Usually, three recurring treatment phases are distinguished, each of which can be described in terms of overcoming specific phobias. Phase 1—stabilization and symptom reduction—is dedicated to improving the quality of daily functioning by gradually raising the client's integrative capacity or mental level. More specifically, this phase aims at overcoming the phobias of contact with the therapist, of mental contents (i.e., a range of internal conditioned stimuli), and of dissociative innate defensive systems. Attainment of these goals sets the stage for Phase 2 treatment, which gradually involves overcoming the phobia of traumatic memories, allowing for their integration. Phase 3 is concerned with personality (re)integration and with overcoming the phobias of normal life, of healthy risk-taking and change, and of intimate relationships.

## Explorer's Room, Second Floor

### Symposium

### Intervention Research

## PTSD-CSA TREATMENT: PSYCHOLOGICAL, PHYSIOLOGICAL AND HORMONAL RESPONSES

**Chair:** Matthew J. Friedman, National Center for PTSD; **Discussant:** Ann M. Rasmussen, National Center for PTSD, Neuroscience Division

Study 1 includes 73 women with PTSD due to childhood sexual abuse (CSA) and 50 women with no PTSD. In Study 2 we randomized 74 PTSD women to CBT, PCT (present-centered therapy) or wait list. Pre-Treatment, Post-Treatment and 6 month psychological, psychophysiological and neurobiological data will be shown.

## PSYCHOPHYSIOLOGY OF PTSD-CSA BEFORE AND AFTER TREATMENT

Gregory J. McHugo, NH-Dartmouth Psychiatric Research Center; Robert Kelsey, University of Tennessee College of Medicine; John E. Jalowiec, National Center for PTSD

Self-report and psychophysiological measures were obtained from women with PTSD-CSA during laboratory stress tasks. In Study 1 PTSD-CSA women (n=73) were compared to no-PTSD women (n=50). In Study 2, the PTSD-CSA women were reassessed after, and six months following, CBT, present-centered therapy, or wait list assignment. One task involved passive coping (script-driven imagery), and one involved active coping (speeded alphabetization); within these, one version was trauma-related, and one was trauma-unrelated. Self-reports included pre-task appraisals and post-task emotional reactions. Psychophysiological measures included brow EMG, skin conductance, heart period, pre-ejection period, and total peripheral resistance. Study 1 revealed few differences between PTSD and no-PTSD women in tonic levels or task recovery. Women with PTSD-CSA appraised the tasks as more threatening and reported stronger emotional reactions. Script-driven imagery replicated earlier studies; women with PTSD had strong reactions to their trauma stories. Speeded alphabetization results revealed autonomic hypo-reactivity among PTSD women and little influence of trauma-related content. Study 2 results showed self-report changes following CBT, but few differences among therapy groups in psychophysiological reactions. These studies show important differences between women with PTSD-CSA and those without PTSD, and they show that CBT leads to significant changes in reactions to stress tasks.

## PSYCHOMETRIC OUTCOMES OF A RANDOMIZED CLINICAL TRIAL OF PSYCHOTHERAPIES FOR PTSD-CSA

Annamarie S. McDonagh-Coyle, West Central Behavioral Health/Dartmouth Medical School; Matthew J. Friedman, National Center for PTSD; Gregory J. McHugo, NH-Dartmouth Psychiatric Research Center; Julian D. Ford, U Conn Health Center, Dept. of Psychiatry; Kim T. Mueser, NH Dartmouth Psychiatric Research Center; Monica Descamps, University of Pennsylvania, Department of Psychiatry; Christine C. Demment, Private Practice; Debra A. Fournier, National Center for PTSD

This presentation will describe the methods of our randomized clinical trial of individual psychotherapy for female PTSD-CSA survivors (n=74), and of our study comparing those PTSD-CSA participants at baseline to a sample of women without PTSD (n=50). Both samples' demographics and trauma histories will be summarized. Our RCT compared CBT to a problem-solving therapy (Present-Centered Therapy; PCT) and to a wait-list (WL) control group. We hypothesized that CBT would be more effective than PCT and WL in reducing PTSD and associated symptoms. Pre-treatment, post-treatment, three- and six-month follow-up assessments of PTSD, depressive, and anxiety symptoms; quality of life; and trauma-related beliefs were conducted. While the three groups did not differ after treatment in the rate of PTSD diagnosis, CBT's rate was lower than PCT at three and six month follow-up. Other results include CBT's greater drop-out rate from treatment and the superiority of both CBT and PCT over WL in decreasing PTSD symptom severity. A similar pattern of findings was found for secondary outcome measures. Analyses of predictors of outcome and of dropout are underway and will be discussed.

## NEUROHORMONAL FINDINGS DURING TREATMENT OF WOMEN WITH PTSD DUE TO CSA

Matthew J. Friedman, National Center for PTSD; Annmarie S. McDonagh-Coyle, West Central Behavioral Health/Dartmouth Medical School; John E. Jalowiec, Sheila Wang, Debra A. Fournier, National Center for PTSD; Gregory J. McHugo, NH Dartmouth Psychiatric Research Center

Neurohormonal measurements obtained in this study include twenty-four hour urines that were collected and assayed for cortisol, epinephrine, norepinephrine and dopamine as well as plasma samples that were obtained for measurement of total and free thyroxine (T4), total and free triiodothyronine (T3), thyroxine binding globulin (TBG), thyroid stimulating hormone (TSH), and estradiol. Other measurements included body mass index, body weight, and days since last menstrual period. Complete pre-treatment data was available in Study 1 for 70 PTSD-CSA women and 45 no-PTSD women. Women with PTSD had significantly higher cortisol and (both total and free) T3 levels. In Study 2, the PTSD-CSA women were assessed at pre-treatment, post-treatment, and six months following, CBT (N= 13), PCT (N=17), or wait

# Concurrent Sessions - Friday, December 7

list (N=18) assignment. MANOVA analyses suggest a significant group X time interaction whereby cortisol and thyroid (total and free T3 and T4) levels were reduced at post treatment in comparison with the wait list group. Other comparisons, to be presented, raise provocative questions about the impact of estrogen on cortisol function and about differences between pre- and post-menopausal women.

## Wildcatter Room, Mezzanine Floor

### Panel Discussion

### Intervention Research

#### COMMUNITY-BASED WORK WITH TORTURE SURVIVORS, AN ETHNOGRAPHIC APPROACH

**Chair:** Ernest A. Duff, Safe Horizon/Solace; Heike Thiel de Bocanegra, Doctors of the World/USA; Murat Paker, Safe Horizon/Solace; Sara Kahn, International Institute of New Jersey; Florence R. Burke, Refuge, International Trauma Studies Program, New York University

The Metro Area Support for Survivors of Torture (MASST) Consortium is composed of four agencies: Safe Horizon/Solace, the International Institute of New Jersey, Doctors of the World/USA, and Refuge. The Consortium's mission is to provide decentralized services for torture survivors in New York City and Northern New Jersey. A hallmark of the overall effort is the strengthening and skill building of the refugee communities in which torture survivors reside so that those communities may eventually carry out sustainable activities. The focus and purpose of the panel discussion is to analyze the results for the first year of the ethnographic evaluation process, including a review of the community needs assessment and services provided for West Africans from Liberia and Sierra Leone in both New York City and Northern New Jersey. The different philosophies, approaches and disciplines of the members of the Consortium, which include case management and counseling, a family resilience approach to mental health, other psychotherapeutic modalities, and primary medical care, will be discussed from an integrated perspective. Another goal of discussion is to further dialogue about community-based approaches and best practices when working with torture survivors and refugee communities, as well as to contribute to intervention research and program evaluation.

## CONCURRENT SESSIONS IV

4:00 PM-5:15 PM

### Orleans Room, Mezzanine Floor

#### Symposium

#### Basic Research

#### PTSD SYMPTOM FLUCTUATION: LONGITUDINAL MEASUREMENT AND CHANGE

**Chair:** Alethea A. Smith, National Center for PTSD, Boston VAMC; **Discussant:** Daniel W. King, National Center for PTSD, Boston VAMC

This symposium will examine empirical data involving changes in PTSD symptoms over time. Presenters will discuss symptom fluctuation in research, clinical and college student samples, and consider associated factors such as social support, life stressors, and other psychopathology. Implications for both treatment and conceptualization of PTSD will be considered.

#### THE COURSE OF COMBAT-RELATED PTSD IN VETERANS 30 YEARS AFTER VIETNAM

Barbara L. Niles, Alethea A. Smith, National Center for PTSD, Boston VAMC

The long-term course of chronic combat-related PTSD remains largely unexplored. The striking persistence of PTSD symptoms in combat veterans has been widely discussed in clinical literature, supporting the conceptualization of PTSD as a chronic, unremitting disorder. The NVVRS found that approximately half of the veterans who ever met diagnostic criteria for PTSD still did when they were assessed in the 1980s. However, there is also compelling evidence for the fluctuation of PTSD symptoms. Half of the veterans in the NVVRS reported substantial decreases in symptoms, demonstrating that symptoms can remit over time. Thus, although there is evidence of both persistence and fluctuation of PTSD symptoms in Vietnam veterans, little is known about how much and in what ways symptoms change over time. The current study examines the course of PTSD in Vietnam veterans over six-months. Twenty-five Vietnam veterans have thus far been enrolled in an investigation in which PTSD symptoms are assessed every two weeks via telephone interviews. The trajectories and dispersion of individuals' symptoms will be presented. Preliminary evidence suggests that symptoms fluctuate substantially, but show no general upward or downward trend. Scores on social support and life stressor measures will also be examined and related to PTSD symptoms.

#### STABILITY OF POSTTRAUMATIC STRESS LEVELS IN TWO SAMPLES OF COLLEGE STUDENTS

Dean Lauterbach, Virginia P. Cecchini, Northwestern State University

Posttraumatic Stress Disorder (PTSD) is often conceptualized as a chronic disorder. The National Vietnam Veterans Readjustment study found that the lifetime prevalence rate among male theater veterans was extremely high (30.9%). However, the current prevalence rate was substantially lower (15.2%) suggesting variation in chronicity. The National Comorbidity Survey examined chronicity of PTSD and found that changes in status from PTSD+ to PTSD- occur most often within the first 12 months. While intriguing, these findings were based on retrospective accounts. This paper will present findings from two studies examining the course of PTSD symptoms among college students experiencing a broad range of stressor events. The first study assessed trauma exposure and PTSD symptoms in a sample of 186 students. During the initial testing, participants completed measures assessing trauma exposure and PTSD symptoms. One month later they completed measures assessing for new traumatizations and current PTSD symptoms. The correlation between PTSD scores at times one and two was significant ( $r=.43$ ). When examining only persons who had experienced an event at time 1 and at time 2, the correlation was notably higher ( $r=.50$ ). Additional findings will be discussed from a larger ( $n=450$ ) study that examined PTSD scores over three months.

## FLUCTUATING PSYCHOPATHOLOGY IN THE COURSE OF GROUP TREATMENT FOR PTSD

Lisa M. Fisher, Alethea A. Smith, Barbara L. Niles, National Center for PTSD, Boston VAMC

Although group treatment is a common treatment modality for individuals with chronic PTSD, few studies have examined symptom fluctuation during the course of treatment in non-exposure-based groups. This study explored changes across time in PTSD symptomatology among Vietnam veterans in skills-based group treatment for PTSD. Data were collected from 52 veterans, prospectively, across a 3 year time span. The clinical program consisted of group treatment with the following treatment sequence: Understanding PTSD (a psychoeducational group), Stress Management, and Anger Management. Adjunct individual treatment was also available to veterans as dictated by their clinical care needs. Measures included measures of depression (BDI), PTSD (PCL), life satisfaction, and self-reported physical health (SF-12). Preliminary results suggest both group and individual symptom fluctuation during group participation. Group members report decreased PTSD symptoms over time and a trend towards overall improved health. However, there is a great amount of fluctuation in symptoms for individuals within the group.

### Blue Room, Lobby Floor

#### Workshop

#### Basic Research

## MEASURING THE HELPER'S POWER TO HEAL AND TO BE HURT, OR HELPED, BY TRYING

**Chair: B. Hudnall Stamm, Idaho State University Institute of Rural Health; Craig Higson-Smith, South African Institute of Traumatic Stress; Amy C. Hudnall, Appalachian State University; Livia Iskandar-Dharmawan**

This workshop, sponsored by the ISTSS Research Methodology Special Interest Group, discusses issues in measuring professional quality of life among trauma workers. The work occurs among individuals, (e.g., psychotherapy), with families, in a group or community, e.g., school shooting, or at a national or international level such as disaster or war. All provide differing measurement challenges. A growing body of literature says placing oneself in the position to help also places one in the position of becoming part of the negative process that can follow. Yet, there are no consistent methodologies and few established tools used, which makes it difficult to compare across studies. Measuring longitudinally and cross-culturally also adds complexity. Information will be drawn from an international database (n>700) on the Compassion Satisfaction and Fatigue Test, three telehealth-based community interventions with providers working with the underserved, humanitarian aid work, and theory from Stamm, Pearlman, Figley and others. The panelists will discuss measurement domains; difficulties with language and culture translations; interaction with medical errors, dilemmas with identifying problems among "healers," and psychometric stumbling blocks in assessing professional quality of life. Information regarding measurement tools and methods will be provided. Participants can present situations for method and design discussion.

### Grand Ballroom, Mezzanine Floor

#### Symposium

#### Clinical Theory/Clinical Practice

## CULTURAL CONTEXT OF INTERPERSONAL VIOLENCE: INTERVENTION AND PREVENTION

**Chair/Discussant: Jennifer J. Freyd, University of Oregon**

Presenters will examine the interaction of culture and interpersonal violence through clinical and laboratory methodology. Presentations will focus on the cultural context of trauma. Presenters will examine how cultural messages support interpersonal violence, as well as consider interventions in a cultural context to prevent interpersonal violence and promote healing.

## FUSING POWER AND SEX: CULTURAL CONSTRUCTIONS AND COGNITIVE MECHANISMS

Eileen L. Zurbriggen, University of California, Santa Cruz

A psychological fusion of power with sex may be one of the cognitive mechanisms that underlie and lead to rape and other forms of sexual assault. In this study, an innovative priming paradigm was used to generate an individual-difference measure of the strength of the cognitive connection between power and sex — the speedup in processing a pair of words where one is related to power (e.g., tyrant, attack) and one is related to sex (e.g., lover, breast). Self-reports of mild forms of sexual aggression (e.g., threatening to leave, verbal aggression) were also collected. Participants with a strong power→sex link reported more frequent aggression and coercion in sexual situations. Possible trajectories for the development of power-sex links are discussed. These include exposure to media in which power and dominance are eroticized, specific cultural (and sub-cultural) constructions of masculinity, femininity, and sexuality, and experience with sexual trauma (as either a victim or a perpetrator).

## THE CULTURAL CONTEXT OF TRAUMA: UNDERSTANDING ETHNIC MINORITY PERPETRATORS

Gordon C. Nagayama Hall, The Pennsylvania State University

There is a limited amount of research on sexual trauma in ethnic minority populations. This may be a result of sociocultural barriers. One major dimension along which majority and minority communities in the U.S. differ is independence-interdependence. Individual rights are emphasized in independent contexts and victims are often more likely than in interdependent contexts to be encouraged to acknowledge being abused and to take the necessary steps to cope with the abuse. Individual and community responses to victimization in interdependent contexts may depend on community norms. In contexts in which misogyny and aggression are acceptable, violence against women may be viewed as excusable. Conversely, when there are prosocial norms in an interdependent context, a perpetrator may be viewed as deviant for upsetting group harmony. An important component of trauma prevention involves interventions that focus on perpetrators. Research on ethnic minority perpetrators of sexual aggression suggests that both intrapersonal misogynous and aggressive attitudes as well as concerns about the impact of sexual aggression on reputation are predictors of sexually aggressive behavior. Effective interventions may involve both individual and community emphases. Effective prevention may involve attempts to change community norms or finding an alternative reference group when negative community norms are intransigent.

## EXPLORING CONTEXT IN TRAUMA RESPONSES: BETRAYAL AND WITHDRAWAL

Anne P. DePrince, Jennifer J. Freyd, University of Oregon

Previous research suggested that "betrayal traumas" (e.g., traumas perpetrated by trusted caregivers and/or events for which the victim felt betrayed) were related to memory impairment for the events, as well as withdrawal symptoms, (e.g., dissociation, PTSD cluster C). This presentation will examine the relation between betrayal traumas and symptoms in a community sample of trauma survivors. Participants in the study reported a range of traumatic experiences, including interpersonal (e.g., sexual assault, domestic violence, child abuse) and non-interpersonal (e.g., motor vehicle accidents, natural disasters) trauma. The relation between the type of trauma, the degree of social betrayal, and posttraumatic symptoms will be examined. We will consider how these findings inform our understanding of how and when survivors seek services. We will speculate on the ways in which a broad range of traumatic events, such as emotional abuse, hate crimes, and "lower level" betrayals lead to withdrawal in various forms (e.g., avoidance, withdrawal from relationships and communities) that in turn makes it more difficult to access services. We will speculate on how withdrawal symptoms in those who have experienced betrayal traumas may maintain the survivors' disconnection from services and communities that may promote healing.

# Concurrent Sessions - Friday, December 7

## Creole Room, Mezzanine Floor

### Case Presentation

### Clinical Theory/Clinical Practice

#### THE RELATIONSHIP OF TRAUMA EXPOSURE TO ADOLESCENT SEX OFFENDING BEHAVIOR—TWO CASES

**Chair:** Robert A. McMackin, Shattuck Hospital · MA Dept. of Public Health; John Cusack, Life Resources

The most common type of adult and juvenile sex offender treatment utilizes a Relapse Prevention (RP) model. In RP clients learn about their offense cycle with an emphasis on recognizing high-risk situations and negative emotional states that can be precursors or triggers to offending behavior. Previous research by the authors has documented a close link between the trauma associated affects of fear and helplessness to offense precursors. This presentation will outline two cases illustrating how the youth's early developmental and trauma history is related to his sex-offending behavior. The integration of trauma treatment and sex offender relapse prevention treatment will be highlighted.

## Rex Room, Mezzanine Floor

### Workshop

### Clinical Theory/Clinical Practice

#### PROLONGED EXPOSURE (PE) THERAPY FOR CHRONIC PTSD: TAILORING TREATMENT FOR COMPLEX CLIENTS IN ROUTINE COMMUNITY PRACTICE

**Chair:** Norah C. Feeny, Case Western Reserve University; Lori A. Zoellner, University of Washington; Elizabeth A. Hembree, University of Pennsylvania

Prolonged exposure (imaginal and in-vivo) is effective treatment aimed at reducing trauma-related psychopathology for individuals with chronic PTSD (e.g., Foa et al., 1999; Marks et al., 1998). Positive results have been obtained with individuals whose PTSD results from a variety of traumas including sexual assault, criminal victimization, car accidents, and combat and in multiple treatment centers. In theory, detailed treatment manuals of this empirically supported treatment should enable the experienced therapist to implement these interventions. Nevertheless, clinicians often find using prolonged exposure therapy with this complex population quite challenging in typical clinic settings. In this workshop, the leaders will offer instruction in the manualized prolonged exposure therapy for PTSD developed by researchers in the Center for the Treatment and Study of Anxiety at the University of Pennsylvania. Special attention will be paid to factors that may enhance outcome and retention, as well as help the clinician feel more equipped to overcome treatment barriers. The workshop will be organized around two central aspects of treatment: First, we will focus on Forming the Foundation for Treatment. This will include: Problem-solving about issues that interfere with treatment attendance and compliance; Facilitating a collaborative/supportive therapeutic alliance; Thorough and effective rationale-building; and Flexibility in applying procedures. Second, we will focus on aspects Implementation of Prolonged Exposure (in vivo and imaginal). This will include: Facilitating effective emotional engagement: handling barriers/obstacles; Titrating exposure to manage emotional responses; Safety issues in in-vivo exposure guiding decision-making; Increasing homework compliance; and When to consider other options. The workshop will include didactic, case presentation, video-taped examples, and discussion. Intermediate/Advanced Level

## Mayor's Chamber, Second Floor

### Workshop

### Clinical Theory/Clinical Practice

#### IN THE MEDIA SPOTLIGHT: PUBLIC AND PRIVATE NARRATIVES OF VIOLENT DYING

**Chair:** Edward K. Rynearson, Homicide Support Project-Virginia Mason Medical Center; Migael M. Scherer, Dart Center for Journalism & Trauma

After a violent death from homicide, suicide or accident, those who loved the deceased try to retell a restorative narrative of the dying that includes the person's dying in the context of a life of value and meaning. In contrast, news media, police and the courts require an anti-narrative (a chronicle of the dying spectacle) - seeking a rational explanation, punishment and prevention of violent dying for the surrounding community. The publicly mandated anti-narrative often does not respect or include the needs of loved ones, who continue to retell a restorative narrative of the dying long

after the public story is told and forgotten. In this presentation, a clinician and a journalism educator clarify the contrasts of the public anti-narrative and the private narrative, providing guidelines for coordinating and balancing these narratives for clients who are thrust in the media spotlight.

## Bayou III, Bayou Level

### Workshop

### Clinical Theory/Clinical Practice

#### ENHANCING BEHAVIORAL HEALTH TRAUMA SERVICES FOR WOMEN ON WELFARE

**Chair:** Kalma K. White, Behavioral Health Training and Education Network; **Discussant:** Maxine Harris, Community Connections, Inc.; Bonnie J. Strahs, Philadelphia Behavioral Health System

Significant numbers of women on welfare have unaddressed trauma issues (domestic violence, childhood abuse histories, sexual assault) that impact their ability to comply with welfare-to-work requirements. In 1999 a unique collaboration began in Philadelphia among substance abuse and mental health providers, county administrative staff and trainers, welfare to work staff, and representatives of organizations supporting and advocating for survivors of domestic violence and sexual assault. Its purpose was to develop and present training that would enable community substance abuse and mental health agency administrators and practitioners to more effectively identify and constructively respond to trauma issues. What resulted was a multi-year, multi-component training and technical assistance initiative that reached over 1700 behavioral health staff and that directly resulted in the pilot implementation of an evidence-based trauma recovery group intervention in nine agencies. The workshop will present an overview of this initiative as a model for system enhancement including: 1) preparation of the system for change; 2) planning and presentation of the multi-component training in a manner that maximizes system impact; and 3) facilitation of sustained progress with strengthened and expanded provider implementation.

## Explorer's Room, Second Floor

### Symposium

### Clinical Theory/Clinical Practice

#### EARLY INTERVENTION TO PREVENT DEVELOPMENT OF PTSD

**Chair:** Patricia J. Watson, National Center for PTSD; **Discussant:** Josef I. Ruzek, National Center for PTSD

This symposium focuses on emerging approaches to early intervention to prevent development of PTSD. Presentations will describe recent efforts to prevent PTSD in injury survivors and trauma survivors with acute stress disorder, as well as a conceptual approach to optimizing the outcome of mental trauma.

#### THE EARLY AFTERMATH OF TRAUMATIC EVENT: A WINDOW OF OPPORTUNITY FOR PSYCHOLOGICAL INTERVENTIONS?

**Arieh Y. Shalev, Hadassah University Hospital**

Recent biological studies suggests that within few months of a traumatic event the central nervous system (CNS) irreversibly changes its responses to stimuli in individuals who develop PTSD. These early biological changes, however, are clearly mediated by psychological and social factors. Recent research further teaches us that both 'enriched' and 'toxic' environments decisively affect the brain, and particularly so during periods of enhanced neuronal plasticity. Given the excessive plasticity of the CNS at the aftermath of stressful events, social and psychological interventions may constitute the best biological treatment of traumatic stress disorders. Yet, what are the relevant dimensions to be addressed? This presentation will offer a framework for providing early psycho-social treatment to trauma survivors. It will outline the rapidly changing, yet clearly identifiable bio-psycho-social tasks involved in successfully surviving trauma, including survival, reparation and assimilation. It will then discuss framework for evaluating survivors' performances in each of these tasks and a flexible, yet systematic, approach to optimizing the outcome of mental trauma.

## COGNITIVE BEHAVIOR THERAPY OF ACUTE STRESS DISORDER: A FOUR-YEAR FOLLOW-UP

Richard A. Bryant, University of New South Wales

Acute stress disorder was initially introduced to describe acutely traumatized people who are at risk of developing PTSD, and who may benefit from early intervention. This paper describes the long-term benefits of early provision of cognitive behavior therapy to trauma survivors who initially display acute stress disorder. Civilian trauma survivors (n = 69) with acute stress disorder were randomly allocated to either cognitive behavior therapy (CBT) or supportive counseling (SC), and were assessed 4 years posttreatment (n = 41) for posttraumatic stress disorder (PTSD) with the Clinician Administered PTSD Scale. Two CBT patients (8%) and four SC patients (25%) met PTSD criteria at 4-year follow-up. In terms of those who were followed up after four years, patients who received CBT reported less intense PTSD symptoms, and particularly less frequent and less intense avoidance symptoms, than patients who received SC. These findings suggest that early provision of CBT in the initial month after trauma has long-term clinical benefits for people who are at risk of developing PTSD.

## PROVIDING AN EVIDENCE-BASED EARLY PSYCHOLOGICAL RESPONSE FOLLOWING PHYSICAL INJURY.

Jonathan I. Bisson, University Hospital Wales

A recently completed study in Cardiff randomly allocated 152 individuals who had sustained physical injury and displayed acute psychological distress to receive a four session cognitive behavioural intervention or no intervention. The Impact of Event Scale score reduced significantly more in the intervention group at three and thirteen months following the traumatic event. Anxiety and depression score reductions were also greater in the intervention group. As a result of this and other research a protocol has been developed to screen individuals presenting to the Cardiff Emergency Unit following physical injury. Individuals who score positively on the screening instrument are offered further assessment to assess their needs more fully. Those with significant traumatic stress symptoms are offered the brief intervention and then reassessed. The protocol, intervention and ongoing research will be discussed.

## Wildcatter Room, Mezzanine Floor

### Workshop

### Clinical Theory/Clinical Practice

## BUT IT CAN HAPPEN HERE: PREVENTING, COPING WITH, AND HEALING FROM SCHOOL VIOLENCE AND TRAUMA

Chair: Mary Beth Williams, Trauma Recovery Education and Counseling Center; Soili Poijula, Oy Synolon Ltd; Ken Druck, The Jenna Druck Foundation

School crises and potential crises are becoming more and more familiar not only in the United States but in other countries as well. This workshop will examine a wide variety of potential and actual school crises and discuss how they were prevented, how they were endured, and how healing began post-crisis. Included in the presentation will be a description of the Jenna Druck Foundation's Families Helping Families Program's response to the tragedy at Santana High School (California). Interventions with violent teens through the Commonwealth of Virginia's Child Specific Team/Family Assessment and Planning Team Process as preventive interventions, and system wide interventions with less visible/violent crises (suicide, death through accident) will be discussed. Interventions with school systems in Finland after 5 suicides in one year also will be presented, with emphasis on the connection between suicide contagion and crisis intervention. Participants are encouraged to bring their own school-related crises for discussion.

## Bayou II, Bayou Level

### Symposium

### Collaborations

## THE ROLE OF CONTEXT IN POST-WAR PSYCHOSOCIAL INTERVENTION

Chair: Willem F. Scholte, University of Amsterdam, Academic Medical Center; Discussant: Alastair A.K. Ager, Centre for International Health Studies

For the design and practical implementation of post-war psychosocial interventions, historical, societal and cultural characteristics of the targeted population are determining factors. This will be illustrated by discussing interventions in various contexts (Cambodia, Sudan, Rwanda, Kosovo, Uganda).

## SOCIETAL AND CULTURAL FACTORS IN INTERNATIONAL PSYCHOSOCIAL WORK

Willem ACM van de Put, HealthNet International

In developing culturally appropriate community mental health interventions in the context of the Sudan, Rwanda, Uganda, Cambodia and the Balkans, efforts were made to include cultural, social and historical factors on individual, group and community levels. Questions to be answered included 'how have events influenced the lives of people as individuals, families and as a community'; 'how do people define their needs and problems', and 'where do people go to find help when they feel they suffer from what we would label "psycho-social distress"? Key questions in this study are a better understanding of the way problems are defined by both the population in distress as the traditional resources for help. The potential for collaboration between various sectors proves to be limited in some cases, but promising in others. The key variable is social interaction and cohesion - and this proves to be a denominator of psychological suffering as well as an essential avenue for effective interventions.

## RWANDAN REFUGEES IN CAMPS: WAR CONTINUED

Willem F. Scholte, University of Amsterdam, Academic Medical Center

Protocols for rapid post-war psychosocial interventions are mostly lacking, and there is a great variety of settings in which such interventions take place. Médecins Sans Frontières (MSF) developed a working model for psychosocial intervention in the emergency phase of refugee crises. The protocol was supposed to be appropriate to different circumstances and cultures. The main characteristics of the intervention were to aim at mobilizing community support for psychosocial problem cases, and to foster social reintegration. The model's first applications took place in refugee camps in Tanzania and the former Zaire, harboring hundreds of thousands survivors of the 1994 genocide and civil war in Rwanda. Circumstances in the camps were extreme. Apart from the deplorable living conditions, the level of insecurity, fear and paranoia was high. There was much violence. This was mainly due to two factors: 1) The refugees were of different ethnic and political backgrounds and, especially after the recent innumerable killings, there was no mutual trust; 2) Militias had a firm grip on the community in the camp in Zaire, and prevented the population from developing social structures. Both factors complicated the interventions at different levels. The intervention model, as well as problems met and opportunities created will be described.

## THE TRADITIONAL HEALER AS TRAUMA THERAPIST IN CAMBODIA

Maurice Eisenbruch, University of New South Wales

Traditional healers in Cambodia support patients with a range of health problems, including the suffering in the wake of decades of war and poverty. The author reports on ethnographic work carried out with more than 1,000 healers over eleven years. Five types of healer provide overlapping skills, with defined diagnostic procedures and therapeutic rituals. The information has been applied to the development of a culturally informed community mental health program.

# Concurrent Sessions - Friday, December 7

## Bayou I, Bayou Level

### Symposium

### Collaborations

#### THE PSYCHOLOGICAL REACTIONS TO DISASTERS: CROSS-NATIONAL COMPARISON

**Chair: Ozgur Erdur, University of Texas at Austin; Discussant: Anie Kalayjian, Fordham University**

This symposium reports qualitative and quantitative research examining Turkish people's reaction to the 1999 earthquake. These survivors are compared with the 1994 California earthquake survivors in terms of the symptom structure of PTSD and impacts of nationality, gender, and age. The interpretations of the earthquake by Turkish lay people are examined.

#### THE EFFECTS OF NATIONALITY, GENDER, AND AGE ON TRAUMATIC REACTIONS

**Ozgur Erdur, University of Texas at Austin; Chris Aberson, Humboldt State University; Anie Kalayjian, Fordham University**

The traumatic reactions to natural disasters have been widely studied; however, current literature suffers from limited systematic studies on cross-national comparisons. The purpose of this study is to examine the traumatic reactions of Turkey and California earthquake survivors with regard to the variables of age, gender, and nationality. Frederick's (1986) The Reaction Index Scale (RIS) was administered to survivors of Turkey and California earthquakes in order to assess their traumatic reactions. These survivors were participants in the six-step Mental Health Outreach Program (MHOP) conducted six weeks after the earthquake. A total of 440 cases in the Turkish sample and 110 cases in the California sample are examined in terms of their PTSD symptoms reported in DSM-IV. As expected, Turkish participants scored higher, indicating more severe trauma on RIS than Californian participants for all symptoms. No gender differences were found in the California sample, however Turkish women scored higher on PTSD than Turkish men. Younger participants reported less intrusive thoughts than older participants in both the Turkish and California samples. These results are discussed in light of the current literature, and specific implications are inferred for the Turkish culture, international outreach programs, and for cross-national studies.

#### THE "VOICES" OF TURKISH EARTHQUAKE SURVIVORS AND ITS CULTURAL IMPLICATIONS

**Selin de Eskinazis, Yeshiva University; Carl Auerbach, Ferkauf Graduate School of Psychology, Yeshiva University**

The context of a trauma plays a critical role in the interpretation of the event and the method used to cope with it. Although many studies have shown that disasters result in various psychopathological reactions (i.e. PTSD), few studies have elaborated on the cultural aspects involved in the perception of trauma and in ways of dealing with it. This qualitative study aims to understand the specific experiences of the Turkish earthquake survivors, to identify the meaning they have attributed to the trauma, and to outline the main elements that have contributed to their recovery. In-depth, phenomenological, semi-structured interviews were conducted with 15 adult survivors approximately 1 year after the earthquake. These interviews are based on the broad theoretical framework of schema theory. Data analysis was conducted using the grounded theory procedure (Strauss & Corbin, 1990). Preliminary results indicated that survivors contextualized the meaning of trauma in the framework of their religions. In addition, social support networks and the sharing of the experience have helped people in dealing with the trauma. The final findings are discussed in terms of the most effective intervention that should be used with this population.

#### PTSD FACTOR STRUCTURE IN TURKISH EARTHQUAKE SURVIVORS

**Chris Aberson, Humboldt State University; Ozgur Erdur, The University of Texas at Austin; Anie Kalayjian, Fordham University**

This study aims to identify the factor structure of posttraumatic stress disorder symptoms in a sample of survivors of the 1999 Turkey and 1994 California earthquakes. The Reaction Index Scale (Frederick, 1986) was administered to survivors in order to assess their traumatic reactions shortly after the earthquakes. In order to test

the fitness of DSM-IV clusters to these two cultures confirmatory factor analysis (CFA) was conducted and the results were compared. CFA failed to confirm an oblique three factor structure for the Turkish sample (avoidance/numbing, reexperiencing, and arousal) reported by DSM-IV, chi-square (101) = 1126.8,  $p < .001$ , CFI = .60. CFA for the California data set also finds a poor fit for DSM clusters, chi-square (104) = 411.7,  $p < .001$ , CFI = .45. Despite differences in earthquake severity, the same general factor structure emerged for these data. The factor structure of PTSD has been examined before but the findings were inconsistent and the fitness of PTSD clusters to the Turkish population has not been examined. This study provides a valuable discussion in terms of the fitness of PTSD clusters to different cultures.

## Emerald Room, Second Floor

### Featured Session: Symposium

### Epidemiology

#### THE IMPACT OF MODERATING FACTORS ON THE EFFECTS OF LIFETIME TRAUMATIC EVENTS ON PSYCHOPATHOLOGY, QUALITY OF LIFE AND DISABILITY IN (POST-) CONFLICT AREAS IN ALGERIA, CAMBODIA, ETHIOPIA AND GAZA

**Joop de Jong, Ivan Komproe, Mark Van Ommeren, Daya Somasundaram, Transcultural Psychosocial Organization; Mustafa Elmasri, Nourredine Khaled**

TPO (Transcultural Psychosocial Organization or Peace of Mind), a WHO Collaborative Centre, is an international NGO implementing mental health and psychosocial programmes in 18 countries in Africa, Asia and Europe. Within the framework of these public mental health programmes we did an epidemiological survey among a random sample of 3048 respondents from communities in (post-) conflict situations in Algeria, Cambodia, Ethiopia and Gaza. The study used nine different instruments for the assessment of demographics, lifetime traumatic events, psychopathology including PTSD and complex PTSD, peritraumatic dissociation, psychological distress, coping, social support, quality of life and disability. In previous publications we looked at prevalence rates and comorbidity in four different post-conflict situations. The prevalence of any disorder varied from 62.3% in Algeria to 27.8% in Ethiopia. Among tortured and non-tortured refugees in Nepal we found life-time prevalence rates for any disorder of 88.3% and 56.1% respectively. In addition, we looked at the relation between lifetime traumatic events as predictors for psychopathology and found a range of universal and country-specific risk factors for PTSD. For example, conflict-related trauma after age 12 was a predictor in all four countries and torture in three countries. This lecture will use Structural Equation Modeling to show the impact of moderators such as coping strategies, social support and social network size on the effects of lifetime traumatic events on psychopathology, quality of life and disability. Since primary prevention of traumatic stress is impossible once an armed conflict is over, identifying and modifying the effects of protective is essential for the improvement of service provisions and for secondary and tertiary prevention.

## University Room, Second Floor

### Symposium

### Intervention Research

#### RECENT DEVELOPMENTS IN CLINICAL RESEARCH ON COMPLEX PTSD (DESNOS): PART II

**Chair: Joseph Spinazzola, The Trauma Center, Boston University School of Medicine; Discussant: Bessel A. van der Kolk, The Trauma Center, Boston University School of Medicine**

This symposium extends upon last year's presentation of new developments in epidemiological and treatment outcome research on Disorders of Extreme Stress (DESNOS). This symposium is intended to serve as a companion presentation to this year's Presidential Plenary Session on complex trauma through its focus on the empirically based elaboration of the DESNOS construct and examination of its relevance to the study of trauma outcomes. Research findings presented in this symposium will highlight the ongoing work of three leading research centers in the area of complex adaptations to chronic and early exposure to trauma. Individual papers examine issues of comorbidity, predictive utility in treatment outcome research, and implications for clinical practice.

## DISORDERS OF EXTREME STRESS AND CHILDHOOD TRAUMA HISTORY AS PREDICTORS OF OUTCOME

Julian D. Ford, University of Connecticut Medical School; Annmarie S. McDonagh-Coyle, Dartmouth Medical School/National Center for PTSD

Describes a replication and extension of the study by Ford and Kidd (1998) in which DESNOS symptoms at admission were uniquely predictive (independent of ethnicity, early childhood trauma history, war zone trauma exposure, PTSD, depression, or Axis II diagnosis, quality of life, or initial severity of psychiatric symptoms) of residential milieu treatment outcome with male combat veterans. The present study involved women survivors of childhood sexual abuse receiving 14 sessions of either cognitive-behavioral or social problem solving treatment on an individual outpatient basis. Observer ratings of DESNOS symptoms described or displayed in sessions 4 and 10 were examined as predictors of outcome immediately following treatment and at a followup assessment, on psychometric self-report and interview measures of PTSD, depressive, dissociative, and other anxiety symptoms. Patterns of predictivity by in-session DESNOS symptoms, within and across treatment modalities will be presented, controlling for the effects of initial symptom severity, quality of life, type of childhood sexual abuse and other childhood trauma, and depression and Axis II diagnostic status. The role of the lasting alterations in affective, cognitive, interpersonal, existential, and bodily self-regulation assessed by DESNOS in treatment engagement, retention, and outcome will be discussed.

## PSYCHOLOGICAL SEQUELAE OF EARLY TRAUMA II: COMORBID DIAGNOSES OR DIAGNOSTIC ENTITY?

Margaret E. Blaustein, Joseph Spinazzola, Bessel A. van der Kolk, William B. Simpson, Harvard Business School; The Trauma Center/Boston University School of Medicine

Epidemiological research has revealed a substantial incidence of comorbidity among individuals with PTSD: as many as 80% of these patients meet criteria for another DSM-IV psychiatric disorder (Solomon & Davidson, 1997), and lifetime presence of PTSD significantly elevates the odds of developing Axis I psychopathology (Kessler et al., 1995). The frequent observation of problems with affect regulation, somatization, dissociation, and altered perceptions of self and others in patients with histories of chronic early traumatization resulted in the elaboration of Disorders of Extreme Stress Not Otherwise Specified (DESNOS) (e.g., Herman, 1992; van der Kolk et al., 1996). Initially evaluated during the DSM-IV Field Trials, DESNOS has been the source of renewed interest in efforts to account for persistent and serious patterns of disturbance in subsets of chronically traumatized patients for whom traditional approaches to the treatment of PTSD have been unsuccessful. The present study extends previously presented results that furthered the empirical validation of the DESNOS diagnosis. One hundred participants aged 18-65 who met current criteria for PTSD were administered the SCID-I and II, and the Structured Interview for Disorders of Extreme Stress (SIDES). Individuals with and without DESNOS were compared with regards to number and type of Axis I comorbid diagnoses. Results indicate that participants with significant DESNOS symptomatology exhibit more extensive comorbid diagnoses than those with PTSD alone; further, these individuals demonstrate specific patterns of comorbidity which would be anticipated by the DESNOS construct due to their shared underlying deficits in self and affect regulation.

## PREDICTING TREATMENT OUTCOME OF COMPLEX PTSD: AN EXPERTISE BASED MODEL

Erik Baars, Cats-Polm Instituut; Onno van der Hart, Department of Clinical Psychology Utrecht University; Ellert R. S. Nijenhuis, GGZDrenthe; Nel Draijer, Department of Psychiatry, Vrije University, Amsterdam; Gerrit Glas, University Medical Center Utrecht; James Chu, McLean Hospital

Prognostic variables, which influence treatment outcome, can be the cause of systematic bias and subsequent false outcome results. The quality of randomized and non-randomized outcome studies can be significantly increased if potential prognostic factors are well understood, measured and appropriately controlled. Knowledge of prognostic variables will have to be gathered mainly from two sources: clinical expertise and empirical studies. In this study we collected the clinical expertise in the Complex PTSD field by means of the 'concept-mapping method' in two rounds. In the first round we asked the experts to complete a questionnaire in which they could state which aspects in their opinion (based on their own experience) best predict treatment outcome in the treatment phase stabilization and symptom reduction. In the second round we sent them a list of all the items mentioned by all the participating experts and asked them to cluster and prioritize them. By statistically analyzing the collected data we were able to build an expertise and consensus based prognostic model, from which treatment outcome can be predicted. This model will be the starting point for further outcome studies and studies in which the model will be clinically and statistically validated. The prognostic model will be presented during the lecture.