

Concurrent Sessions - Saturday, December 8

CONCURRENT SESSION V

10:00 AM–11:15 AM

Mayor's Chamber, Second Floor

Symposium

Basic Research

DISSOCIATION AND NUMBING FOLLOWING TRAUMA

Chair: Richard A. Bryant, University of New South Wales; **Discussant:** Terence M. Keane, National Center for PTSD, Veterans Affairs Medical Center

This symposium will address theoretical and empirical aspects of emotional numbing and dissociative responses during and following trauma. The papers will address (a) the relationship between dissociation and arousal in acute stress disorder and also in skydivers, (b) psychophysiological reactivity in acute stress disorder, and emotional processing in veterans.

DISSOCIATION AND PSYCHOPHYSIOLOGICAL AROUSAL IN ACUTE STRESS DISORDER DURING TRAUMA NARRATIVES

Reginald D. V. Nixon, University of Missouri-St. Louis, Center for Trauma Recovery; Richard A. Bryant, Michelle L. Moulds, The University of New South Wales

Dissociation is a critical component of the DSM-IV diagnosis of Acute Stress Disorder (ASD). Although it has been proposed to serve as a compensatory strategy to significant physiological arousal in the short term, the continued use of dissociative strategies may interfere with trauma recovery. The mechanisms behind such dissociation are poorly understood. Although there is some evidence to suggest that physiological activity may be suppressed in highly dissociative trauma victims when recalling their trauma, this has only been investigated with acutely traumatized rape victims. Whether this response is specific to sexual assault victims is unclear, as is its relationship to persistent posttraumatic dissociation. The purpose of the current study was to investigate the role of dissociation and psychophysiological arousal in a non-sexual assault trauma sample. Participants (15 ASD, and 15 trauma-exposed non-ASD) were asked to describe the events of their trauma during which skin conductance, frontal is electromyogram, skin temperature and heart rate activity was recorded. Subjective mood states were measured via self-report during participants' trauma narrative. Assessment of diagnostic status and dissociation (trait, peritraumatic and persistent posttraumatic dissociation) was also conducted. The findings are discussed in the context of the relationship between dissociative tendencies and psychophysiological arousal in acutely traumatized individuals.

RECENT STUDIES OF EMOTIONAL BEHAVIOR IN PTSD

Brett T. Litz, Mark W. Miller, National Center for PTSD

Disrupted emotional-processing capacities are a central feature of the long-term psychological consequences of trauma. Individuals with posttraumatic stress disorder (PTSD) report two very different types of problems related to emotion. On the one hand, patients with PTSD report intense negative emotional reactions when reminded of their trauma (e.g., fear, sadness). On the other hand, individuals with PTSD report disinterest in circumstances that would otherwise elicit emotion and a lack of ability to experience and express emotions, the combination of which is referred to as emotional numbing (APA, 1994). Although several theorists have argued that these two types of experiences are phasically related and that their interplay is fundamental to the nature of PTSD (e.g., Horowitz, 1986), there has been scant empirical investigation of the relationship between these two response classes. This paper will provide an overview of conceptual and methodological issues in the study of emotion in PTSD. The presentation will also entail an overview of a series of recent empirical studies that examined the phasic relationship between conditioned emotional responses and emotional processing deficits in PTSD.

PANIC AND PERITRAUMATIC DISSOCIATION

Richard A. Bryant, University of New South Wales

Peritraumatic dissociation describes alterations in awareness during and following a traumatic event. One theory posits that peritraumatic dissociation may be a function of elevated arousal associated with panic symptoms. Two studies were conducted to index

the role of panic in peritraumatic dissociation. Experiment 1 investigated the role of panic symptoms during trauma and subsequent dissociation in acute stress disorder (ASD). Civilian trauma (N = 51) survivors with either ASD or ASD were administered the Acute Stress Disorder Scale, the Impact of Event Scale, the Beck Anxiety Inventory (BAI), the Peritraumatic Dissociative Experiences Questionnaire (PDEQ), and the Physical Reactions Scale (PRS) to index panic reactions during the trauma. Multiple regression analysis found that panic reactions during the trauma and reexperiencing accounted for 45% and 6% of the variance, respectively, of acute dissociation. Experiment 2 further investigated the role of panic and dissociation by indexing reactions in novice skydivers immediately prior to and following the skydive. Specifically, 100 novice skydivers were administered the PRS, PDEQ, BAI, and Tellegen Absorption Scale. This study found that PRS and BAI accounted for 20% and 9% of the variance, respectively, of acute dissociation. These findings are discussed in terms of the proposal that peritraumatic dissociation is mediated, to a large extent, by panic and arousal.

Creole Room, Mezzanine Floor

Workshop

Clinical Theory/Clinical Practice

THE TRAUMA OF CHILD SEXUAL ABUSE: DIFFICULT TREATMENT ISSUES

Chair: Leslie A. Kimball, Peg Schwartz, Janelle Vincent O'Boyle, Weinman Children's Advocacy Centre, University of Missouri-St. Louis

Families who present for treatment of the impact of child sexual abuse rarely match textbook cases of incest (for example, the father is the perpetrator and is now out of the home, the mother is unambiguously supportive of the child, and all legal proceedings have been satisfactorily completed.) This workshop will focus on several issues which are often present and complicate the course of treatment, such as sibling abuse, a lack of non-offending parental support for the abused child, a lack of action taken by the child protective and/or criminal justice systems, when the child still interacts with the perpetrator, when the child is sexualized instead of traumatized, and/or when the child is in residential treatment. A transactional model for conceptualizing these complicated cases will be presented which takes into account events directly and indirectly related to the abuse as well as the child's coping resources. Treatment guidelines will be provided, focusing on cognitive-behavioral and art therapy interventions. However, perpetrator treatment will not be addressed. Pilot data from research conducted at our Centre using this transactional model will also be presented.

University Room, Second Floor

Symposium

Clinical Theory/Clinical Practice

NEWS COVERAGE OF DV: PART OF THE PROBLEM, PART OF THE SOLUTION

Chair: Roger A. Simpson, University of Washington; **Discussant:** Margaret Hobart, Washington State Coalition Against Domestic Violence

Media can be an important link to trauma populations and communities. Our analysis of newspaper coverage of domestic violence and survey of journalists indicate that newspapers can more accurately portray the social problem. Findings also point to ways those in community-based programs can work with media to serve target populations.

INSIDE THE NEWSROOM: JOURNALISTS' VIEWS OF DV AND WHAT SHAPES COVERAGE

Jason Cubert, University of Washington

This study examines journalists' definitions of domestic violence, their assumptions of the perpetrators and victims involved, their approaches to coverage of domestic violence, and factors they feel affect their reporting. A twelve-question survey was sent to 162 newspaper organizations throughout Washington state. Data were collected from journalists who covered domestic violence most frequently. Response rate was about 20 percent. Findings indicated that journalists do not operate from a field-standard definition of domestic violence and hold a variety of assumptions about those involved. Many of their responses mirror societal myths, problematizing how domestic violence is presented to the public. A number of journalists approach coverage intent on educating their readers and helping solve the problem; however, they indicate that

newsroom values and codes, lack of information, uncooperative sources and other factors affect coverage. We conclude that journalists can more accurately report on the complexities of domestic violence (such as by defining the problem completely, contextualizing stories, and using a wider variety of sources) while working within established professional norms.

COVERAGE OF DV FATALITIES BY NEWSPAPERS IN WASHINGTON STATE

Cathy Bullock, University of Washington

This study is based on the idea that news coverage can help determine how society views and responds to domestic violence. Thus, media can contribute to the problem or become a weapon against it. The project explores how newspapers portray domestic violence fatalities, how accurately they reflect the victims' experiences and the broader social problem of domestic violence, and the implications of the patterns of portrayal. Using quantitative content analysis and frame analysis, we examined coverage of domestic violence homicides by all newspapers in Washington state during 1998—230 articles divided among 44 cases. Overall, the analyses indicate that coverage gave a distorted view of domestic violence and of the victims' experiences, often supporting common myths. The coverage generally presented domestic violence in terms of isolated incidents, rather than portraying it as a larger social problem. Overall, it appears that the coverage may help insulate readers from the realities of domestic violence. However, a handful of articles portrayed domestic violence as a social problem with the potential to affect every reader, proving that domestic violence fatalities can be more accurately portrayed within the boundaries of current journalistic norms and practices and pointing to ways journalists can improve coverage.

Explorer's Room, Second Floor

Workshop

Clinical Theory/Clinical Practice

SPIRITUALITY AND PTSD: MAKING SENSE OF TRAUMA

Chair: Kent D. Drescher, National Center for PTSD, VA Palo Alto Health Care System; **Discussant:** David W. Foy, Pepperdine University, Graduate School of Education and Psychology; Dorene Loew, Gilbert Ramirez, Helena E. Young, National Center for PTSD, VA Palo Alto Health Care System

Attention to spiritual aspects of individuals' care needs has been identified as an important dimension of service provision within healthcare organizations. However, those in the mental health field often are inclined to ignore religious and spiritual issues or approach them with a degree of discomfort and caution. Research suggests that meaning-making is reparative of the shattered assumptive sets of the trauma survivor. In this workshop, members of the National Center for PTSD clinical team will review the process and challenges of including spiritual assessment and a "Spirituality and Trauma" group within the context of a secular, government-funded residential rehabilitation program for PTSD. The program encourages its residents to weigh the risks and benefits of self/other forgiveness, to construct a more benevolent worldview, and to re/connect with their spiritual selves. Adaptation of work in the forgiveness literature will be addressed. Additionally, the reaction of staff to heightened attention to spiritual matters, and the impact of the group within the context of the therapeutic milieu, will be explored. Finally, the ways in which attention to spiritual issues and the "Spirituality and Trauma" group have influenced the course of treatment in the program's "Warzone Trauma Focus" groups will be reviewed through case studies.

Imperial Ballroom, Mezzanine Floor

Workshop

Collaborations

MULTILEVEL STRATEGIES TO IMPROVE THE SOCIO-ECOLOGICAL CONTEXT OF PSYCHIATRIC OUTPATIENTS WITH WAR-RELATED TRAUMA

Chair: Solvig M. Ekblad, National Institute of Psychosocial Factors and Health; **Fredrik Lindencrona, Neurotec, Karolinska Institute**

This participatory action research study aims at improving the socio-ecological context of psychiatric outpatients with severe war-related trauma. The study was performed at a community mental health centre south of Stockholm, Sweden serving a patient-population consisting mainly of immigrants. Our theoretical framework postulates that

perceived mental health is influenced by five factors of environmental stress: attachment (integration into social networks), security (risk of economic insecurity and violence), identity-roles (threat to individual feeling of self-worth), human rights (freedom to live in a non-discriminatory environment) and existential-meaning (anchoring in a political, religious and/or ethnic belief-system). Traumatized patients were found to have good integration into family networks, but continue to encounter significant life changes years after immigrating. Many experience frequent threats of physical or sexual violence. Few have jobs, and even fewer are employed at a level compatible with their education. We conclude that, in order to improve the quality of care for the traumatized patients, the services provided by the studied community mental health centre should be redesigned and a system of intersectoral collaboration should be developed, in accordance with the findings. The development should be done in cooperation with representatives from community services and businesses and the patients themselves.

Wildcatter Room, Mezzanine Floor

Symposium

Collaborations

INTERGENERATIONAL TRANSFER OF TRAUMA IN NATIVE AMERICANS: SPIRIT WOUNDS

Chair: Henry E. Stamm IV, Lucius Burch Center; **Discussant:** B. Hudnall Stamm, Idaho State University Institute of Rural Health

To address the Spirit Wound, public health systems need to shift from illness to wellness utilizing medicines of the past, present, and future. A community's culture and history is a lens through which to unify modern medicine with the culturally based traditional practices that have been effective for generations.

HISTORY AND PUBLIC HEALTH IN A CROSS-CULTURAL SETTING

Henry E. Stamm IV, Lucius Burch Center; B. Hudnall Stamm, Idaho State University Institute of Rural Health

Public health has long been a major concern of reformers who sought ways of blending immigrants, American Indians, and descendants of slaves into the so-called "melting pot" of the United States. From the 1870s to the present, public health care workers have attempted to modernize these communities and have them conform to the contemporary standards of care and treatment. But in so doing, good intentions often ran roughshod over the cultural values and standards of the communities and actually served to undermine the goals of achieving better overall public health. To some extent the creation of the professional societies which set policy for medical licensing and definitions of public health care contributed to the cultural conflicts in delivering and enforcing health care policy in the communities of immigrants, Indians, and ex-slaves. At the very least, midwives and acknowledged healers within the communities found themselves devalued by public health care officials, if not ostracized or otherwise prevented from performing their expected duties within their communities. This led, among other things, to suspicion about the motives of the reformers and health care workers who came to these communities and further added to hostilities between those.

SPIRIT WOUNDS: PHYSICAL, MENTAL, SPIRITUAL, AND SOCIAL EFFECTS OF OPPRESSION, DECULTURIZATION AND SEPARATION AMONG NATIVE AMERICANS

Robert Morgan, Southcentral Foundation Traditional Healing Program

The Intergenerational Transfer of Traumatic Experience (The Spirit Wound) has affected the progress and development of the Native American people at many levels of function. Dr. Robert Morgan, a Native American Elder, is also trained as a clinical psychologist. He has been active in efforts to reform the various public health systems that serve Alaska Native and American Indian people in the United States. The presentation will examine areas in which our public health and health care delivery system has been remiss in its general inability to recognize the functional importance of Historical trauma—the Spirit Wound—in the US Native population and in developing and integrating hybrid treatment models that embrace Western and Native American treatment models and concepts. Dr. Morgan will review the physical, mental, spiritual, and social effects of oppression, deculturation, separation and psychosocial difficulties as they have

Concurrent Sessions - Saturday, December 8

occurred among the Native American population over the past decades. The presentation will conclude with suggested hybrid models of treatment that have proven more effective in meeting the developmental needs of our Native people.

SUCCESSSES AND FAILURES OF WESTERN MEDICINE: ONE FAMILY'S STORY

Elizabeth H. Dolchok, Maxim Dolchok, Traditional Healing-Tribal Doctor Program
Southcentral Foundation

Two Alaska Native professionals and Elders to their community will relate how historical Trauma has affected the development and function of their immediate and extended families. Lisa Dolchok will speak from her position as an Alaska Native Tribal Doctor who sees patients through the Tribal Doctor Program at Southcentral Foundation in Anchorage Alaska. Max Dolchok will share his many years of experience as administrator and consultant with Native American corporations. Together, they will evaluate the successes and failures of Western Medicine in meeting the emerging needs of their own family. They will conclude their presentation with suggested ways in which Tribal and Western medicine could more effectively meet the physical, mental and spiritual needs of the Native American population.

Emerald Room, Second Floor

Featured Session: Panel Discussion

Cross-Cultural

FOSTERING MINORITY STUDENTS' PROFESSIONAL CAREERS IN THE FIELD OF TRAUMATIC STRESS

Kassie Freeman, Dean of Education, Dillard University; Lana Chambliss,
New Orleans Assn. of Black Psychologists; Betty Brown, Xavier University;
Reception Coordinator: Ron Murphy, Dillard University

Sponsored by the Division of Educational and Psychological Studies, Dillard University

This panel presentation addresses the great need to increase the number of ethnic minority students who choose to work in the field of traumatic stress. The panelists bring a wide range of experience in ethnic minority education and the preparation of students for professional careers. They will offer their vision and practical advice for fostering professional development of ethnic minority students, enhancing their interest in traumatic stress, and increasing their opportunities for careers in trauma-related fields such as health care, research, and education.

Rex Room, Mezzanine Floor

Panel Discussion

Human Rights

ARMENIAN-TURKISH RECONCILIATION: PAST, PRESENT AND FUTURE

Chair: Anie Kalayjian, Armenian American Society for Studies on Stress and
Genocide; Murat Paker, Safe Horizon Counseling Center/SOLACE

This panel aims to discuss challenges and opportunities of the Armenian-Turkish reconciliation from a psychosocial and spiritual perspective. Mass massacres of vast Armenian population committed by the Ottoman Government during WWI created an ongoing political conflict and deep psychological wounds which have remained largely unrecognized and unresolved to this day. In this panel, one Armenian and one Turkish psychologists will attempt to address the psychological status of both sides with regard to dialogue and reconciliation, drawing special attention to the future implications. This panel will also present community-based psychosocial and spiritual programs to facilitate both communities to resolve the mass trauma through validation, integration, and closure. Dr. Kalayjian will first discuss the research findings pertaining to the coping reactions of the Armenian survivors of this mass trauma. She then will introduce her six-step, Bio-Psychosocial and Spiritual Program, as a community-based, therapeutic program, to help communities on both sides overcome anger, and move toward a deeper understanding and a constructive dialogue. Dr. Paker will discuss the dominant political culture of Turkey with regard to violence, its defense system, and the place and role of Armenian massacres in the psyche of the current Turkish state and society. He will attempt to situate the issue of reconciliation within a relational psychoanalytic framework.

Orleans Room, Mezzanine Floor

Case Presentation

Human Rights

A PSYCHIATRIC AND LEGAL CASE PRESENTATION OF AN ASYLUM-SEEKING TORTURE VICTIM WITH PTSD

Robert C. Stone, UT Southwestern Medical Center, Dallas; Edwin Marino,
Human Rights Initiative of North Texas

Typically, those seeking asylum in the US do not have access to medical or psychiatric services during the asylum petitioning process. For those who are survivors of torture, these services can be urgent for health reasons and critical for successfully completing the asylum process. This case presentation will discuss a male in his early thirties from a Central African country who was tortured continuously for two weeks for preaching reconciliation with former members of the previous regime. The case will be discussed in detail from the medical and legal perspectives, with emphasis on how the psychiatric treatment of the survivor affected the outcome of his asylum process. Further discussion will center on the appropriate rolls of psychiatric treatment and expert testimony in these types of cases and the implications for possible immigration and social policy changes.

Grand Ballroom, Mezzanine Floor

Symposium

Intervention Research

3 CONTROLLED TRIALS FOR PTSD: PE COMPARED TO 1) EMDR; 2) CPT; AND 3) CR

Chair: Barbara O. Rothbaum, Emory University School of Medicine,
Psychiatry; Discussant: Terence M. Keane, Boston VA Medical Center

Three randomized controlled trials treating PTSD in adult female rape victims will be presented: Patti Resick on long-term follow-up of Cognitive Processing Therapy (CPT) vs Prolonged Exposure (PE); Edna Foa on PE alone or with Cognitive Restructuring (CR); and Barbara Rothbaum on PE vs Eye Movement Desensitization and Reprocessing (EMDR) vs waitlist control.

PROLONGED EXPOSURE VS. EMDR FOR PTSD RAPE VICTIMS

Barbara O. Rothbaum, Emory University School of Medicine, Psychiatry; Millie C.
Astin, Emory University School of Medicine

This controlled study aimed to evaluate the relative efficacy of Prolonged Exposure (PE) and Eye Movement Desensitization and Reprocessing (EMDR) compared to a no-treatment wait-list control (WAIT) in the treatment of PTSD in adult female rape victims. In this study, 75 Ss with PTSD were randomly assigned to one of the three experimental conditions to achieve 20 completers per treatment group. All assessments were conducted by an Independent Assessor blind to the treatment condition, and standard measures of PTSD and related symptoms were incorporated. The primary goals of this study were to compare the relative efficacy of EMDR and PE, and compare them to the WAIT control group in treating PTSD in rape victims; to gather information on the differential rate of response to treatment; to develop predictors for response to treatment; and to gather information on the long-term response to treatment for six and twelve months following treatment. The mean age of participants was 34.3 (SD = 11.9) and ranges from 18-63 years. Most participants were Caucasian (69%); 24% are African American, 3% are Latino, and 3% are Other. The majority were single (53%), while 28% were married or living with a partner, and 19% were divorced or separated. Treated patients were significantly more improved on all of the PTSD symptom categories as well as by PTSD diagnostic status than the WAIT participants immediately post-treatment. Means and standard deviations of PTSD symptom measures and other symptom measures will be presented and compared for participants who received PE, EMDR, and WAIT at Pre-Treatment and Post-Treatment and 6-month follow-up.

TWO-YEAR FOLLOW-UP OF A CLINICAL TRIAL COMPARING COGNITIVE PROCESSING THERAPY AND PROLONGED EXPOSURE FOR THE TREATMENT OF PTSD

Patricia A. Resick, Pallavi Nishith, University of Missouri-St. Louis

The purpose of this presentation will be to describe a telephone follow-up that was conducted two years after the completion of treatment in a controlled trial of cognitive behavioral treatments for PTSD. The treatment study compared cognitive processing therapy (CPT; Resick & Schnicke, 1992), prolonged exposure (PE; Foa et al., 1999) and a delayed treatment waiting-list condition (WL). Following the waiting period, participants in that condition were randomly assigned to one of the two therapy protocols. Participants were 171 female rape survivors who were randomly assigned to one of the three conditions. One hundred twenty-one women completed treatment and at least the post-treatment assessment. The initial study included three and nine month follow-ups. Although it had not been planned originally, we decided to add a two-year follow-up. As of 3/01, we have collected interview data and PTSD Symptom Scale scores (PSS) on 66 women who completed the following groups: CPT (21), PE (25), WL/CPT (9), and WL/PE (11). We have also collected two-year data on 21 women who dropped out after the first assessment, during treatment or after the waiting condition. Findings indicated that, after two years, the women who completed treatment continued to maintain the improvement they evidenced following therapy. There were no significant differences between the two types of treatment at the two-year follow-up although there was a trend for the DL/CPT group to have lower scores than the PE group. When the 66 treated women were collapsed and compared to the women who dropped out, there was no difference between the PSS scores of the two groups at pretreatment but a significant difference at the two-year follow-up, $F(1,85) = 6.1, p < .02$. Although the dropout group had significantly higher scores at the follow-up, they too had improved significantly from pretreatment. For the conference presentation, we will have completed the two-year follow-up and will also examine whether the participants received more therapy subsequent to their participation in this project as well as whether they had experienced other traumatic events.

EFFECTIVENESS OF PROLONGED EXPOSURE WITH AND WITHOUT COGNITIVE RESTRUCTURING FOR PTSD IN COMMUNITY AND EXPERT CLINICS

Edna B. Foa, Shawn P. Cahill, Elizabeth A. Hembree, University of Pennsylvania

Previous studies have demonstrated the efficacy of several cognitive behavioral therapies (CBT) for posttraumatic stress disorder (PTSD), including prolonged exposure (PE; Foa et al., 1999; Keane et al., 1989) cognitive processing therapy (CPT; Resick & Schnicke, 1992); stress inoculation training (SIT; Foa et al., 1999) and cognitive therapy (CT; Marks et al., 1998, Tarrier et al., 1999). However, all these efficacy studies have been conducted in expert research clinics where treatments are typically administered by Doctoral-level therapists with considerable expertise in CBT for PTSD. An crucial question in evaluating the usefulness of these interventions is how they fare when administered by therapists in community-based clinics, where therapists are less likely to have good training in CBT. Data will be presented from a treatment outcome study that compares the effectiveness of PE, with and without cognitive restructuring. Treatment was administered both by expert, Doctoral-level CBT therapists from our Center for the Treatment and Study of Anxiety (CTSA), and by Master's-level counselors, without prior training in CBT, from a local community agency (Women Organized Against Rape, WOAR). Female assault victims meeting DSM-IV criteria for PTSD were randomly assigned at each site to one of three conditions: PE, PE plus cognitive restructuring (PE/CR), or wait-list control (WL). The treatments consisted of 9-12 weeks of individual sessions administered by female therapists. WOAR counselors received an initial 5-day training course in the two study treatments and ongoing supervision from the CTSA experts. Independent evaluations were conducted at pretreatment, post-treatment, 3-months, 6-months, and 12-months post-treatment. Currently, 91 female assault victims have completed treatment at least 4 sessions of treatment and 24 have completed WL. Compared to the WL condition, both active treatments resulted in significantly lower levels of PTSD symptoms and associated anxiety and depression. However, the two treatments did not differ from one another. This indicates that adding CR did not enhance the effectiveness of PE. Comparison of the effectiveness of the two treatments across sites revealed no differences between the CTSA experts and WOAR counselors on measures of PTSD severity and depression. A

small but statistically significant difference was observed on a measure of general anxiety, such that treatment outcome was slightly better at WOAR than at the CTSA. These data indicate that, with training and ongoing supervision, community-based counselors were at least as effective in implementing PE and PE/CR in the treatment of assault related PTSD. Implications for the effective dissemination of empirically supported treatments to community-based clinics will be discussed.

Bayou I, Bayou Level

Symposium

Intervention Research

INVOLVING REFUGEE FAMILIES IN COMMUNITY-BASED PREVENTIVE INTERVENTIONS

Chair: Yasmina Kulauzovic, University of Illinois at Chicago; Discussant: Jack M. Saul, New York University

Working with refugee families and other underserved survivors in community settings requires that providers commit to recruitment efforts that facilitate engagement and retention. This symposium addresses engagement and retention by presenting service strategies, research evaluation, and a theoretical framework derived from experiences of conducting two prevention interventions for refugee families.

A CONCEPTUAL FRAMEWORK FOR ENGAGEMENT OF REFUGEE FAMILIES AND THE IMPACT OF FAMILY BELIEFS

Stevan M. Weine, Suzanne Feetham, Ivan Pavkovic, Yasmina Kulauzovic, Robert Gibbons, University of Illinois at Chicago; John Rolland, University of Chicago

There is a need for preventive interventions for refugees and other underserved trauma survivors that are attuned to their real world strengths and needs. That must include efforts at to engage and retain families. These in turn, are dependent upon a coherent theoretical approach. This is seldom addressed in the trauma field, but has been the focus of theory and research work in family and services literatures. This presentation will draw upon those in introducing a conceptual framework for understanding and facilitating engagement and retention with refugees and other underserved trauma survivors that centers on the importance of family beliefs. This framework can assist us in focusing on the interactivity between the worlds of families and those of community and service organizations. It focuses intervention efforts upon helping families to define needs and strengths, anticipating potential obstacles, supporting and supervising facilitators, collaborating with community and organizational representatives.

ENGAGEMENT AND RETENTION STRATEGIES WITH REFUGEE FAMILIES

Aida Mujagic, Yasmina Kulauzovic, Stevan M. Weine, Alma Lezic, Sanela Besic, Dzemila Spahovic, Jasmina Muzurovic, Suzanne Feetham, University of Illinois at Chicago

A major challenge in providing community-based interventions for refugee families is "engaging" the refugee family in the service or intervention provided. Refugee families face tremendous obstacles towards involvement concerning work conflicts, childcare, transportation, lack of trust, lack of information on available services and helping resources, cultural barriers (i.e.: language), and cultural stigmas. Successful engagement and retention requires that family outreach workers: 1) thoroughly understand the entire engagement process at multiple levels; 2) grasp basic principles of engagement, including principles for problem-solving around engagement obstacles; and 3) be fully aware of and understand the ethno-cultural factors affecting families participation or families refusal to participate. This presentation addresses the many challenges to and successful strategies for engaging and retaining refugee families, based on the work conducted on two "prevention and access" interventions for Bosnian and Kosovar refugee families, the CAFES and TAFES projects.

Concurrent Sessions - Saturday, December 8

ENGAGEMENT AND RETENTION WITH THE CAFES INTERVENTIONS

Yasmina Kulauzovic, Stevan M. Weine, Aida Mujagic, Suzanne Feetham, Jasmina Muzurovic, Alma Lezic, Sanela Besic, Dzemila Spahovic, Robert Gibbons, University of Illinois at Chicago

This study examines the results of engagement and retention of refugee families with the CAFES intervention study in Chicago funded by the National Institute of Mental Health. Preliminary evaluation of ongoing CAFES engagement and retention efforts will be presented. A significant number of families attended at least one meeting (71%), and of those (72%) attended five or more meetings. The TAFES was able to engage a wide range of persons including those who were working and educated, but whom were suffering. Those persons who engaged in CAFES group, in comparison with those persons who did not, showed statistically significant differences in several areas. Engagers had: (1) older age; (2) more female; (3) lower monthly family income; (4) higher number of children; (5) higher age of first child. Further analyses will attempt to build statistical models of engagement and retention based upon the CAFES outcome instruments. Implications for further study and for programs for refugees and other underserved trauma survivors will be discussed.

Bayou II, Bayou Level

Symposium

From Research to Practice

SPIRITUALITY ISSUES FOR TRAUMA SURVIVORS— A RELATIONSHIP MODEL

Chair: Jeanne C. Folks, Connecticut Psychotherapeutic Resources;
Discussant: Laurie Anne Pearlman, Traumatic Stress Institute

Many trauma survivors experience a crisis of faith in the process of their recovery. Many therapists feel ill equipped to deal with client feelings of anger, personal worthlessness and/or grief in relationship with God. This symposium offers clinical conceptualizations and protocols to empower the therapist, regardless of his/her personal beliefs, in support of a client's need to struggle spiritually.

SPIRITUALITY AND TRAUMA

Naama Tokayer, University of Hartford; Sarah Nicholls, Traumatic Stress Institute

Spirituality and Trauma Spirituality has remained an elusive term despite increasing research in the area. Although many have proposed definitions for spirituality, little consensus has been reached. The abstractness of the term may reflect that spirituality is an experience that words simply fail to describe. Nonetheless, theoretical literature has highlighted the buffering effects of spirituality, as it exists independently of religion, with regard to the deleterious effects of trauma. The lack of clarity relating to the definition of spirituality remains one of the greatest challenges to the empirical validation of its relationship with trauma. This study is an attempt to further empirical research in this area of study by assessing spirituality along with symptoms of trauma. 90 adult survivors of childhood abuse completed multiple questionnaires relating to physical symptoms, trauma symptoms, abuse history and spirituality independent of religion. This study is based on the hypothesis that there is an inverse relationship between spirituality and trauma symptoms among adult survivors of trauma. Results of the study, which utilize multiple statistical analyses, will be reviewed.

SPIRITUALITY ISSUES FOR TRAUMA SURVIVORS— A RELATIONSHIP MODEL

Jeanne C. Folks, Connecticut Psychotherapeutic Resources

One of the great wounds of psychological trauma is injury to relationship skills and tolerance. For trauma survivors who believe in the existence of a Higher Power, all the limitations of relationship are in play in conjunction with the survivor's perception of their relationship with God. This creates a conflict and crisis of faith and feeling - feelings of betrayal and abandonment, loneliness and longing, anger and disillusionment. Huge, seemingly unanswerable theological and relational questions regarding God's omniscience, omnipresence and omnipotence abound - "If God is all knowing, why did He allow me to be born into a family who He knew would hurt me?" "If God's everywhere, always, why didn't I feel Him with me when terrible things were being done to me?" "If God is all powerful, why didn't He save me?" Therapists often feel paralyzed and/or ill equipped when presented with such questions. This presentation

offers concepts and protocols to assist the therapist in supporting the trauma survivor who longs to examine these questions, feel validated in their feelings of anger, worthlessness and grief, and therapeutically explore their complex relationship issues with God, regardless of the therapist's personal belief system. Modalities examined in the context of specific clinical case material include insight oriented psychotherapy to help the client identify the feelings of injured/betrayed relationship they harbor toward God, Gestalt exercises to vivify these feelings, Ericksonian imagery, journaling and letter writing all focused on processing deep emotional confusion and injury for the purpose of healing and coming into a compassionate and personally logical understanding of this unique and powerful relationship.

SPIRITUALITY ISSUES WHERE THE PATHS OF THERAPISTS AND CLERGY INTERSECT

Jackson H. Day, National Conference of Vietnam Veteran Ministers

Experiences of trauma can damage spirituality in the areas of trust, faith, values, beliefs and self-worth. Therapy necessarily involving healing in these areas, therapists find themselves addressing areas of spirituality with which they sometimes may be uncomfortable or feel untrained compared to clergy. Therapists may seek greater competence in addressing spirituality, and/or may refer clients to clergy. Each alternative poses questions addressed in this session: Must a therapist have answers to theological questions (such as why there is suffering) in addressing spiritual issues? How much information about beliefs and practices of specific faith communities (e.g. Jewish, Baptist) should therapists have? Does clergy training better equip clergy to understand and address clients' spiritual and theological issues? How beneficial to therapy is the ability of clergy to speak on behalf of faith communities, and, by extension, for God? For instance in giving the client permission to let guilt feelings go? Do acts such as confession and absolution enhance the process of healing in therapy? When should therapists refer clients to clergy, and should they know individual clergy in order to feel comfortable making a referral? To what extent can participation in such faith communities concurrently with therapy enhance the therapeutic process?

Bayou III, Bayou Level

Symposium

From Research to Practice

NEURAL MECHANISMS IN POSTTRAUMATIC STRESS: PART I

Chair/Discussant: James W. Hopper, Boston University School of Medicine

The first two talks present neuroimaging findings suggesting that PTSD is associated with general impairments in the neural circuitry of emotion, and the third that anterior cingulate cortex dysfunction contributes to these problems. Discussion addresses the need for more research and more clinically relevant biological models of posttraumatic emotion dysregulation.

NEUROCIRCUITRY REVEALED BY EMOTIONAL PROVOCATION IN PTSD SUBJECTS: SIMILARITIES AND DIFFERENCES COMPARED TO MOOD PROVOCATIONS IN NORMAL CONTROLS

Brannan Stephen, University of Texas Health Sciences Center San Antonio

Several published neuroimaging studies have used mood provocation strategies to understand the neural circuitry underlying normal and abnormal emotional processing. We have previously reported using autobiographic memory scripts to evoke sadness and anxiety in normal controls. We have used a similar provocation in Vietnam combat veterans with PTSD. We scanned 10 subjects with O-15 positron emission tomography (PET), using scripts crafted from subjects' two worst war memories, repeated 4 times and contrasted with an eyes-closed-rest control. Concurrent psychophysiological measurements were done and distress ratings completed after each trauma memory. Using correlation techniques we identified separate neural circuits involved with general emotional activation from those more specifically correlated with the emotional distress evoked by the paradigm. Comparing the results to those from our previous studies demonstrates the similarity to anxiety provocation in normal controls (e.g. involvement of anterior cingulate, thalamus, lentiform nuclei, vermal cerebellum, insula, and hippocampus). This is not surprising, since PTSD is an anxiety disorder, but the comparisons also suggest a neural circuitry more specific to this paradigm or

perhaps PTSD itself (e.g. BA 10). While these results are preliminary, increased knowledge of this emotional circuitry may help identify underlying PTSD pathophysiology and eventually improve assessment and treatment.

NEURONAL CORRELATES OF EMOTIONAL STATES IN POST-TRAUMATIC STRESS DISORDER: A FUNCTIONAL MRI INVESTIGATION

Ruth A. Lanius, Peter C. Williamson, Kristine Boksmann, Maria Densmore, University of Western Ontario; Joseph S. Gati, Ravi Menon, The John P. Robarts Research Institute

This study investigated the neuronal circuitry of traumatic and non-traumatic emotional memories in posttraumatic stress disorder (PTSD). Nine traumatized subjects with PTSD and nine controls with histories of trauma exposure but no PTSD were studied, using the script-driven symptom provocation paradigm adapted to functional magnetic resonance imaging (fMRI) at a 4 Tesla field strength. Four emotional states (neutral, sad, anxious, and traumatic) were investigated with a block design paradigm. Compared to controls, PTSD subjects showed significantly less activation of the thalamus, the anterior cingulate gyrus (BA 32), and the medial frontal gyrus (BA 10/11) during the traumatic condition. For sad and anxious script-driven memories, the PTSD group again exhibited significantly less activation of the thalamus and the anterior cingulate gyrus (BA 32) as compared to control subjects. These findings suggest altered thalamic and anterior cingulate functioning across different emotional states in PTSD.

NEURAL CORRELATES OF EXPOSURE TO THE NEUTRAL AND EMOTIONAL STROOP IN ABUSE-RELATED PTSD

James D. Bremner, Emory University School of Medicine

The anterior cingulate and medial prefrontal cortex play an important role in inhibition of responses as well as emotional regulation. In normal individuals, the anterior cingulate is recruited for both emotional responses as well as during Stroop inhibition, which involves saying the color of a word while ignoring the semantic meaning (e.g. for the word "red" written in the color "green" the subject must say "green"). Competing responses normally result in a delay in color naming. For studies in posttraumatic stress disorder (PTSD), an "emotional" Stroop has been developed (e.g. color naming the word "rape"), and has been shown to result in an increased inhibition of responding in PTSD. Functional imaging studies have implicated dysfunction of medial prefrontal cortex and anterior cingulate in posttraumatic stress disorder (PTSD). The purpose of the study was to use the Stroop as a probe of anterior cingulate function in PTSD. Women with early childhood sexual abuse-related PTSD (N=12) and women with abuse but without PTSD (N=9) underwent positron emission tomographic (PET) measurement of cerebral blood flow during exposure to control, neutral Stroop, and emotional Stroop conditions. Women with abuse with and without PTSD had different patterns of activation in limbic and anterior cingulate/medial prefrontal areas during exposure to neutral and emotional Stroop tasks. These findings demonstrate the feasibility of applying neutral and emotional Stroop tasks as a probe of anterior cingulate and medial prefrontal cortical function in PTSD.

CONCURRENT SESSION VI

11:30 AM–12:45 PM

Creole Room, Mezzanine Floor

Symposium

Basic Research

ILLNESS, INJURY AND POST-TRAUMATIC STRESS IN YOUTH AND PARENTS

Chair: Nancy Kassam-Adams, Children's Hospital of Philadelphia;
Discussant: Victoria Reynolds, Center for Child and Family Health, North Carolina & Duke University

Ill or injured youth are at risk for post-traumatic stress, including ASD and PTSD, but symptoms often go undetected in the course of medical care. Three presentations will describe empirical findings regarding acute and long-term post-traumatic stress in youth (and their parents) facing cancer, organ transplantation, and traumatic injury.

PTSD IN PARENTS OF PEDIATRIC ORGAN TRANSPLANT RECIPIENTS: SECOND-YEAR RESULTS OF A 3-YEAR LONGITUDINAL STUDY

Margaret L. Stuber, Lisa L. Mintzer, Debra L. Seacord, Violet H. Mesrkhani, Marleen Castañeda, UCLA Neuropsychiatric Institute

In the first year of this 3-year longitudinal study, 26.8% (n = 44) of parents of pediatric organ transplant recipients were found to have symptoms consistent with a diagnosis of Posttraumatic Stress Disorder (PTSD). This report documents prevalence of PTSD in the second year of the study. Participants were 165 primary caretakers of pediatric heart, kidney, or liver transplant recipients ranging from 1-3 years post-transplant at the time of the initial interview. PTSD was assessed using the Posttraumatic Stress Disorder Scale (PDS). Comorbidity with other psychiatric symptoms was examined using the Beck Depression Inventory-II (BDI-II) and the State Trait Anxiety Inventory (STAI). Preliminary analysis of the second year data revealed that 21.9% (n = 14) of the first 64 participants had diagnostic levels of PTSD. The slight decrease in PTSD prevalence from year 1 to year 2 was not statistically significant (McNemar test, $X^2(1, N = 64) = .235, p > .1$). PTSD is an ongoing, clinically significant problem for many parents of transplant patients. Data collection and analysis of the second year data is ongoing. The presentation will include the most current analysis as well as a discussion of psychiatric comorbidity in patients with posttraumatic stress symptoms.

THE USE OF A TOOL TO UNDERSTAND TRAUMA IN CHILDHOOD CANCER SURVIVORS

Mary T. Rourke, Melissa Alderfer, Division of Oncology, Anne E. Kazak, Paul Gallagher, Avital Cnaan, The Children's Hospital of Philadelphia; Lamia Barakat, Dept. of Psychology, Drexel University; Kathy Meeske, Children's Hospital of Los Angeles; Margaret L. Stuber, University of California at Los Angeles

This study presents initial data validating the use of a new instrument, the Impact of Traumatic Stressors Interview Schedule (ITSIS), to assess the occurrence of cancer-related posttraumatic stress in childhood cancer survivors and their mothers. 66 child/adolescent cancer survivors and 64 of their mothers, as well as 130 young adult survivors, completed the ITSIS and other measures of posttraumatic stress and general distress. Five factors were identified for the mothers and for the young adult survivors, and three factors were identified for the child/adolescent survivors. Factors in all three samples reflected symptoms of posttraumatic distress, concern over medical late effects, communication, and changes in self due to the cancer. Only young adult survivors had a factor reflecting a positive engagement with the cancer history. Factors correlated with validation measures in predicted ways. The findings further the conceptualization of posttraumatic stress in pediatric cancer by elaborating the traumatic experience for survivors and mothers. Comparing factors across samples allows an examination of different influences of cancer within families and over the course of development.

Concurrent Sessions - Saturday, December 8

SCREENING FOR PTSD RISK IN TRAUMATICALLY INJURED CHILDREN AND TEENS

Nancy Kassam-Adams, Richard F. Ittenbach, Flaura Winston, Cara Vivarelli-O'Neill, Avital Cnaan, Children's Hospital of Philadelphia

Although 25% of children with traumatic injuries develop PTSD; most do not seek treatment (DeVries et al., 1999). If high risk children could be identified soon after injury, while still engaged in acute medical care, secondary prevention efforts could be targeted to these children and their families. This presentation reports on an effort to develop a brief screening tool practical for use in the acute medical care setting. 68 children (8 - 17), hospitalized for traffic-crash-related injuries (and their parents) completed a pilot screening tool within one month of injury and were assessed for PTSD 4 to 8 months later. A core set of 12 child- and parent-report items assessed in the acute post-injury period appear to be useful in predicting PTSD symptom severity at follow-up ($R^2 = .40$). Items include: (a) child's belief s/he would die; (b) hearing loud / scary noises during the crash; (c) child separation from parents in the immediate aftermath of injury; (d) child's and parent's acute distress level; (e) child's rating of "worst" pain since injury, and (f) parent report of pre-existing child stressors, sadness / worry, and behavior / attention problems. Implications of screening for PTSD risk during acute medical treatment will be discussed.

Bayou I, Bayou Level

Case Presentation

Clinical Theory/Clinical Practice

TREATMENT OF TRAUMATIZED HOMELESS WOMEN

Chair: Andrew P. Levin, Ruth Rosenblum, St. Vincent's Hospital Westchester Facility; Kathleen Kelley, Daystar Program; Katherine Falk, Project for Psychiatric Outreach to Homeless; Paula G. Panzer, Jewish Board of Family and Children's Services

Trauma is common in homeless populations with several studies finding a high prevalence of PTSD. Efforts to address posttraumatic symptomatology in this population are hampered by lack of resources and expertise, transience of the patients, and difficulties in developing a safe treatment setting and treatment alliance. We will present treatment experiences in two settings for homeless women: 1) A long term residential facility located on the grounds of a psychiatric hospital specifically serving psychiatrically ill homeless pregnant women and their young children; 2) Three family shelters serving mothers in a large urban shelter system. Seven of the 22 women in the residential group suffered from PTSD and/or dissociative symptomatology; 13/22 had experienced childhood trauma; 15/22 had made suicide attempts. Group and individual modalities were utilized in both settings. Clinicians found the women unable to address traumatic issues directly, often becoming more symptomatic and sabotaging or fleeing treatment. The two teams independently developed indirect approaches stressing life skills, socialization, and parenting. These modalities increased compliance with medication treatment and provided a forum to discuss trauma. Despite these interventions women remained highly symptomatic. Implications for treatment of homeless trauma victims will be presented.

Explorer's Room, Second Floor

Panel Discussion

Clinical Theory/Clinical Practice

INTERGENERATIONAL TRANSMISSION OF TRAUMA AND RESILIENCE: THE STATE OF THE ART

Chair: Harold S. Kudler, Duke University/Durham VA Medical Center; Joseph H. Albeck, McLean Hospital/Harvard Medical School; Hédi Fried, Jewish Community Stockholm; Jean Michel Darves-Bornoz, Clinique Psychiatrique, Hôpital Universitaire; Solvig M. Ekblad, National Institute of Psychosocial Factors and Health

The ISTSS Special Interest Group on Intergenerational Aspects of Trauma presents this panel as part of its ongoing efforts to promote knowledge about a vast community that often goes unrecognized and unattended: the children of trauma survivors. Joseph Albeck will review the history of our Group and its impact on the field. Jean-Michel Darves-Bornoz will discuss theoretical and philosophical issues involved in intergenerational effects. Solvig Ekblad will speak on the mechanisms of transmission. Hedi Fried will present her experience in raising public awareness and implementing educational

programs that connect second generation survivors with support and, when appropriate, with treatment. The panel hopes to engage the audience in an open and fruitful discussion of this still new and often controversial branch of trauma study and practice.

Orleans Room, Mezzanine Floor

Case Presentation

Clinical Theory/Clinical Practice

JOURNALISTS IN THE AFTERMATH OF WAR

Chair: Frank Ochberg, Michigan State University; Sherry Ricchiardi, Indiana University at Indianapolis; Jack M. Saul, New York University

Journalists in the Balkans have survived regional wars only to pursue their reporting against severe physical intimidation (Reporters Without Borders listed 653 journalists attacked or threatened last year), government and other harassment, including the intimidating consequences of special taxes, libel suits and censorship. Journalists wrestle daily with how best to cover the traumatic injuries in their homelands, and how to report events that increase community hostility and further imperil themselves. Every day these survivors attest to the costs of juggling patriotism and their commitment to telling the truth. Panelists Ricchiardi and Saul will have completed an extensive survey of journalists from Croatia, Bosnia and Kosovo. Ochberg will speak from his experience of collaborating with journalists who confront trauma in their sources and in themselves.

Bayou II, Bayou Level

Symposium

Collaborations

COMMON THREADS IN JAPANESE, JAPANESE-AMERICAN, MEXICAN, AND MEXICAN-AMERICAN WOMEN'S EXPERIENCE OF VIOLENCE

Chair: Fran H. Norris, Georgia State University; **Discussant:** Rachel Kimerling, UCSF School of Medicine

This symposium examines the intersection of culture, migration status and social support with regard to understanding the effects of violence against women. Findings from four separate studies of Mexican or Japanese women conducted either in the U.S. or their country of origin will be presented. The presenters, discussant, and attendees will then explore cross-cultural similarities and differences in the contexts and consequences of intimate violence.

WOMEN'S HEALTH, SOCIAL SUPPORT, AND DOMESTIC VIOLENCE VICTIMIZATION IN JAPAN

Mieko Yoshihama, University of Michigan School of Social Work; Saori Kamano, National Institute of Population & Social Security Research

This study will examine women's experiences of domestic violence, social support, and psychological well-being in Japan. Data were obtained in the City of Yokohama, Japan as part of the World Health Organization Multi-Country Study of Women's Health and Life Events. Face-to-face interviews were conducted by trained female interviewers with 1,371 women aged 18-49 who were selected from the City's resident roster using a multi-stage sampling method. Preliminary analysis indicates that one in seven respondents reported having experienced some type of physical or sexual violence at the hands of a current or former partner. We will examine whether the size of social network and the degree of satisfaction with social support vary by age, marital status, the number of children, educational status, occupational status, and history of domestic violence. An additional analysis will include examination of the relationship between the respondents' current health status and domestic violence victimization. Findings will be compared to those from a study of women of Japanese descent in the U.S. to explore similarities and differences within a group of women who share the same cultural background but are residing in very different social contexts. Implications for intervention and future research will be discussed.

VICTIMIZATION, SOCIAL SUPPORT, AND POST-TRAUMATIC STRESS SYMPTOMS AMONG JAPANESE-AMERICAN WOMEN

Mieko Yoshihama, University of Michigan School of Social Work

Despite the proliferation of research on domestic violence over the last two and half decades, little is known about immigrant women's experiences of domestic violence, social support, and well-being. Predicated upon a multi-dimensional, interactive model of response to trauma, this study of four generations of Japanese American women investigated the relationship between post-traumatic stress (PTS) symptoms and the nature of trauma (the type and severity of partners' violence) in a community-based random sample. Data were collected through face-to-face interviews with a random sample of women of Japanese descent aged 18-49 who were born in the U.S. or Japan and were residing in Los Angeles County. Significant generational differences have been found in age, education, marital status, the perceived availability of social support, and the degree of satisfaction with social support. Individuals who experienced injuries and/or life threats, in addition to partners' emotional and physical violence, had significantly higher PTS symptom counts than those with no lifetime experience of domestic violence. The experience of childhood abuse and victimization by non-intimates also significantly increased PTS symptom counts. Satisfaction with available social support was negatively associated with PTS symptom counts.

LATINA IMMIGRANT WOMEN AND DOMESTIC VIOLENCE: FINDINGS FROM A COMPREHENSIVE COMMUNITY INTERVENTION

Julia L. Perilla, Department of Psychology, Georgia State University

The emerging literature on Latinos and domestic violence indicates that this social phenomenon contains both universal and culture specific elements that must be considered in our conceptualizations, research, and interventions with this population. This paper will describe the process by which a comprehensive, community-based intervention project in Atlanta, Georgia, was set up for immigrant Latina battered women, Latino men who batter, and their children. Mirroring the population make-up of Latino immigrants in this city, approximately 70% of program participants are of Mexican descent. The presentation will also include the findings of a preliminary evaluation of the adult components of the program. Results regarding the relationship of culture, mutuality, family history of abuse, substance abuse, and parenting competence with the physical and emotional violence against immigrant Latinas will be discussed. In addition, implications for research and interventions with this population will be explored.

VIOLENCE AGAINST WOMEN AND RESOURCE DETERIORATION IN A NON-MIGRANT CONTEXT: RESULTS FROM AN EPIDEMIOLOGICAL STUDY IN MEXICO

Fran H. Norris, Charlene Baker, Georgia State University

Understanding the consequences of violence experienced by Mexican American women is complicated by the fact that they are frequently separated from their families and living in unfamiliar environments. Studying Mexican women in Mexico allows these effects to be examined independently of migration stress. As part of an epidemiologic study of trauma in Mexico, 823 randomly selected women were interviewed. Of these women, 191 (23%) had experienced at least one violent incident (rape, physical assault, threat with weapon) since the age of 16. Most often, the perpetrator was a partner. As a group these women scored appreciably above the sex-specific Mexican norms for current depressive symptoms. Moreover, with depression, education, age, material wealth, and basic living standards controlled, women who had experienced violence perceived themselves as having less supportive families of origin, less ecological well-being (e.g., privacy, safety), and poorer physical health than did women who had not experienced violence. Conversely, these three variables (social support from family, ecological well-being, physical health) completely explained victimized women's tendency to be more depressed. Thus even in the absence of migration, women who experience violence often experience a deterioration in the resources that protect mental health. To be effective, mental health interventions should restore these resources.

Bayou III, Bayou Level

Workshop

Collaborations

DON'T ASK ME TO TRUST: COMPLEXITIES OF COUPLES THERAPY WITH TRAUMA SURVIVORS

Chair: Lyn H. Williams-Keeler, Associates for the Treatment of Trauma Effects and Responses; **Discussant:** Bessel A. van der Kolk, Director, Trauma Clinic, Boston University School of Medicine; Robert J. Waldinger, Close Relationships Project Judge Baker Childrens Centre

This workshop will highlight the challenges of couples therapy with trauma survivors whose sense of trust in others has been irrevocably shattered as a consequence of the traumatic events they have endured. Portions of video-taped sessions depicting how this loss of intimate trust that disrupts what Bowlby refers to as "affectional bonds", as played out in the context of couples interaction, will be shown, as well as scenes from popular movies whose themes deal with the dissolution of intimate bonds and the incursion of attachment injuries that foreshadow attachment disruption. The determination of a disorganized attachment style in partners will also be discussed as this is often the source of dysfunctional couple interaction and emotional miscuing. The discussion of the liabilities and rewards of working with couples to establish trustful and closely attached relationships will be discussed in an interactive format to encourage workshop participants to share their stories about this work. The discussant for this workshop will be Bessel van der Kolk, who as one of the authors of the text, *Traumatic Stress*, has stated that secure emotional attachment, only possible through trustful alliances, "is essential for biological survival in children, and without it, existential meaning is unthinkable in adults".

Wildcatter Room, Mezzanine Floor

Panel Discussion

Collaborations

REACHING ACROSS THE CLINICAL-RESEARCH INTERFACE: A DIALOG ABOUT ISSUES

Chair: Elisa G. Triffleman, The Public Health Institute; Elana Newman, University of Tulsa Dept. of Psychology; Sylvia A. Marrotta, Dept. of Counseling, The Geo. Washington University; Joanne Bacci, The 14th Street Clinic

PTSD research frequently requires researchers, clinicians and community groups and agencies to collaborate around recruitment, implementation and on-going treatment, particularly in reaching out to underserved populations. While clinicians, community members and scientists frequently share deeply-held commitments to improving the field and increasing access, doing research in community settings also requires establishing a working alliance, developing a common language—including a clarification of what "Research" is and involves to all parties—and being open to reciprocal learning and relationship-building in the shared community culture. This workshop, sponsored by the Research-Methodology Special Interest Group, will feature three brief presentations. Dr. Elana Newman will discuss typical problems using examples from local, national, and international projects from both the scientific and community perspectives and ways she has tried to overcome these issues. Dr. Sylvia Marotta will discuss her experiences in establishing a research collaboration with the Washington, DC Chief Medical Examiner's office. Joanne Bacci and Dr. Elisa Triffleman will discuss skills each learned during the joint implementation of a PTSD treatment research study in an addictions treatment setting. Audience participation will be actively invited and encouraged as a means to furthering dialog and increasing the depth of mutual understanding.

Concurrent Sessions - Saturday, December 8

Mayor's Chamber, Second Floor

Workshop

Collaborations

HOW THE NVAWPRC HELPS RESEARCHER-COMMUNITY COLLABORATIONS

Chair: Dean G. Kilpatrick, Medical University of South Carolina-National Violence Against Women Prevention Res. Ctr.; Patricia A. Resick, UMSL, National Violence Against Women Prevention Res. Ctr.; Linda M. Williams, National Violence Against Women Prevention Research Center

This workshop describes several activities of the National Violence Against Women Prevention Research Center (NVAWPRC) designed to bridge the gap between researchers and community based organizations who serve female victims of violence. The NVAWPRC was established via a cooperative agreement from the Centers for Disease Control and Prevention (CDC) to address prevention research infrastructure needs and to foster collaboration between researchers, advocates, and practitioner. The NVAWPRC is a collaborative effort among three academic institutions: the Medical University of South Carolina, the University of Missouri @ St. Louis, and Wellesley College. Its mission is to help prevent violence against women by advancing knowledge about prevention research and fostering collaboration among advocates, practitioners, policy makers, and researchers. Two major NVAWPRC activities will be described and presented: 1) the NVAWPRC website (www.vawprevention.org) which contains a host of valuable information for advocates, practitioners, and researchers; and 2) a multimedia educational package designed to help researchers and practitioner/advocates form collaborative working relationships. The workshop will include a demonstration of the website, presentation of portion of a training videotape, and an interactive discussion of recommendations for improving researcher-practitioner collaborations.

Grand Ballroom, Mezzanine Floor

Symposium

Epidemiology

PREDICTING LONG-TERM ADJUSTMENT FROM ACUTE SYMPTOMS

Chair: Meaghan L. O'Donnell, Department of Behavioural Science, University of Melbourne; **Discussant:** Richard A. Bryant, School of Psychology, University of New South Wales

This symposium presents three studies that focus on the prediction of PTSD from acute symptoms. They attempt to address the important question of what constellation of acute symptoms best identify the subsequent development of PTSD? These presentations will inform the larger debate concerning the relevance of the current ASD diagnostic criteria.

ASD AND PTSD IN A RANDOM SAMPLE OF ACCIDENT VICTIMS

Hanspeter Moergeli, Ulrich Schnyder, Psychiatric Department, University Hospital

This study aimed to assess the incidence of ASD and PTSD in a representative sample of injured patients, to study the associations with somatic and psychosocial characteristics, and to specify the predictive effect of ASD for PTSD. During a recruitment period of one year, victims of accidents of any type were sampled randomly and interviewed shortly after the traumatic event. Measures included PDEQ, CAPS, accident- and recovery-related cognitions, sense of coherence, and pretrauma variables. Subjects were recruited from the clinic for trauma surgery of the University Hospital Zurich. 323 subjects participated in the study. 65% were male, mean age was 41 years. Follow-up assessment took place 6 months later. 4% of patients had ASD shortly after the accident (10% subsyndromal). 4% had PTSD at six-month follow-up (9% subsyndromal). ASD symptom severity was associated with variables that later predicted PTSD symptoms too (e.g., stay at ICU, appraisal of accident severity, pain, SOC). But early symptoms of reexperiencing, avoidance, and arousal were much better predictors of PTSD than dissociative symptoms (PDEQ). To conclude, in this random sample of accident victims the incidence of ASD and PTSD was lower than expected. Dissociation was not a strong predictor for PTSD.

IS ASD THE ANSWER?

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

Much debate exists in the literature regarding the identification of abnormal responses to traumatic events and the specific criteria required for a diagnosis of Acute Stress Disorder. Particular interest has focused on dissociative phenomena, their importance in the acute phase of trauma responses, and their predictive validity. This paper highlights these issues in its discussion of multiple pathways to PTSD by examining the constellations of acute symptoms that predict PTSD at 3 and 12 months posttrauma. Consecutive admissions to a Level 1 Trauma Service following severe accidental injury (N=274) were assessed at three time periods: shortly following admission, at 3 months and at 12 months post-accident. The CAPS-IV, including the additional dissociation questions, as well as heart rate and a range of self report measures, was administered at each time period. Sensitivity, specificity, and predictive power of various combinations of acute stress symptoms in the prediction of subsequent PTSD were examined. While a categorical diagnosis of ASD was a poor predictor, other combinations of early symptoms improved diagnostic accuracy.

SCREENING FOR PTSD: ARE DISSOCIATIVE SYMPTOMS BEST?

Chris R. Brewin, Subdept. of Clinical Health Psychology, UCL, London

The development of good screening instruments is important if we are to improve the identification and appropriate referral of trauma survivors suffering from PTSD, particularly in non-specialist settings. One approach is to compare the utility of early symptoms from the dissociation, reexperiencing, avoidance, and arousal clusters of Acute Stress Disorder in predicting a current ASD or PTSD diagnosis. New analyses of data from a study of 157 victims of violent crime will be presented, demonstrating the relative predictive power of varying numbers of symptoms from each cluster. Based on these findings, we adapted the self-report version of the PTSD Symptom Scale to yield a screening instrument that asked simply about the presence or absence of the ten reexperiencing and arousal symptoms, using a frequency threshold of at least twice in the past week. This instrument was administered to 41 rail crash survivors, followed by a structured clinical interview to establish diagnoses of PTSD. Excellent prediction of a PTSD diagnosis was provided by respondents endorsing at least six reexperiencing or arousal symptoms, in any combination. The performance of the new measure was equivalent to the level of agreement achieved between two full clinical interviews.

Emerald Room, Second Floor

Featured Session: Symposium

Human Rights

TRAFFICKING & PROSTITUTION: TRAUMA, HUMAN RIGHTS & INTERNATIONAL LAW

Eric R. Aronson, Amnesty International USA

Human trafficking is a form of contemporary slavery in which persons are transported and sold. Like prostitution, it involves the trauma of abduction, coercion or violence and forced labor (such as prostitution or pornography). This symposium describes human rights advocacy concerning prostitution and trafficking in women and children.

HUMAN TRAFFICKING: TOWARD COMMUNITY-BASED ADVOCACY & SERVICES

Eric R. Aronson, Amnesty International USA

Nearly two million women and children are illegally trafficked each year by organized crime syndicates. Survivors of human trafficking experience severe trauma associated with abduction, rape and other forms of violence, as well as forced labor that may include prostitution/sexual slavery. This presentation will describe human rights advocacy efforts for this underserved population, based on the model of community grassroots organizing. National and international coalition-building and community-based treatment models will be discussed, along with implications of international law.

PROSTITUTION: AN ACCEPTED FORM OF TORTURE IN WESTERN SOCIETY?

Frida Spiwak Rotlewicz, *Conflict and Society*

In a study conducted in Colombia, female prostitutes answered questions concerning torture, abuse of human rights, physical, sexual and emotional violence, captivity, trauma and PTSD. The results suggest that the type and quantity of violence among these populations may be classified as torture. This is consistent with other recent studies. However, popular discourses about trauma fail to define prostitution as a form of torture and human rights abuse; instead, there is a tendency (even in professional literature) to pathologize or blame the victim. Since prostitution may serve a purpose in the larger, socio-political context, the damaging effects on society and all involved are ignored, denied, minimized or regarded as a "necessary evil". Advocacy efforts concerning this issue will be described. Video clips of interviews with prostitutes will be included, and discussion will be encouraged.

University Room, Second Floor

Symposium

Intervention Research

EFFICACY OF TWO MODELS OF GROUP THERAPY FOR TREATING PTSD IN MALE VETERANS

Chair: Paula P. Schnurr, *National Center for PTSD*; **Discussant:** Terence M. Keane, *National Center for PTSD*

This symposium will provide information about VA Cooperative Study #420, which evaluated the efficacy of Trauma Focus Group Therapy for PTSD. Dave Foy will describe the methods, Paula Schnurr will present the primary findings on PTSD and other outcomes, and Matt Friedman will present findings on predictors of outcome.

OUTCOME OF A RANDOMIZED CLINICAL TRIAL OF GROUP THERAPY FOR PTSD

Paula P. Schnurr, *National Center for PTSD*

CSP #420 was a 10-site randomized clinical trial of cognitive-behavioral group therapy for chronic PTSD. Three-hundred-sixty male Vietnam veterans with PTSD were randomly assigned to receive trauma focus group therapy or present centered group therapy. Follow-up assessments were conducted at the end of treatment (7 months) and the end of boosters (12 months). Follow-up data were collected for a subset of participants at 18 and 24 months. Outcomes were PTSD and other psychological symptoms, functional status, quality of life, physical health, and service utilization. The 3-stage screening procedure minimized the assessment of ineligible subjects. We described the study to 506 patients: 410 agreed to be interviewed, 381 were eligible, and 360 entered the trial. Posttreatment data were obtained for 90% of the 360 men, although 30% dropped out of TFGT and 15% dropped out of PCGT. Follow-up data were available for approximately 85% of the 360 at subsequent time points. Initial results of intention-to-treat and completer analyses show both treatments to be equally effective for reducing PTSD symptoms. Ongoing analyses are examining other outcomes and will be completed prior to presentation. Discussion will highlight similarities and differences across outcomes, and will contrast the interpretation of intention-to-treat and completer analysis.

PREDICTORS OF OUTCOME IN TRAUMA FOCUSED VS. PRESENT CENTERED GROUP THERAPY

Matthew J. Friedman, *National Center for PTSD*

In this presentation we consider those factors that predicted favorable or unfavorable treatment outcomes, since a sizable number of veterans had a positive response to either TFGT or PCGT group treatment. We consider five domains of predictor variables: (1) Patient Factors include comorbid diagnoses (with special attention to alcohol/substance abuse/dependency and personality disorders), PTSD symptom severity, prior trauma history, prior treatment history, and sociodemographic variables (e.g. marital, employment, educational & history of criminal activity); (2) Therapeutic Environment Factors include group cohesion and stability; (3) Therapist Factors include clinical competence and adherence to the treatment manual; (4) Therapy Exposure Factors include attendance at sessions and completion of homework; and (5) Quality of Treatment, which is constructed out of Factors #2, 3, and 4. Here we explore the proposition that a favorable combination of therapeutic environment, therapist skill,

and therapeutic exposure is the best predictor of treatment outcome. These and other analyses are currently underway. They will have been completed before this meeting and will be ready for presentation.

A RANDOMIZED TRIAL OF GROUP THERAPY FOR COMBAT PTSD: STUDY DESIGN & TREATMENT OVERVIEW

David W. Foy, GSEP, *Pepperdine University, Fuller Theological Seminary*

This presentation will provide an overview of the study design and group treatment methods for combat-related PTSD used in a recently completed multi-site field trial. While existing data suggest that exposure-based therapies are highly effective for acute PTSD, relatively little is known about treatment effectiveness for chronic PTSD in veterans. It is known that these therapies are rarely delivered in VA clinical programs, a factor that may contribute to findings of little improvement in veterans receiving standard VA care. In this context, we conducted a 10-site randomized clinical trial of cognitive-behavioral group therapy for Vietnam veterans with chronic PTSD. Trauma focused treatment embedded exposure therapy in a group context. The comparison treatment avoided trauma focus and instead addressed current interpersonal problems. Both treatments were manualized and monitored to ensure fidelity. Three hundred sixty male Vietnam veterans with PTSD were randomly assigned to groups of 6 members. Groups met weekly for 30 weeks, followed by 5 monthly booster sessions. Follow-up assessments were conducted at the end of treatment (7 months) and the end of boosters (12 months) for all participants. The primary outcome is PTSD severity; other symptoms, functional status, quality of life, physical health, and service utilization also were assessed.

Rex Room, Mezzanine Floor

Symposium

Research to Practice

NEURAL MECHANISMS IN POSTTRAUMATIC STRESS: PART II

Chair: James D. Bremner, *Emory University School of Medicine*; **Discussant:** Stephen Brannan, *UTHSCSA*

This symposium will review new research using neural imaging to assess neural mechanisms in stress related psychiatric disorders. The symposium integrates findings from functional imaging using fear conditioning, aversive smells, and scripts of abandonment in PTSD and abuse with Borderline Personality Disorder.

THE ROLE OF OLFACTION AS PROBE OF ORBITOFRONTAL CORTEX IN COMBAT RELATED PTSD: A PET STUDY

Eric Vermetten, *Emory University School of Medicine*

Memory for odors associated with high emotional experiences are often strongly engraved. Specific trauma related smells have long been noted by clinicians to be precipitants of PTSD symptoms in patients with PTSD (e.g. napalm, diesel, etc). Primitive brain systems involved in fear response and survival also mediate smell. The olfactory cortex (part of the orbitofrontal cortex) plays an important role in emotion, e.g., lesions of this area result in deficits in emotional responding. We hypothesized that olfactory stimuli can serve as probe for orbitofrontal function in PTSD. Fear responsivity in PTSD may be attributed to dysfunction of orbitofrontal cortex, and increased and enhanced responsivity of more primitive brain areas (e.g. amygdala, hippocampus). We tested this with a provocation study in combat veterans with PTSD (n=8) and without PTSD (n=8) exposing them to a set of smells with a varied emotional impact (e.g. neutral smells, combat related smells). After testing for olfactory acuity, brain activity with H2015 PET was measured while subjects were exposed to different olfactory probes. PTSD symptoms were measured with standardized instruments. Veterans with PTSD responded with significant increased intrusions and fearfulness following exposure to the traumatic smells. Neuroimaging data and psychophysiology data will be presented.

Concurrent Sessions - Saturday, December 8

NEURAL CORRELATES OF TRAUMATIC AND ABANDONMENT REMEMBRANCE IN BORDERLINE PERSONALITY DISORDER

Christian G. Schmahl, University of Freiburg Medical School

Background: Borderline Personality Disorder (BPD) is a highly prevalent condition, which is often related to stressors, however little is known about the biology of BPD. Sexual, physical, and emotional abuse, is a common experience in this population. Neuroimaging studies with traumatic memories in another stress-related disorder, PTSD, implicate dysfunction of prefrontal cortex areas and cingulate. Method: The study included 10 female patients with Borderline Personality Disorder and 10 female control participants. All women had a history of abuse before age 18. The participants were read personalized scripts of situations of traumatic experience, abandonment, and neutral scripts during acquisition of O15-PET scans. Results: We found several areas of significant contrasts in blood flow between conditions and study groups, including medial and anterolateral prefrontal cortex, anterior cingulate, motor cortex and visual association cortex. Conclusions: This study reveals dysfunction in frontal and limbic brain areas in response to memories of trauma and abandonment in BPD. Areas resemble those found to play a role in stressful memories in PTSD.

POSITRON EMISSION TOMOGRAPHIC IMAGING OF NEURAL CORRELATES OF FEAR CONDITIONING IN PTSD

James D. Bremner, Emory University School of Medicine

Fear conditioning has been used in the laboratory as an animal model for pathological fear responses and posttraumatic stress disorder (PTSD). In fear conditioning, following repeated pairing of an aversive stimulus (e.g. electric shock) with a neutral stimulus (e.g. bright light), exposure to the neutral stimulus alone results in a conditioned fear response. Animal studies have shown that the amygdala plays a critical role in acquisition of fear responses, while the orbitofrontal and medial prefrontal cortex, through inhibition of amygdala responsiveness, are involved in extinction of fear responses. No studies have examined neural correlates of fear conditioning and extinction in patients with PTSD. Women with early childhood sexual abuse-related PTSD (N=8) and women without abuse or PTSD (N=11) underwent measurement of psychophysiological responding as well as positron emission tomographic (PET) measurement of cerebral blood flow during habituation, acquisition and extinction conditions. During habituation subjects were exposed to a blue square on a screen, four seconds in duration, eight times over 80 seconds. During acquisition exposure to the blue square was paired with an electric shock to the forearm. With extinction subjects were again exposed to the blue squares without shock. On a second day subjects went through the same procedure with random electric shocks during the "acquisition" phase. PTSD patients had greater increases in heart rate and blood pressure during exposure to the fear acquisition condition relative to controls. PET data are currently being analyzed. These findings demonstrate the feasibility of applying the fear conditioning paradigm to the study of neural mechanisms of PTSD. PTSD patients in this study had greater psychophysiological responding relative to controls, indicating increased sensitivity to the fear conditioning paradigm.

Imperial Ballroom, Mezzanine Floor

Symposium

Research to Practice

SEX OFFENDERS: TRAUMA VICTIMS AND PERPETRATORS

Chair: David L. Shapiro, Nova Southeastern University; **Discussant:** James Ongley, Broward County Public Defenders Office

Current social policy designed to protect future victims from predatory sex offenders uses a two-step process of institutionalization. After completing a prison sentence, they are involuntarily committed to treatment facilities for rehabilitation prior to their release. Psychologists have been asked to play an integral role in this process.

SEX OFFENDERS: TRAUMA VICTIMS AND PERPETRATORS

Marc T. Zucker, Matthew J. Jalazo, Nova Southeastern University

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TRAUMA HISTORIES OF SEX OFFENDERS

Kyla King, Lenore E. Walker, Nova Southeastern University-CPS

Florida, like fourteen other states, has passed involuntary civil commitment laws for sex offenders who are deemed likely to re-offend after their prison terms have been completed. Clinical psychology graduate students have been reviewing some of these files as consultants to the public defenders office in a large, diverse, multicultural community. Review of cases presented for civil commitment indicate that many offenders have histories of trauma for which they have not received treatment during their period of incarceration. Alcohol and other drug abuse is commonly seen in these cases. Although the relationship between self-medication for the effects of trauma and substance abuse are commonly seen together, treatment programs in the prisons for substance abuse rarely address those trauma effects. Several cases will be presented and implications for the ethical assessment and treatment by psychologists will be discussed. This study has major implications for the development of consultation models for psychologists working with attorneys in this area.

DOES CIVIL COMMITMENT REHABILITATE SEX OFFENDERS?

Christopher Ketchman, Nova Southeastern University-CPS

Civil commitment statutes to involuntarily hold dangerous sex predators for treatment until such time that they are no longer at risk for sexual reoffending have been justified by the courts because they are treatment rather than punishment oriented. The United States Supreme Court decided that such commitment did not constitute double jeopardy specifically because of their specialized treatment to rehabilitate. However, even model treatment programs have been unable to demonstrate positive success rates to justify proliferation of so-called treatment centers. A review of the literature indicates that different offender subtypes may need specialized treatment modalities that are not yet available. For example, child molesters may need different interventions than violent serial rapists. One common factor noted in the childhood histories of known sex-offenders is their own experience of severe physical and sexual trauma. Programs designed to address the psychological effects of this victimization are also rarely found in these treatment centers. This discussion will emphasize the difficulties in conducting treatment outcome research on sex predators, highlighting such issues as the ambiguity of such treatment measures, reliability of risk appraisal, and accuracy of follow up measures of treatment efficacy. For example, actuarial measures only assess static variables while treatment outcome measures need to assess process variables.

CONCURRENT SESSION VII

2:30 PM–3:45 PM

Wildcatter Room, Mezzanine Floor

Case Presentation

Clinical Theory/Clinical Practice

TWO ROADS DIVERGED: INTEGRATING TREATMENT OF YOUNG VICTIM/OFFENDERS

Chair: William A. Smalley, Elizabeth A. D'Amico, Connecticut Dept. of Mental Health and Addiction Services

Four years ago the Connecticut Department of Mental Health and Addiction Service began to provide services to unserved cohorts of young people aging out of the child protective service system. One cohort initially was identified as a population of "juvenile sex offenders." It soon became apparent that over 90% of these youth had histories of early, severe trauma along with various psychiatric illnesses and dysregulated behaviors. These data markedly complicated the provision of services, as mental health professionals have been slow to include those with psychiatric disorders and psychosexual behavior problems among those with more traditional trauma symptoms. However, there is increasing evidence that trauma disorders frequently present with psychiatric illnesses and/or conduct-like disorders. Attempts to apply traditional approaches to this cohort of complex young adults have confirmed that existing trauma models do not address the conduct-disordered behavior and sexual offender models do not consider the trauma and psychiatric issues. This dilemma has underscored the need for an alternate approach that integrates all treatment needs as opposed to fragmenting treatment into separate domains. The presenters will discuss prevalence data, the dilemmas of serving multi-faceted trauma survivors, the shift to an integrated model, and some case examples.

Bayou II, Bayou Level

Symposium

Clinical Theory/Clinical Practice

TRAUMATIZED HEALTHCARE WORKERS: PRIMARY AND SECONDARY PREVENTION

Chair: Janet E. Osterman, Boston University School of Medicine; Discussant: Terence M. Keane, National Center for PTSD, Boston, Boston University School of Medicine

Vicarious or secondary traumatization is part of the fabric of providing medical care. Witnessing or experiencing trauma is not an uncommon experience for health care workers. This symposium explores primary and secondary prevention models in place at a large academic urban medical center, which serves a community with a high incidence of community and domestic violence and serves as a regional Level 1 trauma center. A primary prevention model, through Balint Groups with the Family Medicine residents, is described. While the original goal of Balint groups was to assist residents in gaining insight into the patient's psychological problems, the group assists residents with the stress of treating seriously ill and injured patients. Balint groups facilitate integration of affect and the experience and improve the resident's overall coping. Secondary prevention includes measures taken to reduce or prevent development of traumatic stress symptoms following both mass disasters and individual events, including staff assault and witness to horrific events. Debriefing models for disaster work and for individual events, specifically staff assault, will be discussed.

SECONDARY PREVENTION: WHEN HEALTHCARE WORKERS ARE ASSAULTED

Janet E. Osterman, Boston University School of Medicine

Assaults on healthcare workers occur at alarmingly high rates across clinical settings. Studies of US state psychiatric hospitals report one assault per day. A survey of staff at a psychiatric hospital found that 100 % of the nursing staff and 60.9% of the therapists (doctors, psychologists, and social workers) had suffered at least on assault by a patient during their career. Staff in an emergency room reported an incidence of physical assault of 42% during the past year and 72% during the respondents' careers. Hospitals must have a program to provide for psychological support and interventions following staff assault. Early support and interventions may be critical to the continued functioning of

the assaulted staff as well as those who witness the assault. In addition, early support and interventions following assault decrease the risk of subsequent staff assault. Models for response to staff assaults, such as the Assaulted Staff Action Program in use in Massachusetts State Hospitals, will be reviewed. Recommendations for program development and integration with employee assistant programs will be discussed.

ADDRESSING SECONDARY TRAUMA IN PROFESSIONAL INDIVIDUALS AND INSTITUTIONS

James F. Munroe, Boston VA Outpatient Clinic

Mental health workers who deal regularly with trauma, whether in an office or in the aftermath of a disaster, are themselves repeatedly exposed to their clients' traumas. The effects of this exposure (vicarious traumatization, compassion fatigue, secondary trauma) are well documented. Some of this exposure is due to disastrous acute incidents, but there are also the accumulative effects of a number of less dramatic events. Failure to adequately address these effects may have serious deleterious effects. Some of the coping mechanisms that practitioners may employ to function in crises may increase the long-term likelihood of developing secondary traumatic responses. Providers may find their personal lives disrupted and their ability to function in their professional roles compromised. Clients may receive inadequate care and in some cases may perceive the distress of their providers and withdraw from care. This presentation will explore primary and secondary prevention with specific regard to, the role of denial and the Myth of Professional Invulnerability, the need for team rather than individual approaches, establishing and maintaining prevention practices, and the usefulness and limitations of debriefing approaches. These issues will be reviewed in light of ethical considerations and the duties of both institutions and individual practitioners.

TRAUMATIZED HEALTHCARE WORKERS: PRIMARY AND SECONDARY PREVENTION

Stephen M. Brady, Boston University School of Medicine

Dr. Brady will discuss strategies for preventing traumatic stress reactions among health and mental health trainees in a large urban healthcare system associated with the Boston University School of Medicine. For over a decade Dr. Brady has served as a psychotherapist for a wide range of patients many of whom are infected with life threatening illnesses, consulted to primary medical care practitioners who treat patients with HIV/AIDS and other chronic diseases, taught medical students the fundamentals of establishing rapport with very ill patients at bedside, and been intimately involved in training all of the professions involved in mental health care including Psychiatry Residents and Psychology Interns. Most recently, Dr. Brady has led a number of Physicians In Training Groups designed to mitigate the impact of trauma and other stressors. As part of his presentation, Dr. Brady will describe a model of Physician training called the Balint Group which utilizes a case presentation format for debriefing problematic or upsetting patient interactions, examining practitioner emotional reactions to patients, and discusses strategies for coping with reactions to patients, their families, colleagues and the health care system.

Grand Ballroom, Mezzanine Floor

Panel Discussion

Clinical Theory/Clinical Practice

EARLY INTERVENTION TO PREVENT PTSD: VISIONS OF THE NEXT GENERATION OF SERVICES

Chair: Josef I. Ruzek, National Center for PTSD; Jonathan I. Bisson, University Hospital of Wales; Ulrich Schnyder, University Hospital; Elspeth Cameron Ritchie, Office of the Secretary for Defense for Health Affairs; Patricia J. Watson, National Center for PTSD

Although most human service professionals believe in the utility of early intervention post-trauma to prevent development of chronic psychological problems, there is little agreement as to the appropriate forms of care. A range of psychological interventions has been advocated for use with various traumatized populations within days or weeks of their trauma exposure, including education about trauma and stress reactions, critical incident stress debriefing (CISD), cognitive-behavioral brief intervention packages, EMDR, and psychopharmacological interventions. Currently, prospective research studying response to trauma and beginning within hours or days of the traumatic event is increasing rapidly, and a number of recent publications have

Concurrent Sessions - Saturday, December 8

suggested the potential effectiveness of some early interventions in preventing development of PTSD. Recent support for such interventions is developing at the same time that the evidence for the most popular early intervention, debriefing, is being called into question. In this panel discussion, four members of the recently initiated ISTSS "Early Interventions" Special Interest Group will describe their personal views as to what the next generation of early intervention services will look like, how existing models of early intervention should be improved based on current research and theory, and how improved services can be implemented in real-world settings.

Creole Room, Mezzanine Floor

Panel Discussion

Clinical Theory/Clinical Practice

SCHOOL-BASED POST-DISASTER INTERVENTION: BARRIERS AND SOLUTIONS

Chair: Susan McCammon, Dept. of Psychology, East Carolina University; Kathleen Nader, Two Suns; Eric Vernberg, University of Kansas Dept. of Psychology; Betty J. Pfefferbaum, University of Oklahoma Health Sciences Center

The purpose of this panel is to provide an opportunity for a collaborative discussion concerning school-based services following large-scale disasters. The panel will consist of five members with experience in service provision following a wide range of natural and man-made disasters. Panel members will include Russell Jones, Susan McCammon, Kathleen Nader, Betty Pfefferbaum, and Eric Vernberg. Some barriers to effective service provision which will be discussed include: (a) Obtaining approval from school administrators; (b) obtaining approval from university and school-based institutional review boards; (c) obtaining parental consent and child assent; (d) identifying adequate self-report screening and evaluation measures for children; (e) identifying appropriate intervention materials; (f) obtaining funding; (g) preventing participant attrition; and (h) obtaining an adequate control group. Some potential solutions to be discussed include: (a) Preparation of disaster-related screening, evaluation, and intervention materials prior to a disaster; (b) preparation of funding proposals prior to a disaster; (c) pre-disaster collaborative planning between the schools and service providers; (d) development of adequate self-report screening and evaluation measures for children; and (e) use of funds to prevent participant attrition and recruit control group participants. The panel will also discuss whether school-based screening, evaluation, and intervention offers the most efficient and valuable use of post-disaster resources.

University Room, Second Floor

Symposium

Clinical Theory/Clinical Practice

OBJECTIVE THEORY-BASED TRAUMA ASSESSMENT: THE TSI BELIEF SCALE

Chair: Laurie Anne Pearlman, Traumatic Stress Institute; **Discussant:** John N. Briere, University of Southern California

Laurie Pearlman and Edward Varra will describe the TSI Belief Scale, a measure of disrupted cognitive schemas. This non-pathology-focused instrument, sensitive to the effects of trauma, is especially useful with individuals with chronic or complex trauma adaptations. We will describe its theoretical base, psychometric properties, and some clinical applications.

THE NEED FOR TRAUMA ASSESSMENT BEYOND THE DSM-IV

Edward M. Varra, Traumatic Stress Institute

Although a useful tool, the DSM-IV fails to capture the complexity of trauma reactions encountered in clinical work. This is especially true for those who have been chronically affected by their trauma, were traumatized severely at a young age, and have been multiply traumatized. These individuals are often misdiagnosed, misunderstood, and therefore improperly treated and underseved in the mental health system. This presentation will explore the utility of an assessment approach that goes beyond traditional psychiatric diagnosis. This approach may include symptom focused evaluation, but also utilizes methods for both nomothetic and ideographic description of the individual's functioning

and wellbeing in areas not described under the current diagnostic nomenclature. In order to facilitate this approach, psychometric properties of the TSI Belief Scale will be examined, including current reliability and validity information.

THE TSI BELIEF SCALE: THEORETICAL UNDERPINNINGS AND CLINICAL APPLICATIONS

Laurie Anne Pearlman, Traumatic Stress Institute

Theory-based assessment of trauma survivors provides the possibility of a deeper understanding of their concerns and a direction for treatment. In this symposium, Laurie Pearlman will describe the theoretical underpinnings of the TSI Belief Scale. The scale was created within constructivist self development theory to measure disrupted cognitive schemas in five important need areas. These five needs, safety, trust, esteem, intimacy, and control, are sensitive to the impact of traumatic life experiences. Their disruption leads to difficulties in relationships with both self and others. The Belief Scale can be used to (1) suggest a potentially suitable therapeutic approach with a new client, (2) identify important themes that are likely to emerge in the psychotherapy relationship and that characterize the individual's relationships with others, (3) identify themes in trauma material, (4) document progress in treatment, and (5) suggest an appropriate focus for therapeutic work with clients over time as their needs shift. Dr. Pearlman will conclude her presentation with a description of some specific clinical applications of Belief Scale scores to work with trauma survivor clients.

Rex Room, Mezzanine Floor

Workshop

Clinical Theory/Clinical Practice

AN ECOLOGICAL MODEL OF TRAUMA-FOCUSED THERAPY FOR SOCIALLY MARGINALIZED WOMEN

Chair: Rebekah G. Bradley, Southern Illinois University Carbondale; **Discussant:** Julia L. Perilla, Georgia State University; Jayme Shorin, Victims of Violence Program, Cambridge Health Alliance; Mary Harvey, Dept. of Psychiatry, Harvard Medical School; Shannon M. Lynch, Victims of Violence Program/Cambridge Health Alliance; Katrina Davino, Southern Illinois Regional Social Services

The goal of this workshop is to increase participants' ability to use an ecological model of trauma-focused psychotherapy with socially marginalized women. There will be an emphasis on recovery and resilience with respect to issues of race and social class. This workshop will be conducted via the presentation and discussion of case studies. An ecological understanding of the cases and appropriate clinical and community-based possibilities for intervention will be presented and explored with participants. The first case study presented will focus on group psychotherapy for women survivors of interpersonal violence in a rural community mental health center. Issues of recruitment, retention, and treatment development will be explored. The second presentation will focus on an ongoing therapy with a 19 year old African-American woman, who was referred for trauma-focused treatment after several hospitalizations. The client used the therapy as a support in her coming out process as a lesbian and to begin addressing her struggles with her identity as a black woman and her growing awareness of racism. The third case study will focus on the application of the ecological model to compare two cases of domestic violence (a 24 year old athletic, rural working class woman and a 41 year old middle class college professional woman). The goal of the workshop is to provide participant with a framework for providing treatment that builds on the specific strengths of women and their communities.

Emerald Room, Second Floor

Featured Session: Symposium

Collaborations

BODILY THREAT, ANIMAL DEFENSE, AND DISSOCIATION

Ellert R. S. Nijenhuis, GGZ Drenthe/Cats-Polm Institute; Frank W. Putnam, Children's Hospital Medical Center Mayersons Center

Co-sponsored by The International Society for the Study of Dissociation

Bodily threat tends to evoke psychobiological systems involving animal defense-like reactions patterns. Especially severe and recurrent bodily threat directed at children may yield structural dissociation of the personality, manifesting in somatoform dissociative symptoms in particular. This symposium illuminates this key issue in traumatic stress, offers evidence, and discusses clinical implications.

STRUCTURAL DISSOCIATION AND DEFENSIVE PSYCHOBIOLOGICAL SYSTEMS

Ellert R. S. Nijenhuis, GGZ Drenthe/Cats-Polm Institute

According to the theory of structural dissociation, many trauma-related mental disorders involve a lack of integration between psychobiological systems dedicated to functions in daily life and survival of the species, and psychobiological systems dedicated to survival of the individual in the face of severe threat to bodily integrity. This structural dissociation would manifest in dissociative symptoms, and posttraumatic stress-symptoms, as well as psychophysiological and neurobiological reactivity, that are dependent on the dissociative system that is activated. The presentation will review supportive data from descriptive studies with various samples, as well as from experimental studies with dissociative disorder patients. These studies have consistently suggested that, among others, somatoform dissociation is strongly correlated with reported bodily threat in particular, and that the functioning of patients with dissociative disorders depends on the type of psychobiological system that is activated. When exposed to trauma scripts, patients with complex dissociative disorders had dissociative system-dependent cerebral regional blood flow, physiological reactivity, and subjective reactivity, prominently including somatoform dissociative symptoms. The system-dependency was also evident upon subliminal exposure to threat cues. Healthy controls simulating complex dissociative disorder displayed different reactions than the patients. These results have far-reaching implications for psychobiological research of PTSD and dissociative disorders.

DISSOCIATIVE-SYSTEM DEPENDENT REACTIVITY TO (PERCEIVED) THREAT: THERAPEUTIC IMPLICATIONS

Kathy H. Steele, Private practice

The findings showing that many trauma-related disorders, including simple and complex PTSD, involve dissociative system-dependent functioning have treatment implications. This presentation will particularly focus on the implications for the treatment of somatoform dissociative symptoms that are manifestations of animal defense-like reactions to (perceived) bodily threat. The interventions include assessment and recognition of the relevant symptoms (e.g., freezing, development of analgesia and anesthesia), and psycho-education. Psycho-education consists in relating the patient's symptoms to animal defensive reactions, showing that the symptoms can be provoked by "threat" cues, and relating these defensive reactions to issues such as retraumatization (because of freezing and submission), and aggression directed at the self (self-depreciation, self-mutilation, suicidal acts) or at others. The interventions also involve the development of alternative strategies to cope with (perceived) danger. In cases of complex dissociative disorders, these intervention require involvement of the various dissociative defensive subsystems that the patients have developed. This involvement is crucial in that each subsystem represents one type of defensive reaction (mainly: flight, freeze, fight, total submission). Dissociative reactions patterns thus are exchanged for integrative functioning among different psychobiological systems. A complication is the dissociation between systems serving attachment and defense, especially when trauma involved abuse by caretakers.

POSTTRAUMATIC STRESS, PSYCHOFORM AND SOMATOFORM DISSOCIATION, AND SEVERITY OF REPORTED TRAUMA

Onno van der Hart, Psychotherapy Team, Mental Health Center Buitendamstel

Prior research has supported the theoretical model which relates a range of somatoform dissociative symptoms (e.g. motor inhibitions, analgesia, anesthesia) to animal defensive reactions to major threat from a person to the integrity of the body (i.e., physical abuse and life threat, or briefly, bodily threat). The present study evaluated the hypothesis that the association of somatoform dissociation and bodily threat is not attributable to the severity of posttraumatic stress symptoms and psychoform dissociation, and that somatoform dissociation is associated with the age at onset, duration, and subjectively rated impact of bodily threat. Psychiatric outpatients completed self-report measures of somatoform dissociation, psychoform dissociation, posttraumatic stress-symptoms, and traumatic experiences. Reported trauma was predicted by somatoform dissociation over and above the influence of gender, psychoform dissociation, and posttraumatic stress symptoms. Among various trauma area scores, somatoform dissociation was best predicted by bodily threat and emotional neglect. Composite bodily threat scores including age at onset, duration, and subjectively rated impact of the traumatization were associated with the severity of somatoform dissociation. Bodily threat may evoke enduring animal defenselike psychobiological systems, in particular when this threat is of a recurrent nature, and occurs in a context of emotional neglect.

Orleans Room, Mezzanine Floor

Workshop

Collaborations

PERCEIVED DISABILITY IN FEMALE MASS DISPLACED FROM KOSOVO PROVINCE HAVING TEMPORARY PROTECTION IN SWEDEN—LESSONS LEARNED

Chair: Solvig M. Ekblad, National Institute of Psychosocial Factors and Health

Purpose: to examine from a gender perspective risk factors as predictors of PTSD-symptoms upon arrival and in three follow up studies in Sweden. Subjects: It was conducted from August 1999 to March 2001, among one in fifth mass displaced adults from Kosovo, aged 18-64 years, randomly selected from four Centres of the Swedish Migration Board. Two hundred and eighteen participated in the baseline study. Methodology: Interview questionnaires measured PTSD-symptoms associated with the respondent's experience. Findings: The most common trauma events for women were combat situation (95.5%). Torture was experienced by 49.4% and rape or sexual abuse by 5.2%. Compared to men, women showed a significantly higher frequency on ill health without access to medical care ($p < .002$) and combat situation ($p < .013$). Four of ten at baseline met diagnostic criteria for PTSD-symptoms; women significantly higher than men ($p < .007$). There were gender differences in the risk factors at 3 and 6 months follow-up, respectively. Conclusion: The study supports evidence based knowledge, i.e. the association between premigration trauma exposure and PTSD symptoms as being robust across cultures, and higher figures among women. It shows the importance of early prevention in a gender perspective for capacities of social disability when repatriating.

Explorer's Room, Second Floor

Symposium

Epidemiology

MAPPING THE COMPLEXITY OF BATTERED WOMEN'S EXPERIENCE

Chair: Mary Ann Dutton, Georgetown University Medical Center; Discussant: Dorothy J. Lennig, House of Ruth

This symposium will address various complexities of battered women's lives by providing an ecological model as a framework to conceptualize the complexity, and by presenting empirical data from a major longitudinal research study involving low-income, predominately African-American women. This interdisciplinary panel will discuss implications for mental health and legal interventions.

Concurrent Sessions - Saturday, December 8

THE LEGAL SYSTEM'S RESPONSE TO INTIMATE PARTNER VIOLENCE VICTIMS

Jane C. Murphy, Univ. of Baltimore School of Law; Dorothy J. Lennig, House of Ruth; Mary Ann Dutton, Georgetown University Medical Center; Lisa A. Goodman, Boston College

This presentation will discuss findings from a longitudinal study of 400 battered women in a civil protection order court, specialized domestic violence criminal court, and battered women's shelter in terms of implications for legal form. Like evidence-based health care, evidence-based legal reform builds on social science empirical findings to craft legal reforms for responding to intimate partner violence. Findings concerning the importance to battered women of specific remedies for civil protection orders, returning to court for a permanent protection order, partner violation of protection orders, court testimony by battered women against an abusive partner, and battered women's preference for jail or conviction are among the issues to be incorporated. The presentation will focus on legal reform in both civil protection order court and in specialized domestic violence courts. Statutory reform will also be discussed.

PATTERNS OF BATTERED WOMEN'S USE OF STRATEGIES

Lisa A. Goodman, Boston College; Mary Ann Dutton, Georgetown University School of Medicine, Washington, D.C.

Research over the past decade has dispelled perceptions of domestic violence survivors as uniformly passive in response to the violence. Indeed, research has shown that battered women creatively employ a broad range of strategies to reduce or eliminate threats to their physical safety and emotional wellbeing. Indeed, it appears that the number and diversity of strategies women use increases with the severity of the violence they have endured. While this research is important and encouraging, it does not discriminate among types of strategies, nor does it consider the ecological context in which battered women experience and respond to abuse. Women's strategic responses may be shaped by a number of factors including previous trauma and childhood victimization history, mental health status, previous success seeking help, and severity or type of adult intimate partner violence. With data collected from over 400 predominantly African American women in three settings (i.e. civil court, criminal court, and shelter) in Baltimore City, this presentation will explore the nature of women's strategic responses to physical and sexual victimization by intimates. It will also discuss the degree to which use of specific strategies is related to past violence and predictive of future violence in intimate relationships.

MAPPING THE COMPLEXITY OF BATTERED WOMEN'S EXPERIENCE

Mary Ann Dutton, Georgetown University Medical Center; Lisa A. Goodman, Boston College, School of Education

There has been greater attention to threat assessment in intimate partner violence (IPV) situations in the past several years. Yet, there has been little attention to integrating violence victims' own subjective appraisal of risk as a component of risk assessment. Recent literature has suggested that subjective appraisal, indeed, contributes unique variance to violence outcomes (Weisz, Tolman, & Saunders, 2000). Further, it has become more widely recognized that the risks confronting victims of intimate partner violence extend well beyond the risk of physical harm. This presentation will introduce a new measure to assess various types of IPV-related risks as appraised by victims. They include Overall Risk, Violent Risks, Non-Violent Risks, and Child-Related Risks. In addition, a Criminal IPV Risk subscale will be introduced to assess for risks related to various violent and nonviolent acts that constitute a criminal action (e.g., physical assault, violation of protection order, threats of physical harm). Finding will be presented from a study of 400 low-income, predominately African-American women from three community systems - criminal court, civil court, and shelter. This paper will examine IPV victims' subjective appraisal of risks, both in the prediction of future violence and abuse, as well as an outcome in its own right.

Bayou III, Bayou Level

Symposium

Intervention Research

ADULT ATTACHMENT AND CHILDHOOD ABUSE: IMPLICATIONS FOR TREATMENT PROCESS AND OUTCOME

Chair: Carol A. Stalker, Wilfrid Laurier University; **Discussant:** Christine A. Courtois, The Center: Posttraumatic Disorders Program, The Psychiatric Institute of DC

This symposium reports on three studies involving women who have received treatment for PTSD. Employing different measures for assessing attachment, all three are focused on how this construct can inform interventions for women with histories of child abuse and PTSD. Questions requiring further research will also be discussed.

ADULT ATTACHMENT CLASSIFICATIONS AMONG WOMEN WITH PTSD RELATED TO CHILDHOOD ABUSE

Chase Stovall, Marylene Cloitre, Weill Cornell Medical College

A recent increase in the use of the Adult Attachment Interview (AAI; George & Kaplan, & Main, 1985) in clinical research suggests that individuals with trauma histories who have psychiatric disorders tend to have insecure and unresolved attachment states of mind (see Dozier, Stovall, & Albus, 1999 for review). Surprisingly, however, no studies have examined attachment representations among those diagnosed with the one psychiatric disorder which is most commonly associated with trauma and which is believed to best characterize the symptom sequelae of childhood trauma: Posttraumatic Stress Disorder (PTSD). Fifty women with histories of childhood abuse received an extensive psychiatric evaluation, including the AAI, SCID I and II, and the Clinician Administered Posttraumatic Scale for DSM-IV (CAPS). Results suggest an overrepresentation of "unresolved" and "preoccupied" attachment classifications in women with PTSD related to childhood abuse. Additionally, preliminary data collected following a brief, 16 week treatment (Cloitre, 2000) suggests that women receiving prolonged exposure had lower rates of "unresolved trauma" on a 3-month follow-up evaluation compared to those receiving skills training. Results are discussed with regard to the impact of childhood abuse on adult attachment states of mind and the effects of a brief exposure-based treatment on coherency of mind regarding abuse.

INSECURE ATTACHMENT PATTERNS AS PREDICTORS OF FUNCTIONING FOLLOWING TREATMENT FOR ADULTS ABUSED AS CHILDREN

Carol A. Stalker, Kim L. Harper, Wilfrid Laurier University

The Reciprocal Attachment Questionnaire developed by West and Sheldon-Keller and based on Bowlby's attachment theory assesses four patterns of insecure attachment: compulsive careseeking, compulsive self-reliance, compulsive caregiving, and angry withdrawal. This instrument was used to assess attachment pattern and other dimensions related to attachment in a study focusing on the functioning of adults in the community following inpatient treatment for traumatic stress. The sample of 163 adults (82% female) have been assessed on the Modified PTSD Symptom Scale, SCL-90, TSI-Belief Scale and Rosenberg Self Esteem Scale at 3, 6 and 12 months post discharge. In multiple regression analyses, the compulsive careseeking pattern is a significant predictor of poor scores on two of the outcome measures at 3 months, and one at 6 months. Compulsive caregiving predicts lower self esteem at 3 months, and the dimensions of proximity seeking and feared loss are also predictive of poorer scores at follow up. Predictors of functioning at 12 months post discharge will also be presented. The findings suggest that attachment pattern may play an important role in response to treatment, and that intervention that takes attachment into account may improve effectiveness.

ADULT ATTACHMENT AS A MODERATOR OF TREATMENT OUTCOME FOR WOMEN WITH PTSD AND SUBSTANCE USE DISORDERS

Denise A. Hien, Lisa Cohen, Lisa C. Litt, Women's Health Project Treatment and Research Center

One of the more significant consequences of trauma is its impact on safety in the context of interpersonal relationships. In psychotherapy treatment of trauma, the initial phase involves establishing trust and security between the patient and therapist. Therefore, in evaluating efficacy of trauma treatments, it may be very important to examine the patient's capacity for attachment as a moderator of treatment outcome. This paper will present data examining the patient's adulthood attachment (measured by the Bartholomew, Relationship Questionnaire) and its impact (as a process variable) on two comparative cognitive-behavioral psychotherapy treatments for women with PTSD and SUD's. The current study is a randomized clinical trial comparing two active treatments with a non-randomized comparison "treatment-as-usual" (TAU) condition. 120 Participants, predominantly minority women of lower SES, were recruited from treatment programs and newspaper advertisements in the New York metropolitan area. Women were assessed pre- and post-treatment at 3- and 6-months. Analyses will address the role that adulthood attachment plays in understanding the relative efficacy of the two treatments compared to one another and the TAU condition. Specific outcomes include: reduction in substance use, decreases in trauma symptoms, and treatment compliance and retention.

Bayou I, Bayou Level

Symposium

Intervention Research

SHARING THE FRONT LINE AND THE BACK HILL: CARING FOR INTERNATIONAL PROTECTORS AND PROVIDERS

Chair: Yael Danieli, Private Practice and Group Project for Holocaust Survivors and their Children New York, NY; **Discussant:** Piet van Gelder, Psycho Social Care Unit, MSFHolland

The number of horrifying attacks on representatives of the United Nations, the Red Cross, the media, non governmental and other organizations while on missions to relieve and report human suffering throughout the world has escalated alarmingly. In the past, the blue UN letters and the Red Cross provided protection; increasingly, they designate targets. International interveners and their locally recruited colleagues have been taken hostage, tortured and even killed. They and their families have physically and psychologically paid a very high price, both immediate and long-term, for their efforts on behalf of others. They have gone to countries and cultures not their own, often with little advance training, little support during their mission, and little and no continuing assistance at the time of and following their (re) integration or discharge. This symposium seeks to identify, on the basis of data, policies and programs to optimize the effectiveness of these people and to minimize the costs they incur. These are people who have worked on or with peacekeeping and peace-building missions, and UN and other humanitarian and disaster relief operations and on defending human rights, as well as those in the media who, while reporting, are in personal danger.

SHARING THE FRONT LINE AND THE BACK HILL: CARING FOR INTERNATIONAL PEACEKEEPERS

Major Wendy White, Operational Trauma & Stress Support Center for the Armed Forces; Jos Weerts, Center for Expertise and Knowledge, Veterans' Institute

Over the past decades, the nature of military missions has changed. Direct combat against an identifiable foe, for the defense of one's country happens rarely. Instead, there have been numerous local conflicts, intra-national and low intensity conflicts. Especially in the last decade, after the thawing of the Cold War, the United Nations, enthusiastically, have adopted a large number of peacekeeping operations. A peacekeeping or peacemaking force now finds itself in a foreign country, witnessing an age old battle in which there is no identifiable "bad guy," no clear mandate for the intervention. The general principles of impartiality and the lowest possible level of applying force led in many instances to a sense of helplessness associated with passively watching human beings commit atrocities. What is the price of this type of mission on our soldiers? This presentation will report data gathered internationally

from major studies in various countries on stress reactions among military peacekeepers, both during and following missions and discuss policy and program recommendations based on this as well as caregivers' observational data.

SHARING THE FRONT LINE AND THE BACK HILL: CARING FOR INTERNATIONAL PROTECTORS AND PROVIDERS

Barbara Lopes-Cardozo, Centers for Disease Control and Prevention

Objective: To assess the mental health consequences of exposure to traumatic events and the risk factors for psychiatric morbidity among expatriate humanitarian aid workers assisting in countries affected by war and civil strife. **Design:** We surveyed all 410 expatriate aid workers working for 22 humanitarian organizations implementing health programs in Kosovo. Of these, 285 (69.5%) completed questions about demographic information and two psychological screening tools. **Materials and Methods:** We assessed mental health outcomes using the Harvard Trauma Questionnaire (HTQ) and the Hopkins Symptom Checklist-25 (HSC-25). Logistic regression was used to generate adjusted odds ratios (AORs); models included risk factors for depression such as age, sex, education, employment, marital status, psychiatric history, and number of missions and trauma events. **Results:** Of the respondents, 68 (24.0%) had experienced sniper fire; 100 (36.0%), verbal or physical threats; and 32 (12%), prolonged separation from their immediate families. Although only 1.1% of aid workers reported symptoms of post-traumatic stress disorder, 17.2% reported depressive symptoms. Humanitarian aid workers who had completed five or more missions were more likely to have reported depressive symptoms than were those on their first mission (AOR=5.1, 95% confidence interval [CI]: 1.4-18.3). Aid workers who had experienced four or more trauma events were more likely to have experienced depressive symptoms than were those who reported none (AOR=7.1, 95% CI: 1.8-27.7). The likelihood of depressive symptoms was higher for those reporting poor organizational support services (AOR=10.8, 95% CI: 2.0-58.8) and lower for those who had not experienced prolonged family separation (AOR=0.2, 95% CI: 0.1-0.7). **Conclusion:** Expatriate humanitarian aid workers in Kosovo, particularly those deployed frequently and who experienced prolonged family separation, have high rates of depressive symptoms. Organizational support services may be an important mediating factor and should be targeted toward aid workers.

SAFETY TRAINING FOR THE MIND AS WELL AS THE BODY

Chris Cramer, President of CNN International Network

Chris Cramer, President of CNN International Network, formerly Head of Newsgathering, BBC, and a hostage in the Iranian Embassy siege in London in 1980, will describe policy and program recommendations for international as well as national media on physical and psychological safety.

Mayor's Chamber, Second Floor

Symposium

Research to Practice

THE ROLE OF SELF-DISCLOSURE FOLLOWING EXPOSURE TO TRAUMATIC EVENTS

Chair: Elisa E. Bolton, Boston VA Medical Center; **Discussant:** Sarah E. Ullman, UIC

This symposium examines the association between self-disclosure about traumatic events and subsequent well-being. Data will be presented on the relationship of delayed disclosure of CSA to current psychological distress, of written disclosure of CSA to physical and psychological health, and of self-disclosure to PTSD symptom severity in Somalia peacekeepers.

DISCLOSURE OF CHILDHOOD RAPE, DEPRESSION, AND PTSD IN A NATIONAL SAMPLE OF WOMEN

Daniel W. Smith, Kenneth J. Ruggiero, Rochelle F. Hanson, Benjamin E. Saunders, Dean G. Kilpatrick, Heidi S. Resnick, Connie L. Best, National Crime Victims Research & Treatment Center, Medical University of South Carolina

Clinicians believe that disclosure of childhood sexual assault protects victims from further harm and activates therapeutic intervention. Further, the act of disclosing may have its own direct beneficial effects. Research to date, however, has not revealed

healthier psychosocial outcomes among adults who made early disclosures of childhood sexual victimization, compared to those who waited longer periods before disclosing. Some of the inconsistency across extant studies may relate to methodological or sampling issues, as most studies have used convenience samples. The present study examines the long term psychological correlates of child rape disclosure in 288 women drawn from a nationally representative sample of 3,220 adult women, wave 2 of the National Women's Study (Resnick et al., 1993; Smith et al., 2000). Results reveal small, significant differences consistent with the hypothesis that early disclosure (within one month of child rape) is associated with lower adult levels of distress and symptoms of depression and PTSD. These differences disappear, however, in multivariate models including assault characteristics and demographics. Consistent with previous research, among rapes disclosed to mothers, women who perceived no maternal support had higher levels of current symptoms. Implications of these findings on importance of early disclosure will be discussed.

THE RELATIONSHIP BETWEEN DISCLOSURE AND SYMPTOMS OF PTSD IN PEACEKEEPERS

Elisa E. Bolton, Boston VA Medical Center

The challenges of peacekeeping place individuals at risk for the development of significant psychological distress (e.g., Litz, Orsillo, Freidman, Ehlich, & Batres, 1997), such as symptoms of PTSD, depression, and hostility. In general, self-disclosure has been shown to alleviate psychological distress following exposure to potentially traumatic events. Sharing, or self-disclosure of deployment related experiences, was the focus of this study and was hypothesized to be associated with adaptation. As part of a larger investigation, approximately 430 U.S. military personnel who served as peacekeepers in Somalia were administered a comprehensive psychosocial questionnaire, which included measures of exposure to highly stressful and potentially traumatic experiences, reception at homecoming, self-disclosure, and PTSD symptom severity. The results indicate that adjustment to peacekeeping is significantly related to self-disclosure, especially to supportive significant others. Further, the perceived quality of the reception at homecoming, a potentially barrier to self-disclosure, is also associated with a positive adaptation.

CAN A WRITTEN DISCLOSURE PARADIGM BE EXTENDED TO SURVIVORS OF CSA?

Sonja V. Batten, National Center for PTSD; Kathleen M. Palm, Mandra L. R. Hall, Victoria M. Follette, University of Nevada-Reno

While a growing body of literature demonstrates the efficacy of writing about stressful events on measures of participants' health, most of the studies conducted to date have included psychologically and physically healthy participants. The purpose of the current study was to determine whether writing about stressful or traumatic events would have the same effect with participants who had experienced a significant trauma in their past. The physical and psychological impact of writing about child sexual abuse (CSA) experiences or time management was examined in 61 women (mean age 35.0) who reported a CSA history. Participants completed ongoing telephone interviews for 12 weeks after writing, as well as follow-up questionnaires. Variables examined included medical care utilization, physical symptomatology, and psychological symptomatology. The results of the current study indicate that writing about CSA history alone is not sufficient to provide psychological or physical health benefits. Thus, the current results diverge notably from the extant literature on written disclosure and suggest that this experimental paradigm may not generalize wholly to survivors of significant traumas. Possible reasons for these findings are discussed, along with implications for writing interventions with survivors of significant traumas.

CONCURRENT SESSIONS VIII

4:00 PM-5:15 PM

Bayou II, Bayou Level

Symposium

Basic Research

PERSONALITY AND PTSD

Chair: Mark W. Miller, Boston VAMC, National Center for PTSD; **Discussant:** Paula P. Schnurr, National Center for PTSD

This symposium is devoted to recent research on the influence of personality on the development and expression of PTSD. The papers will feature a variety of study samples, methodologies, and theoretical and conceptual perspectives on the role of personality traits in the etiology and course of the disorder.

DISSOCIATION & UNCONTROLLABLE STRESS: THE IMPACT ON ASSOCIATIVE LEARNING IN HUMANS

Andy Morgan, Jeremy Cordova, Yale University School of Medicine & National Center for PTSD; John Burkhart, FASOTRAGRUPAC; Christian Grillon, National Institute of Mental Health

We previously reported that veterans with PTSD exhibited enhanced contextual conditioning as well as a deficit in the learning of safety cues compared to controls. Previous investigations demonstrate that survival school is a valid model for prospective stress studies in humans. The current investigation was designed to assess associative learning in healthy active duty military subjects before and after exposure to the acute uncontrollable stress of survival school. Methods: 34 male subjects were randomized to one of two groups: Pre-stress group; Post-stress group. Subjects completed self-report measures for trauma exposure and psychological symptoms of dissociation before starting the course. Delay type eye-lid conditioning was assessed in the Pre-stress group 5 days prior to stress and in the Post-stress group 1 day after stress. Results: Exposure to acute stress resulted in delayed extinction, as evidenced by a greater level of conditioned eye blinks in the Post stress, compared to the Pre stress group. Baseline dissociation, and trauma history each predicted greater conditioning in the Pre-stress group. Baseline dissociation predicted REDUCED levels of associative learning in the Post stress group. The data suggest that trauma exposure and dissociation explain between-subject differences at a brainstem and cerebellar level of learning.

MPQ PROFILES OF VETERANS WITH PTSD: INTERNALIZING AND EXTERNALIZING SUBTYPES

Mark W. Miller, Alethea A. Smith, Jennifer L. Greif, Boston VA Medical Center, National Center for PTSD; Christopher J. Patrick, University of Minnesota, Dept. of Psychology

This study examined personality profiles of 208 veterans undergoing diagnostic evaluation at a PTSD clinic using the Multidimensional Personality Questionnaire (MPQ; Tellegen, 1982), the Minnesota Multiphasic Personality Inventory-2, and other measures of psychopathology. Compared to veterans who did not meet diagnostic criteria, those with current PTSD scored significantly lower on scales assessing Communal Positive Emotionality (Wellbeing & Social Closeness), higher on Negative Emotionality (Stress Reaction, Alienation, and Aggression), and higher on Absorption. A hierarchical cluster analysis performed on the MPQ data for individuals with PTSD (n = 140) revealed four clusters of subjects: (1) an Externalizing subgroup (n = 34) comprised of individuals who described themselves across measures as antisocial, energetic, influential, fearless, and reported a history of substance abuse and premilitary delinquency, and (2) an Internalizing subgroup (n = 42) comprised of individuals described as inhibited, anxious, introverted, depressed, and who had higher rates of comorbid Panic and other Anxiety Disorders. The other two subgroups differed primarily in terms of the severity of nonspecific distress. These findings suggest that the MPQ may be useful for identifying clinically meaningful subtypes within the PTSD population that are associated with differential patterns of co-morbidity and rooted in basic individual differences in externalizing/internalizing temperament.

RELATIONSHIP BETWEEN PERSONALITY AND PTSD SEVERITY: A CROSS-SECTIONAL AND PROSPECTIVE ANALYSIS

Dean Lauterbach, Meredith A. Hayes, Nichole Dailor, Northwestern State University

Several studies have found that level of neuroticism is related to PTSD severity. However, neuroticism is multifaceted and frequently scholars have not reported the specific components of neuroticism that are related to PTSD severity. The purpose of the present study was to extend this work by providing a more detailed analysis of the specific elements of neuroticism that are related to PTSD. The participants were 566 undergraduates (primarily freshmen) enrolled in either a psychology course or a university-wide orientation course. They received extra credit for participation. They reported experiencing an average of 2.8 traumatic events over their lifetime. Participants completed the PTSD checklist, the Traumatic Events Questionnaire, and several elements of the NEO-Personality Inventory-Revised. To examine the relationship between PTSD severity and facets of neuroticism, six separate multiple regressions were computed. Each was a mixed hierarchical-simultaneous multiple regression in which two trauma variables (total # of events, total trauma intensity) were entered (simultaneously) in the first block. In the second block, one dimension of neuroticism was entered along with the interaction term between that dimension of neuroticism and trauma intensity. All six components of neuroticism significantly predicted PTSD severity. Additional findings from a recently completed prospective study will also be presented.

HARDINESS AS A RESILIENCY FACTOR IN THE STRESS-PTSD RELATION

Paul T. Bartone, United States Military Academy, West Point

While exposure to traumatic events can potentially result in PTSD for anyone, there are widespread and often dramatic individual differences in how people respond to the same traumatic stressors. Some individuals appear to have a low exposure threshold for developing stress-related symptoms and PTSD, while others are highly resilient. How can such individual differences in responding be understood? This paper examines a potentially important resiliency factor, the personality dimension of hardiness. A growing body of literature shows that persons high in hardiness, marked by a strong sense of commitment, control, and challenge, tend to remain healthy under stress compared to those low in hardiness. (Kobasa, 1979; Solomon, Mikulincher & Hobfall, 1986; Bartone et al., 1989; King et al., 1998; Maddi, 1999; Bartone, 1999). The present paper summarizes results from three studies showing that hardiness functions as a PTSD resiliency factor with respect to actual combat stressors (Gulf war, U.S. Army active and reserve soldiers), and also with respect to major traumatic stressors encountered during peacekeeping operations (U.S. Army soldiers deployed to Bosnia in 1996). The paper will close by discussing some implications for training and prevention in groups at high risk for exposure to traumatic stressors.

Bayou III, Bayou Level

Symposium

Basic Research

SLEEP DISTURBANCE IN PTSD: PATHOPHYSIOLOGICAL MECHANISMS

Chair: Richard J. Ross, Phila. VA Med. Center & University of Pennsylvania School of Medicine; **Discussant:** Thomas C. Neylan, University of California San Francisco

Woodward will discuss the significance of polysomnographic data suggesting that patients with PTSD, compared to controls, move less during sleep. Nishith will describe the advantages of home monitoring and the NightWatch methodology for studying sleep in PTSD. Ross will propose an essential REM sleep disturbance in PTSD, and discuss potential animal models.

SLEEP MOVEMENT TIME IN PTSD: ASSOCIATIONS WITH COMORBID PANIC AND NIGHTMARES

Steven H. Woodward, Gregory A. Leskin, Javaid I. Sheikh, National Center for PTSD

Analyzing data from the National Comorbidity Study (Kessler et al, 1995), Leskin, Woodward, and Sheikh (2000) found that comorbid panic disorder, when superimposed on PTSD, was associated with significantly more sleep-related

symptomology than comorbid major depressive disorder or generalized anxiety. In an effort to confirm this finding, we re-analyzed sleep laboratory data obtained from combat-related PTSD patients and controls. In general, comorbid panic was not associated with shorter or less efficient sleep, or with modified distribution of sleep to stages 1-4 and REM. Instead, comorbid panic was associated with reduced sleep movement time (MT). Sleep MT was subsequently found to be reduced in patients versus controls, and in patients complaining of trauma-related nightmares versus those without nightmares. Furthermore, night-to-night adaptation to the sleep laboratory was associated with increased MT over nights, but only in patients without nightmare complaint. MT reduction was also associated with "wake fragmentation", that is, more and briefer awakenings. While contrary to common notions of the relation between movement and anxiety, these observations are not without precedent in panic disorder (Clark et al, 1990). It may also be relevant, in this context, that a major efferent limb of the central fear system operates to suppress movement.

REM ACTIVITY INCREASE IN PTSD DOES NOT DEPEND ON DEPRESSION AND ALCOHOLISM

Richard J. Ross, Phila. VA Medical Center and University of Pennsylvania School of Medicine; Helen W. Book, Coatesville VA Medical Center; Larry D. Sanford, Eastern Virginia Medical School; Steven M. Silver, Coatesville VA Medical Center; Nancy M. Ford, Philadelphia VA Medical Center; Adrian R. Morrison, University of Pennsylvania Schools of Medicine and Veterans Medicine

Repetitive, stereotypical anxiety dreams characterize PTSD and frequently prove intractable to treatment. Identifying the pathophysiology of this sleep disturbance assumes considerable clinical importance. Evidence of an increase in rapid eye movement activity during REM sleep (REM activity) in PTSD has been reported, but it has been difficult to discount major depression and alcoholism as potential confounders. Therefore, we first present polysomnographic data obtained from non-depressed veterans with PTSD and control subjects matched on alcoholism. The PTSD group showed an increase in REM activity. Thus, even when depression and alcoholism are minimized as possible confounders, subjects with PTSD show increased REM activity, which may be a polysomnographic marker of the disorder. Ponto-geniculo-occipital waves (PGO) are phasic electrical events that can be recorded in animals, often coincidentally with REM activity. Because a conditioned component of emotional responses in PTSD has been recognized, and might be implicated in the sleep disturbance, we studied how fear conditioning in rats might influence PGO. The amplitude of PGO elicited in the presence of aversively conditioned stimuli was increased. Thus, investigations in animals of the pharmacological mechanisms of REM sleep phasic activity may contribute to the development of more effective treatments for the sleep disturbance in PTSD.

LABORATORY VS. HOME ASSESSMENT OF SLEEP DISTURBANCES IN FEMALE RAPE VICTIMS

Chair: Pallavi Nishith, Center for Trauma Recovery, University of Missouri-St. Louis; Stephen Duntley, Department of Neurology, Washington School of Medicine; Brenda Cook, Center for Trauma Recovery, University of Missouri-St. Louis; Matthew Uhles, Department of Neurology, Washington University School of Medicine

Pilot data were collected on 16 female rape victims to assess for sleep disturbances. Eight women were PTSD+ and the remaining eight were matched controls. Laboratory polysomnography and NightWatch data were available on 5 PTSD+ and 5 PTSD- women. Home NightWatch data were available on 3 PTSD+ and 3 PTSD- women. First, we compared the 5 PTSD+ women with the 5 PTSD- women on laboratory polysomnography and NightWatch. Results showed no significant differences between the two groups on sleep disturbances. Second, we compared the 3 PTSD+ and 3 PTSD- women on the home NightWatch. Results showed a significantly larger REM latency for the PTSD+ women as compared to the PTSD- women. Last, we compared the 5 PTSD+ women assessed on the laboratory NightWatch with the 3 PTSD+ women assessed on the home NightWatch. Results showed that the PTSD+ women assessed at home showed a significantly larger REM latency and a significantly smaller time spent in REM as compared to the PTSD+ women assessed in the laboratory. The NightWatch could potentially be a viable alternative to laboratory based polysomnography. Further, it appears that the home environment provides a more realistic setting for the occurrence of REM related sleep disturbances in PTSD.

Concurrent Sessions - Saturday, December 8

Rex Room, Mezzanine Floor

Panel Discussion

Clinical Theory/Clinical Practice

STRESS ON THE PRESS: HELPING JOURNALISTS LEARN ABOUT TRAUMATIC STRESS

Chair: Larry A. Zalin, University of Washington; **Bruce Shapiro**, The Nation Magazine; **Chris Bull**, The Advocate; **Elaine Silvestrini**, The Asbury Park Press

Few journalism students learn about the impact of trauma on survivors and their loved ones, yet many reporters' first assignment is to race to the scene of a fire, automobile crash, or shooting. They are often ill-equipped to report on the neurological and emotional aspects of trauma, and many are faced, after years on the job, with the psychological burden of traumatic stress in their own lives. The Dart Center for Journalism and Trauma sponsors fellowships for mid-career and senior journalists, giving them the opportunity to study with neurologists, psychiatrists, psychologists and other clinicians with expertise in trauma and PTSD. Journalists can apply their understanding to interviews with survivors and families of victims, and avoid re-traumatizing their subjects during the interview process. The public benefits from journalism that reflects this understanding.

Explorer's Room, Second Floor

Workshop

Collaborations

DEVELOPING TRAUMA COMPETENCE IN EXISTING MENTAL HEALTH SYSTEMS

Chair: Robert H. Abramovitz, Jewish Board of Family and Children's Services; **Discussant:** Paula G. Panzer, Jewish Board of Family and Children's Services; **Bessel A. van der Kolk**, The Trauma Center; **Sandra L. Bloom**, The Sanctuary, Horsham Clinic; **Claude M. Chemtob**, Mount Sinai School of Medicine

A key strategy for reaching underserved trauma survivors is to increase the capacity of existing mental health systems to recognize and treat trauma. This workshop presents how a large urban, community-based mental health/social service agency developed an organization-wide trauma focus to inform its treatment of trauma victims. Dr. Robert Abramovitz will present the Center for Trauma Program Innovation's creation within the agency and the strategies it used to mainstream the trauma paradigm throughout the agency. This included forming long-term working relationships with outside experts, designing collaborative clinical models, educational forums, and evaluative research and initiating community outreach. Dr. Bessel van der Kolk describes his role in introducing agency staff to key trauma concepts and research and the challenges of creating enthusiasm for the trauma model. Dr. Sandra Bloom describes the adaptation and on-going evaluation of her adult in-patient Sanctuary model for use in the agency's domestic violence shelters and residential programs for violent adolescents. Dr. Claude Chemtob describes the collaboration between the agency and the Mount Sinai School of Medicine to transform clinical practice and conduct trauma research with children. As discussant, Dr. Paula Panzer, a domestic violence expert at the Center, will summarize achievements, lessons learned, and continuing challenges.

Creole Room, Mezzanine Floor

Symposium

Collaborations

PSYCHOLOGICAL INTERVENTION PROVIDED TO POPULATIONS EXPOSED TO DISASTERS AND VIOLENCE

Chair: Armen K. Goenjian, UCLA; **Discussant:** Robert S. Pynoos, UCLA

The presentation will describe Public Mental Health approach in providing psychological assistance to populations exposed to natural disasters, war, and community violence. Post-earthquake intervention programs in Armenia, Greece, and Taiwan will be described. Also the work done among children and adolescents exposed to war in Bosnia will be described. Finally, intervention done among children and adolescents exposed to violence in a public school will be presented. The discussants will discuss the rationale and difficulties involved in implementing such programs, different therapeutic approaches utilized, and ethical issues involved in treating victims and doing research with them.

SCHOOL-BASED TRAUMA/GRIEF FOCUSED GROUP PSYCHOTHERAPY PROGRAM FOR YOUTH EXPOSED TO COMMUNITY VIOLENCE

William S. Saltzman, UCLA Trauma Psychiatry Program; Robert S. Pynoos, UCLA; Christopher M. Layne, Department of Psychology, Brigham Young University; Alan M. Steinberg; Eugene Aisenberg

Despite overall reductions in national rates of violent crime, levels of exposure to community violence for adolescents continues to be high. Studies have linked violent exposure to impairments in concentration and academic achievement, aggressive and high-risk behaviors, substance abuse, and long-term disruptions in development. This presentation describes the implementation of a school-based trauma/grief focused group intervention program for adolescents exposed to community violence and traumatic loss. Specific information is provided regarding the structure and content of the twenty-week group psychotherapy treatment protocol, with case examples, and clinical observations regarding the group therapy process. Pre - post intervention measures indicated significant reductions in self-reported post-traumatic stress and depressive symptoms, and improvements in grade point average and number of classes failed. The open-field findings reported provide encouraging clinical evidence for the effectiveness of trauma-grief focused group treatment in reducing key symptoms. Lending further support to the efficacy of the intervention are the findings that, over and above symptom reduction, there is a robust effect on academic performance and school behavior.

TRAUMA/GRIEF-FOCUSED GROUP PSYCHOTHERAPY: CREATING A SCHOOL-BASED POST-WAR PROGRAM FOR BOSNIAN ADOLESCENTS

Christopher M. Layne, Department of Psychology, Brigham Young University; William S. Saltzman, UCLA Trauma Psychiatry; Rob Davies; Mirjana Music; Nadezda Savjak; Tatjana Popovic; Elvira Durakovic; Nihada Campara; Nermin Djapo; Alan M. Steinberg; Robert S. Pynoos, UCLA; Gary M. Burlingame; Ryan Howton

The development of large-scale, school-based, post-war program for war-exposed Bosnian adolescents will be described. The program has completed its fourth year and has been implemented in 26 secondary schools throughout Bosnian and Hercegovina. Initial program development focused on gathering data regarding rates and types of trauma exposure, post-war adversities, trauma reminders, and associated distress reactions within various regions of Bosnia and Hercegovina. Concurrent with these activities was the early formation of cooperative relationships between local government institutions, schools, universities, and community mental health professionals. Following this, the UCLA Trauma Psychiatry Team and its local counterparts designed a school-based public-health oriented program that addressed the needs of the general student body, the needs of traumatized students at risk for chronic, severe distress reactions and developmental disturbance, and students at extremely high risk. The results of an effectiveness evaluation reveal a generally positive impact of the program, including reduced symptoms of psychological distress, associations between distress reduction and psychosocial adjustment, and associations between therapeutic group processes and psychosocial adjustment. The beneficial effects of the program appear to have extended beyond the group members themselves, as documented by the counselor's reports that they have incorporated program materials into their teaching and clinical work, re-defined their role in the schools from that of disciplinarian to mental health service provider, that classroom atmospheres have improved, and that group members share their newly-learned skills with peers and family members.

POST-EARTHQUAKE MENTAL HEALTH INTERVENTION PROGRAMS IN ARMENIA, TURKEY, GREECE AND TAIWAN

Armen K. Goenjian, UCLA Trauma Psychiatry Program

This presentation will cover principles of implementation of post-disaster public mental health recovery programs. Topics to be discussed include: pre-intervention planning and timing of intervention, recruitment and training of program staff, establishing linkages with governmental and local agencies and organizations, population screening procedures, implementation of school-based and clinic-based trauma/grief interventions, common therapeutic difficulties, clinical supervision, monitoring the course of recovery, provision of information to local governmental organizations. This

discussion is based on experience in Armenia, Turkey, Greece and Taiwan. Common problems encountered in developing and implementing mental health programs after catastrophic disaster, and possible remedies, will be discussed.

Grand Ballroom, Mezzanine Floor

Symposium

Epidemiology

MENTAL HEALTH AND ATTITUDES OF REFUGEES AFTER VIOLENT CONFLICT

Chair: Barbara Lopes-Cardozo, Centers for Disease Control and Prevention; Discussant: Reinhard Kaiser, Centers for Disease Control and Prevention

The mental health problems of refugees from the Rwandan genocide, Guatemalan refugees in Chiapas, Mexico and feelings of hatred and revenge of returning Kosovar Albanians in Kosovo will be described. Mental health problems in the acute, transitional and post-emergency phase of violent conflict will be discussed.

MENTAL HEALTH AND ATTITUDES OF REFUGEES FROM THE RWANDAN GENOCIDE

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

The 1994 civil war in Rwanda resulted in an unprecedented flow of refugees to neighbouring countries. Camps emerged in Tanzania and the former Zaire, eventually harbouring hundreds of thousands of refugees. The refugees were of different political and ethnic backgrounds, which caused the conflict to continue in the camps. This resulted in great insecurity, a paranoid atmosphere, and ongoing threats and killings. The insecurity in the camps complicated the data collection of mental health outcomes, as planned within the framework of an emergency psychosocial care programme by Médecins Sans Frontières (MSF). Despite this, we performed several studies into the refugees' mental health status at different levels of the community and the emergency care system. Using the 28-item version of the General Health Questionnaire, we studied a random community sample and a client sample; the prevalence of serious mental health problems at community level was estimated at 50%. We found a 33% prevalence of somatization in refugees visiting outpatient clinics; this group was prescribed 16% more antibiotic and antimalarial drugs than non-somatizers. Factor analysis showed that a substantial part of the mental health symptoms in clients of the psychosocial programme could be grouped in three categories: depression, dissociation, and PTSD.

TWENTY YEARS IN MEXICO: MENTAL HEALTH STATUS OF GUATEMALAN REFUGEES

Miriam E. Sabin, The University of Georgia School of Social Work; Barbara Lopes-Cardozo, Centers for Disease Control and Prevention; Larry Nackerud, The University of Georgia School of Social Work; Mariana Vergara, United Nations High Commissioner for Refugees; Reinhard Kaiser, Centers for Disease Control and Prevention

Objectives: To determine the mental health status of underserved Guatemalan refugee communities located in Chiapas, Mexico since 1981. **Methods:** Cross-sectional, household survey in five refugee camps in November-December, 2000. Of 60 Guatemalan refugee settlements in Chiapas with an estimated 12,500 residents, five were surveyed, representing an estimated population of 1,546. All adults (ages 16+) in all households were asked to participate; on average 1 adult per household completed the questionnaires. An estimated 95% of all households were surveyed. Respondents (n = 179) received the Harvard Trauma Questionnaire, Hopkins Symptom Checklist-25 and two questionnaires on Latin American and Mayan indigenous illnesses. **Results:** Ninety-five percent of respondents were born in Guatemala. The prevalence rate for Post-traumatic stress disorder was 11.2%; the prevalence rate of scores indicating anxiety and depression were 54.4% and 39.1%, respectively. Ataque de Nervios, a Latino-Caribbean cultural syndrome associated with distress, was reported by 36.1% of the respondents compared to 16% in a community adult mental health study in Puerto Rico. **Conclusions:** Psychiatric morbidity related to trauma events and refugee status was common among survey respondents. Guatemalan refugees surveyed may benefit from culturally appropriate and sustainable mental health assistance twenty years after the Guatemalan civil conflict.

HATRED, REVENGE AND MENTAL ILLNESS ONE YEAR AFTER THE WAR IN KOSOVO

Barbara Lopes-Cardozo, Reinhard Kaiser, Carol Gotway-Crawford, Centers for Disease Control and Prevention; Ferid Agani, University of Pristina

Feelings of hatred and revenge may play an important role in inhibiting the recovery of communities after a war. A mental health survey of Kosovar Albanians 1 year after the war in Kosovo examined the relation between feelings of hatred and revenge, post-traumatic stress disorder (PTSD) and non-specific psychiatric morbidity, and social functioning. In May 2000, a 2-stage cluster sample survey of the Kosovar Albanian population aged ≥ 15 years included the Harvard Trauma Questionnaire, the General Health Questionnaire-28, the Medical Outcomes Study-20 and questions about feelings of hatred and revenge and desire to act on feelings of revenge. We used logistic regression models to adjust for demographic, health, and exposure variables. PTSD and non-specific psychiatric morbidity were significantly associated with feelings of hatred (odds ratio [OR] 1.9, 95% confidence interval [CI] 1.2-2.9 and OR 2.1, 95% CI 1.3-3.2, respectively), and feelings of revenge (OR 2.9, 95% CI 2.0-4.4 and OR 2.2 95% CI 1.4-3.7, respectively). Social functioning as measured by the MOS-20 was not significantly related to these outcomes. Addressing feelings of hatred and revenge in the community may be beneficial in the treatment of mental illness.

Wildcatter Room, Mezzanine Floor

Workshop

Epidemiology

POLICE CULTURE AND TRAUMA: FUEL FOR THE FIRE

Chair: Julia M. Klo, Chicago School of Professional Psychology; Keith J. Bettinger, Retired Police Officer and Author

To be effective in the treatment of trauma in police officers it is essential to understand the inherent culture, the societal perceptions and attributions, and unique pressures on this population. As with other cultures, police culture includes: myths, morals, values, ideologies, stories, legends and heroes, metaphors and slogans, rituals, rites (swearing in/promotion) and ceremonies (such as police funerals). There are also sub-cultures within police departments. The public "face" a department presents is often in dramatic contrast to the climate which exists within the organization. The organizational persona is designed to conform to the way society expects police officers to look and act. Police organizations consist not only of shared beliefs but also of more tangible manifestations of those beliefs, such as patterns of conduct and objects that represent membership to the culture. For police officers, power and their ability to be in control equate to being respected, not to mention staying alive. Often when problems related to stress and trauma surface in a department, there needs to be an externalized victim to blame; hence officers may be seen by supervisors, their peers and even themselves as disposable, rather than as individuals in need of intervention. This presentation will help those who work with these men and women to briefly enter and understand their world.

University Room, Second Floor

Symposium

Epidemiology

TRAUMA AND RESILIENCE IN POLICING

Discussant: Merle Friedman, South African Institute for Traumatic Stress

Traumatic exposure is an occupational hazard in this population. Results of research in traumatic stress, occupational stress, and resilience in the face of such exposure provide important practical applications for the professions and communities served by them. These presentations include data from large samples, from South Africa and the U.S.A.

ISSUES IN ASSESSING PTSD IN POLICE OFFICERS

Daniel S. Weiss, Charles R. Marmar, University of California, San Francisco; Alain Brunet, McGill University; Suzanne R. Best, Thomas J. Metzler, San Francisco VA Medical Center

There are special issues that occur when studying trauma and its consequences in police officers. This presentation will examine issues of response bias, relative severity of traumatic events, and job-specific nomenclature using data from a cross-sectional

Concurrent Sessions - Saturday, December 8

study of 747 police officers from the New York City, Oakland and San Jose police forces. Special attention will be paid to social desirability, the impact of base rate phenomena with respect to critical incidents, and the implications these factors have for examining relationships of predictors to outcome in this occupational group.

SURVIVING URBAN WARFARE: POSTTRAUMATIC STRESS IN POLICE OFFICERS IN NEW YORK, OAKLAND AND SAN JOSE

Charles R. Marmar, University of California, Department of Psychiatry; Suzanne R. Best; Thomas J. Metzler; Daniel S. Weiss; Jeffrey Fagan

An overview will be presented of findings from a survey of 747 police officers and 332 peer matched controls. Major findings include: 7% of officers have moderate to high levels of PTSD symptoms; there are no gender differences in exposure or PTSD symptoms; Hispanic officers have higher PTSD symptoms; routine work stress is positively associated with PTSD symptom levels; cumulative critical incident exposure is associated with PTSD symptom levels; officers have elevated sleep disturbances compared to controls; greater peritraumatic dissociation and peritraumatic distress are strongly associated with greater PTSD symptoms. Multivariate modeling of risk and resilience factors will be presented.

TRAUMA AND RESILIENCE IN THE SOUTH AFRICAN POLICE SERVICES

Craig Higson-Smith, Merle Friedman, South African Institute for Traumatic Stress

Johannesburg, South Africa has been referred to internationally as the "murder capital of the world". In the year 2000 alone more than 300 South African police men and women were murdered, in many cases for their weapons. Currently there are more than 15 suicides per 10,000 police officials per year, more than eight times the national average. In virtually all cases (95%) service firearms were used and in 17% of cases the officer took someone else's life before committing suicide. This paper draws on a survey of 800 police officers currently serving in and around Johannesburg. An extensive battery of tests assessed each participant's level of traumatic exposure, post traumatic stress related symptomatology, sense of coherence, level of dissociation, degree and type of social support and work stress. Findings show extremely high levels of traumatic exposure and emphasize the importance of a range of work environment and traumatic exposure factors as predictive of post traumatic stress. Perhaps more importantly, the study starts to isolate those factors which are predictive of resilience to high exposure to traumatic stressors. The implications for policy and training aimed at developing psychological resilience in police officers are discussed.

Emerald Room, Second Floor

Featured Session: Workshop

Intervention Research

EVALUATING COMMUNITY-BASED VIOLENCE PREVENTION AND INTERVENTION PROGRAMS

Aileen E. Worrell, COSMOS Corporation; David I. Sheppard, COSMOS Corporation; Therese van Houten, COSMOS Corporation

This workshop will draw on three evaluations of community-based violence prevention and intervention programs to demonstrate the usefulness of case study design for conducting process and outcome evaluations. The Community Partnerships to Reduce Juvenile Gun Violence Program funded four sites to increase the effectiveness of existing strategies by enhancing and coordinating prevention, intervention, and suppression efforts and strengthening linkages among community residents, law enforcement personnel, and juvenile justice system professionals. The Rural Domestic Violence and Child Victimization Enforcement Grant Program funded projects designed to decrease the impact of geographic isolation on the victim, develop coordinated community responses to domestic violence, implement policies and protocols to enhance the criminal justice response to victims, serve traditionally underserved populations, and increase enforcement of protective orders. An initiative to promote youth development and prevent youth violence funded four community-based organizations to develop interventions for at-risk middle school youth in violence-ridden communities, including (in one city) gang-involved youth. The use of logic models in describing the link between program activities and expected outcomes and the role of rival explanations in case study research also will be discussed.

Bayou I, Bayou Level

Symposium

Intervention Research

GUJARAT REMEMBERS

Chair/Discussant: Chittranjan N. Daftuar, Department of Psychology, Maharaja Sayajirao University of Baroda

The common theme of the symposium is the Gujarat earthquake and its psychosocial aftermaths. It will have four presentations related to (i) Overall scenario paper giving the background of human, social, political and cultural factors at play; (ii) symptoms and coping strategies of the victims after three time gaps; (iii) Psycho-cultural analysis of trauma effect and coping strategies of the victims; and (iv) PTSD counseling for earthquake victims.

SYMPTOMS AND COPING STRATEGIES OF GUJARAT EARTHQUAKE SURVIVORS AFTER THREE TIME GAPS

Chittranjan N. Daftuar, Department of Psychology, Maharaja Sayajirao University of Baroda

The present paper reports and discusses the post-earthquake stress and trauma among a cross-section of survivors of recent earthquake (Jan 2001) in Gujarat, India, including their reactions and coping strategies, their perceptions of life-changes due to the calamity. It (paper) addresses a number of mental health issues over three time periods, viz; immediately after three month and then after six month time gaps after the event. The four major issues addressed are: (i) Identification of their symptoms of PTSD among the survivors who were physically affected and hospitalized immediately after the earthquake in the different city hospitals in Gujarat; (ii) Identification of the process of attribution and coping strategies used by them; (iii) Their perception about the changes in their 'self' because of the event; and (iv) assessing the effect of individual and group counseling in the hospital and community context. The physically injured survivors showed varied symptoms of PTSD, ranging from severe sense of guilt and remorse for not able to save their family members and friends to anxiety and to some psycho-neurological problems like sleep disorders, anxiety attacks, etc. Some psychosomatic symptoms were also noted requiring psychological/psychiatric help. Survivors who were affected but were not physically injured were included in the second and the third phases of the study. They reported significant changes in their cognitive, affective and behavioral domains. They thought to be better prepared for such events, if any, in future. The reactions and strategies of the affected groups with reference to their socio-political-economic and cultural context will also be included. The data related to their state after six months will be collected in July 2001 and will be incorporated in the paper.

GUJARAT EARTHQUAKE: THE PSYCHO-SOCIO-POLITICO- CULTURAL IMPLICATIONS OF HUMAN DEVASTATION

Chittranjan N. Daftuar, Department of Psychology, Maharaja Sayajirao University of Baroda

Gujarat earthquake has left deep scar with millions suffering from homelessness, death and scores of towns and village entirely destroyed. The Quake has raised a score of new questions as well. First time in the history of Indian disaster management, decision makers have at least started wondering about the issues related to mental health problems of earthquake victims. This country never had social, political or bureaucratic system with preparedness for disaster management, particularly to deal with trauma stress of the victims. Mental-health issues were unthought of. In India, traditionally, communities shared individual grief. But, there is a typical Indian style of sharing - while in the immediate run, the community might react to share, in the medium and long run, individuals and families are left to fend for themselves. Result is: while it was a mad-rush to reach all kinds of help in the beginning, by the end of about 4 months, it seems all, except the victims themselves, are already forgetting about the tremendous human tragedy. These experiences with their important messages will be discussed in terms of their social, political, bureaucratic and cultural implications for the concerned scholars, scientists and decision makers.

A PSYCHO CULTURAL ANALYSIS OF TRAUMA AND COPING OF EARTHQUAKE: A CASE OF GUJARAT

Urmi Nanda Biswas, Department of Psychology, Maharaja Sayajirao University of Baroda

Any disaster is a socio-cultural phenomenon, and understanding what happens within a community during and after a major natural disaster is important in planning interventions, as every individual social interest groups do not always make the same response to disasters. The meaning ascribed to disasters by individuals, families and communities influences its psychiatric consequences. The meaning of disaster to any person results from the interaction of his or her past history, present content and psychological state. The meaning attributed is dynamic and changes from time to time as the individual's psychological context changes. Within this framework, the discloser of the study was to analysis individual, inter-personal and community processes to cope with a national disaster like recent earthquake in Gujarat. Earthquake victims from different areas in Gujarat ranging from the metro city of Ahmedabad to the village of Adipur, to the township of Gandhidham were contacted at different points of time within a six-months period. The data was collected in three phases covering 350 individuals as samples. First, the earthquake victims were contacted when they were admitted in the hospitals immediately after the earthquake. The symptoms of posttraumatic stress and their mental state were assessed through in-depth interviews. At a later stage, after three months of earthquake, victims, who narrowly escaped physical injury by earthquake, were interviewed to study the perception of changes in their life patterns due to the disaster and the change they perceived in their 'selves' as brought about by their encounter with the disaster. A later phase of the study after six-months would investigate the understanding of the earthquake victims (who would be settling down with rehabilitation schemes and programs) almost the 'roles' of the 'system' as well as the 'state' in the reconstruction of normal life-processes in the affected areas. The data is to be interpreted and discussed in the context of the political history and socio-cultural background of the affected community.

THE POSTTRAUMATIC STRESS DISORDER (PTSD) COUNSELING-IMPLICATIONS FOR EARTHQUAKE RELIEF AND REHABILITATION VOLUNTEERS

Saswat Narayan Biswas, Institute of Rural Management (IRMA)

The recent earthquake in Gujarat has left thousands of people homeless and bereaved of their near and dear ones. During a recent visit to devastated regions for relief work and a few visits to Karamshad hospital where victims of the earthquake were being treated, the author came across the survivors who were experiencing extreme stress and exhibiting varieties of symptoms like insomnia, fearfulness, etc. This has also been reported in a section of the media. In one extreme case in Ahmedabad, a doctor threw himself out of the window fearing a quake. This experience of trauma is real for the person and has to be carefully handled or else will lead to a debilitating condition. Traumas are an event outside normal human experience. Trauma generally leaves a person feeling powerless, helpless, paralyzed. It tends to be sudden and overwhelming. You cannot think clearly during and after a severe trauma; at the same time, you are forced to focus your consciousness in an attempt to deal it. In one-time trauma, caused by natural disasters (earthquake, flood, hurricane, etc) people suffer severe cognitive and emotional damage coupled with hyper arousal and body ailments. People who have experienced earthquake and have witnessed death of loved ones usually suffer from Post-Traumatic Stress Disorder (PTSD), a psychological disorder that occurs when people have experienced life-threatening, shocking events. It has symptoms that are often the same for different people, regardless of the specific events they suffered. Many people think that to help severely emotionally wounded people they should have highly specialized training in Clinical Psychology or Psychiatry. That is not true. What is most important to badly hurt people are that they know that you are there and that you care. It is often remarkably simple what people need. From Afghanistan to Turkey and Bosnia dealing with PTSD has shown that your presence is the most important gift you can give. In the paper the symptoms of Post-traumatic Disorder(PTSD) what kind of rehabilitation a volunteer can do to help emotionally people will be discussed on the basis of case studies and individual counseling done on earthquake victims in Gujarat.

Orleans Room, Mezzanine Floor

Symposium

Research to Practice

PREVENTION OF INTERGENERATIONAL TRANSMISSION OF EFFECTS OF TRAUMA

Chair/Discussant: Charles W. Portney, UCLA Dept. of Psychiatry

This symposium is an effort of the Intergenerational Transmission of Trauma and Resiliency SIG. Andre Novac M.D. will present clinical uses of an instrument to track intergenerational transmission in Holocaust families. Maria Yellow Horse Braveheart Ph.D will discuss prevention of intergenerational transmission among the Lakota. Agnieszka Widera-Wysoczanska Ph.D will discuss prevention of transmission of the maternal experience in the incestuous Polish Family.

PREVENTION OF INTERGENERATIONAL TRANSMISSION OF EFFECTS OF TRAUMA

Maria Yellow Horse Brave Heart, Director, The Takini Network

The Lakota (Teton Sioux) have survived massive cumulative trauma across generations that include such cataclysmic events as the 1890 Wounded Knee massacre of hundreds of primarily unarmed men, women, and children. Subsequent trauma involved the forced removal of children to abusive boarding schools where many experienced not only separation from families and tribal communities but also physical and sexual abuse. This massive group trauma is intergenerational and cumulative "historical trauma". A "historical trauma response" can be observed among the Lakota, similar to survivor complexes among other genocide survivors and massively traumatized groups. The Takini Network, Alakota collective conducting historical trauma intervention and prevention strategies and training as well as research, incorporates both traditional and cultural healing techniques to facilitate amelioration of the historical trauma response and to prevent its further transmission across generations. Considering the traditional Lakota tent that decisions must be made with the next seven generations in mind, this presentation will describe the Lakota historical trauma response and community based intervention as well as prevention strategies incorporated in work with parents aimed at preventing further intergenerational transfer of the effects of Native genocide and colonization with this underserved population. The takini Network seeks to help our people transcend our massive group intergenerational trauma and our work is dedicated to the memory of our ancestors such as Sitting Bull and the future seven generations "nocci tena oyate nipokte(so that our people may live)".

INTERGENERATIONAL TRANSMISSION OF RISK FACTORS OF THE SEXUAL ABUSE IN A FAMILY AND PSYCHOTHERAPY

Agnieszka Widera-Wysoczanska, University of Wroclaw, Institute of Psychology, Clinical Division

Based on three stages qualitative investigation, the intergenerational repetition of social and familial factors, which increase the danger of sexual abuse of children in Polish families, is discussed. Purposeful sampling was used. In the first stage, 60 men and women, from different social groups, were interviewed, providing knowledge about the beliefs among the society regarding victims and perpetrators of sexual abuse. In the second and the third stages, female victims of childhood incestuous abuse, in the age of 21 to 52 years, and their sexually abused children, in the age of 4 - 9 years, were investigated. They were recruited from an out-patient clinic, attending individual and group therapy for survivors of childhood sexual abuse. In-depth investigation regarded: 1. phenomena appearing in incestuous family of origin; 2. perception of the investigated women their mother's parental behaviors; 3. the influence of these behaviors onto the investigated women's experiencing themselves as mothers; 4. perception of the parental behaviors of these women by their children. Based on data analysis multigenerational map of relationships, roles and rules in the family of origin which lead to the acceptance of sexual abuse against children, was created. Five factors of the maternal experience related to increased probability of sexual abuse in families and two type of parenting styles, were emerged. Finally, the stages and goals of treatment of persons from families with transmitted incest features, is discussed.