

Concurrent Sessions - Sunday, December 9

MEASURING INTERGENERATIONAL TRANSMISSION OF TRAUMA

Andrei Novac, Dept. of Psychiatry, UC Irvine

With the increased awareness of a trauma epidemic in contemporary society the concept of intergenerational transmission of trauma has received renewed attention by mental health professionals. The author will be presenting the Intergenerational Trauma Scale (ITS), a new instrument used to quantify risk factors for PTSD in newly traumatized offspring of parent trauma victims. Specific correlations with some of the currently used trauma scales will be presented. The author will be discussing his 2 year experience with this scale used in a variety of trauma victims.

Mayor's Chamber, Second Floor

Workshop

Research to Practice

NEW DIRECTIONS IN THERAPY FOR ADULT SURVIVORS OF CHILD ABUSE

Chair: Steven N. Gold, Nova Southeastern University; Christine A. Courtois, Christine A. Courtois, Ph.D. & Associates, PLC

There is growing consensus that the intricate, diverse, and deeply ingrained problems of many survivors of prolonged child abuse (PCA) are not adequately addressed by intervention approaches developed for survivors of more circumscribed forms of trauma. This workshop will review pertinent research findings, conceptual deductions from these empirical observations, and corresponding implications for assessment and treatment of PCA survivors. The relevance to PCA survivors of the diagnostic formulation Complex Posttraumatic Stress Disorder, also referred to as Disorders of Extreme Stress, Not Otherwise Specified (DESNOS), will be examined in detail. Research supporting this diagnostic category, and related assessment approaches, treatment principles, guidelines, and standards of care will be discussed. Contextual Therapy (CT), a treatment model specifically designed for PCA survivors, will also be summarized. CT is grounded in empirical and clinical evidence that many survivors' difficulties derive not just from abuse trauma, but from the ineffective familial and social context frequently associated with PCA. Due to lack of cohesiveness and consistency in these families, PCA survivors rarely develop secure attachment or adequate daily living skills. Consequently, CT places greater emphasis on developing a collaborative treatment relationship to remediate attachment difficulties and on teaching living adaptive skills than on explicitly trauma-focused interventions.

CONCURRENT SESSIONS IX

10:00 AM-11:15 AM

Bayou III, Bayou Level

Symposium

NEW FINDINGS ON HYPOTHALAMIC-PITUITARY-ADRENAL AXIS RESPONSES IN PTSD

Chair: Eve B. Carlson, National Center for PTSD, Palo Alto VA Health Care System; Discussant: Ann M. Rasmusson, National Center for PTSD

This symposium on HPA axis responses in PTSD presents cortisol responses to dexamethasone and to a clonidine challenge. Samples compared include recent rape victims with and without PTSD; outpatients with PTSD from a variety of traumas and healthy controls; and outpatient PTSD, panic disorder and healthy control subjects.

PILOT STUDY OF NORADRENERGIC AND HPA AXIS FUNCTIONING IN PTSD VS. PANIC DISORDER

Randall D. Marshall, Columbia University, New York State Psychiatric Institute

Objective: How best to define and understand pathological anxiety continues to be a subject of considerable controversy. Panic disorder and PTSD share a number of common clinical features, but have highly distinct clinical presentations. This pilot study was conducted to compare noradrenergic and HPA axis functioning in PTSD, panic disorder, and normal controls, and is the first such study of its kind. **Method:** Three groups were studied: panic disorder (N=17), PTSD (N=7), and healthy controls (N=16), with PTSD patients entered contiguously to the other two groups. Cortisol and MHPG levels were examined at baseline and in response to clonidine challenge using ANOVA or nonparametric tests where appropriate. **Results:** Compared to the panic group, the PTSD group had significantly lower baseline cortisol, lower baseline MHPG, lower cortisol and MHPG responses to clonidine, and reduced volatility in MHPG and cortisol levels (figures 1-5). More differences between panic disorder and PTSD groups were found than between healthy controls and PTSD. Sample size in this pilot study suggests that statistically significant findings may represent large effects, but makes negative findings uninterpretable. **Conclusions:** Panic disorder and PTSD appear different on measures of the HPA axis and noradrenergic functioning-i.e., on measures that reflect the functioning of fundamental anxiety and stress response systems. If replicated, such findings inform current models suggesting a diversity of pathological mechanisms, and/or adaptive mechanisms, in the anxiety and affective disorders.

BASAL AND POST-DEXAMETHASONE SALIVARY CORTISOL CONCENTRATIONS IN MEDICATION-FREE OUTPATIENTS WITH PTSD

Steven E. Lindley, Palo Alto VA Health Care System/Stanford University; Eve B. Carlson, Maryse Benoit, Palo Alto VA Health Care System

Considerable interest has recently been focused on abnormalities in the hypothalamic-pituitary-adrenal axis in patients with PTSD. In the present study, salivary cortisol measurements were obtained from community individuals recruited for participation in research who had PTSD secondary to a wide variety of childhood and adult traumas and age- and sex matched volunteers without a history of trauma or psychiatric illness. To date 18 PTSD patients and 14 controls have been examined. All subjects were free of any psychopharmacological agents and had had no alcohol or substance abuse or dependence in the past year. The patients had a mean CAPS score of 72.4 (sd=17.4). Participants collected salivary cortisol samples at 8am, 4pm, and 10pm on the first day, took 0.5 mg dexamethasone at 10 pm, and collected samples again at 8am, 4pm, and 10pm on the following day. Preliminary analyses showed no significant differences between the control and PTSD groups in basal salivary cortisol concentrations or post dexamethasone-suppression of cortisol at any time point. Correlations between CAPS scores and morning basal and post-dexamethasone cortisol concentrations were non-significant. These findings will be compared to those of previous published studies on basal and dexamethasone-suppressed cortisol in those with PTSD. (Research Supported by VA Young Investigator Award)

HPA AXIS ALTERATIONS IN FEMALE CRIME VICTIMS

Michael G. Griffin, University of Missouri-St. Louis; Patricia A. Resick, Rachel Yehuda, Bronx VA & Mount Sinai Hospital

The hypothalamic-pituitary-adrenal axis in combat veterans with PTSD has previously been shown to be dysregulated. Specifically, a hypersensitivity has been observed to the dexamethasone challenge test. However, we still know relatively little about other trauma populations or the time course of disruption in this system following exposure to a traumatic event. In this study we used the low dose dexamethasone suppression test (DST) (0.5mg) to test for an enhanced suppression of cortisol in female physical and sexual assault victims assessed within one month of the assault and followed-up three months later to examine natural recovery. Preliminary findings indicate an overall DST enhanced suppression of cortisol in female crime victims with PTSD (89% suppression) compared to nonPTSD crime victims (69% suppression) ($F=5.4, p<.05$). Longitudinal analyses indicate that the level of cortisol suppression to dexamethasone at one-month was greater in those who would subsequently develop PTSD (90% suppression) at three months than those who would not develop PTSD (66% suppression) ($F=7.0, p<.02$). Additional data will be presented from the DST on a chronic PTSD treatment seeking sample of rape victims assessed at pre- and posttreatment.

Explorer's Room, Second Floor

Panel Discussion

Clinical Theory/Clinical Practice

WEAPONS OF MASS DESTRUCTION: IMPLICATIONS FOR TRAUMATOLOGISTS

Chair: Charles R. Figley, Florida State University Traumatology Institute; Kathleen Regan, State of Florida and Green Cross Projects; Michael Delaranzo, State of Florida

Months prior to the Oklahoma City bombing, terrorists killed 13 and injured 5000 by a sarin gas in Tokyo. Recently, a joint federal task force was formed to study the efficacy of using micro-sensors in public areas to detect and identify chemical and biological warfare agents like sarin. US Department of health last year to award a \$343 million contract to produce 40 million doses of the smallpox vaccine. It was in response to recognition of a real threat of terrorist attack is unleashing the smallpox infection, which killed 300 million people. Although it was the first infectious disease ever eradicated, it is possible that a terrorist group could steal one of the samples. Yet, populations are no longer vaccinated and the United States stockpiles only about 15.4 million doses of the smallpox vaccine, only 7 percent of the population. What is the role of traumatologists in helping to plan a crisis response to these or any other attacks of weapons of mass destruction (WMD)? The panel is composed of knowledgeable experts in this area who will discuss what we know, what we need to know, and what we should do to prepare for WMDs as traumatologists.

Bayou I, Bayou Level

Case Presentation

Clinical Theory/Clinical Practice

TRAUMATIZED COUPLES: CHARACTERISTICS AND CLINICAL INTERVENTIONS

Chair: Briana S. Nelson, Mindi Higgins-Kessler, Jared Anderson, Tara Cromwell, Courtney Dunbar, Ryan Peterson, Kansas State University

Current mainstream clinical approaches to working with trauma survivors are primarily focused on the individual. Although this allows for individual issues to be treated, problems among members of the survivor's family often are overlooked. Therefore, one way to effectively treat the trauma survivor is to take into account how traumatic events can also have significant effects on the family of a trauma survivor, particularly the spouse or partner. This family systems perspective provides an approach that is missing from the current mainstream treatment of traumatic stress. The presentation is designed to assist clinicians with developing an approach to treating trauma that includes working with couples. The workshop will identify similarities and differences between dual (both partners report a trauma history) and single (only one partner reports a trauma history) trauma couples, as this area has received minimal clinical and empirical attention. The focus will address common problems faced by couples where one or both partners report a trauma history. Presenters will discuss clinical experiences with dual and single

trauma couples, many which were involved in a community-based family preservation program. Legal and ethical issues in treating traumatized systems and clinical assessment of single and dual traumatology also will be discussed.

Creole Room, Mezzanine Floor

Symposium

Clinical Theory/Clinical Practice

YOUNG MURDERERS: AN INTERNATIONAL PERSPECTIVE FOR FORENSIC PRACTICE

Chair: Mary Beth Williams, Trauma Recovery Education & Counseling Center; Discussant: Soili Poijula, Synanon Oy, Center for Psychology

A growing number of violent crimes committed by juvenile offenders result in murder and subsequent cries for adjudication of the offenders as adults. This presentation looks at specific cases and general principles of forensic work, legal intervention, and community concerns when working with these offenders in the US (Virginia) and Canada.

FORENSIC WORK WITH YOUTHFUL OFFENDERS—THE ROLE OF THE FORENSIC PSYCHOLOGIST

Mary Beth Williams, Trauma Recovery Education and Counseling Center

How does a psychologist or other professional respond when asked to help in the defense of a 17 year old teenager who has admitted his complicity in the murder of a truck driver? What does it mean for that teen, 15 at the time of the crime, to plead and then be adjudicated to be an adult? Working with such cases can be difficult and lead to vicarious traumatization when the opinion of the Court is rendered (and has been written) even before the testimony is finished. This part of the symposium looks at one particular case and opens up the discussion to the audience as to what more can be done for this and similar offenders. It will examine questions such as, "what constitutes adult status?" and "what are the roles of early trauma, learning disabilities, ADA considerations in determining sentencing?" The young man used to illustrate these topics recently was given a federal life sentence for his complicity in murder.

AN INTERNATIONAL PERSPECTIVE ON YOUNG MURDERERS

Elizabeth Stevens-Guille, Private Practitioner

Recently, the Canadian criminal code was amended to reflect a growing community concern that young murderers were receiving sentences disproportionately lenient for their crimes. Measures taken by the Canadian government to address the grassroots perception of excessive leniency will be considered in light of the qualitative views of parents of children who have been killed by children in Western Canada. This discussion will include Canadian incidents that parallel the North American experience.

REPRESENTATION OF JUVENILE OFFENDERS AND MURDERERS: DIFFICULTIES IN OBTAINING A FAIR TRIAL

Matthew P. Geary, Hairfield & Morton, PLC

This preentation speaks to the difficulties inherent in representing youth offenders at the state and federal court levels, as well as the difficulties in representation of young adults who are charged with crimes against juveniles. The presentation will discuss specific offender characteristics that might lead to adjudication as a juvenile or as an adult, how decisions are made as to culpability, and the manner in which Virginia and federal systems handle these individuals. Additionally, the presentation addresses the many difficulties in representing youthful offenders who have been charged with violent crimes from the standpoint of lack of services available to them, lack of understanding of juvenile issues by law enforcement and legal systems as well as by prosecutors, defense attorneys, probation officers, and judges that may result in less than a true ability to get a fair trial for the client.

Concurrent Sessions - Sunday, December 9

Imperial Ballroom, Mezzanine Floor

Workshop

Clinical Theory/Clinical Practice

TRAUMA, GRIEF AND HEALING WITHIN THE COMMUNITY: THE ROLE OF FIREFIGHTERS AND EMS WORKERS

Erik L.J.L. De Soir, Royal Military Academy - Department of Behavioral Sciences

This presentation presents the very practical and pragmatic approach of the Fire-Fighter & Emergency Medical Services Stress Teams (FIST) in Europe. It analyses the way in which communities that are in existence prior to a traumatic event or are created during or in response to a traumatic accident react and respond, recoil or recoup in the following days or months. Several recent large-scale accidents in Belgium will be discussed to illustrate the theoretical framework in which social sharing of deep emotions and mutual support between the primary trauma survivors and their rescuers can take place. Thus, the core of this workshop is to highlight and discuss, through various concrete and practical experiences, the very essential role played by fire-fighters, rescuers and EMS workers (in the aftermath of the traumatic event) in the psychological healing process of the stricken community. This community-based crisis response method of the FIST along with its basic philosophy is introduced as the "big five psychosocial crisis intervention."

Bayou II, Bayou Level

Symposium

Collaborations

MENTAL HEALTH RESPONSE TO THE TERRORIST BOMBING OF THE NAIROBI EMBASSY

Chair: Lee Ann Ross, United States Agency for International Development;
Discussant: Gordon R. Dodge, Lakes Area Human Services, Inc.

The 1998 bombing of the American Embassy in Nairobi left 213 people dead and over 5000 injured. With US government funding, a long-term mental health program was implemented. Program design, research, constraints, cross-cultural issues, and lessons learned will be presented. Time will be made available for extensive audience participation.

MENTAL HEALTH RESPONSE TO THE TERRORIST BOMBING OF THE NAIROBI EMBASSY

Lee Ann Ross, United States Agency for International Development

When the bomb exploded outside the American Embassy in Nairobi, Kenya on August 7, 1998, there was no 911 to call. Survivors stumbled out of the surrounding buildings, made sure they were alive and then headed back into the unsafe buildings to pull out their co-workers. The victims became the primary rescuers. The dead totaled 213, the injured over 5000. Crowds numbering into the thousands descended on the site. There was no effective policing to cordon off the area with yellow tape. The hospitals were overwhelmed. The resources to assist with the mental health needs were even more limited. Counseling and debriefings for both victims and caregivers alike were virtually non-existent. Working in close collaboration with both the University of Oklahoma and the U.S. DHHS Office of Special Programs, the United States Agency for International Development (USAID) designed and implemented a comprehensive program address the mental health needs of the Kenyan victims. This presentation examines the impact of the bombing and outlines the process USAID used to design mental health services for the Kenyan bomb victims.

THE KENYAN COUNSELING PROGRAM FOR BOMB VICTIMS

Johnson K. Mutiso, Amani Counseling Center

The Amani Counseling Center and Training Institute is the lead contractor with the United States Agency for International Development (USAID) providing mental health services to Kenyan victims of the 1998 U.S. Embassy bombing in Nairobi. The program provides clinical services, through subcontracting partners, to a variety of populations including primary victims, the bereaved, and rescue workers. Modeled after disaster response programs established in the U.S.A., Amani provides a range of services including extensive outreach, public and clinical education, as well as more traditional clinical assessments and treatment. To date the various activities have

yielded the following: 4008 individuals have been served through outreach efforts, 5344 sessions of psychotherapy and 446 sessions of psychiatry have been provided. In addition, 2042 counseling sessions have been provided to children while 353 individuals have received training. Unique issues derived from lack of an emergency medical infrastructure, limited mental health personnel, culturally determined aspects of trauma and grief, and appropriate application of western mental health approaches will be addressed using clinical data and case material.

TRANSLATING THE U.S. TRAUMA RESPONSE MODEL TO KENYA

Brian Flynn, U.S. Dept. of Health and Human Services; Betty J. Pfefferbaum, Dept. of Psychiatry, University of Oklahoma

The mental health response to the 1998 Embassy bombings in East Africa borrowed heavily from the U.S. government's disaster mental health approach. The 1995 Oklahoma City bombing provided needed expertise in establishing services and providing professional training. This session, presented by individuals heavily involved in both disasters, will focus on difficulties encountered in the cross-cultural setting. As the first major terrorist event on U.S. soil, the Oklahoma City bombing saw an outpouring of resources, both physical and human. The primary organizational issue faced in Nairobi involved application of the U.S. model in a resource poor, culturally-distinct environment. Constraints faced in Kenya included both the absolute number of mental health professionals available and the limited funds to pay for any large-scale response. Professionally, mental health workers in Kenya are trained in a medical model whereas the U.S. model for disaster mental health is more community-based in the provision of psychosocial services. Cultural issues also created challenges that complicate our understanding of both the nature of the post trauma course and the impact of our interventions. Lessons learned in Oklahoma City will be addressed and applications in Nairobi will be reviewed.

Wildcatter Room, Mezzanine Floor

Workshop

Collaborations

THE DEVELOPMENT OF AN ASSERTIVE OUTREACH, CASE MANAGEMENT AND THERAPY MODEL FOR VICTIMS OF VIOLENCE IN A PUBLIC HOSPITAL

Chair: Vanessa Kelly, Robert L. Okin, Greg Merrill, University of California, San Francisco

Poor, marginalized, inner city populations are more likely to experience violence, yet these are the very groups who have the most difficulty accessing services as well as victim restitution funds. Without timely intervention, many trauma patients experience prolonged psychological disability, negative economic impact and overutilization of medical services. This workshop will introduce a multidisciplinary alliance between researchers, medical and psychiatric treatment providers, advocates, trauma survivors, policymakers and the victim restitution board in collaboration with the California state government to increase access to services. It will highlight a comprehensive, coordinated, flexible approach emphasizing assertive outreach, case management and a culturally sensitive integration of treatment between medical and psychiatric providers, and community advocates. The program, in initial stage of development, is based in a large Level 1 public hospital and will not only increase access for crime victims to restitution funds, but provide an alternate model of care. Presenters will discuss: (1) the barriers experienced by patients in attempting to access funds and services, (2) the political and funding process utilized to develop a treatment, training, and research demonstration project; (3) an integrated psychosocial and medical approach to violent trauma using a community outreach model to augment a traditional office-based model; (4) engagement strategies when trauma by its very nature, often drives victims into avoidance and reluctance to treatment; (5) research components and challenges.

Rex Room, Mezzanine Floor

Symposium

Collaborations

DOMESTIC VIOLENCE VICTIMS IN JAPAN

Chair/Discussant: Yoshiharu Kim, National Institute of Mental Health

Recently, Domestic Violence (DV) has just begun to attract wide attention in Japan. The purpose of this symposium is to provide the knowledge about the actual circumstance and the mental difficulties of Domestic Violence victims in Japan. And, we also want to discuss how to develop the effective support for DV victims.

DOMESTIC VIOLENCE IN JAPAN 2

Tami Yanagita, Sophia University; Yoshiharu Kim, National Institute of Mental Health; Hiroe Yoneda, Tomoko Hamada, Tokyo Metropolitan Women's Counseling Center; Toshiko Kamo, Tokyo Women's Medical College

The official women's shelters in Japan are founded based on the Anti-prostitute Acts and they take care of not only the Domestic Violence (DV) victims, but also various types of women refugee, such as homeless, prostitutes and so on. That means that there are not hardly any official facilities specifically designed for the DV victims, in contrast with the increasing number of private DV victim shelters. Recently, the tragedy of the Domestic Violence has attracted wide attention in Japan, so that we, the staffs of the official women shelter in Tokyo, Japan, have decided to promote our knowledge and skills in the DV victims' care and have conducted the DV support project since the October 1999 to the April 2001. The project includes the systematized evaluation and care of the victims, which required the re-education of the staffs. Before we started the DV support project, DV victims had been treated just together with the other groups of the shelter users, without receiving sufficient psychological attention, and only few DV victims had been evaluated by the psychiatrist or referred to the counseling service. The DV project positively stimulated the shelter staffs, who came to know how the women DV victim suffer from the partner's violence, and who subsequently changed their attitude and started to give positive aid to them. We will also report the role of the shelter in reducing the distress of the DV victims, especially their PTSD symptoms. Insight in developing their effective care in terms of Japanese culture will be also discussed.

INTERVIEW WITH DOMESTIC VIOLENCE VICTIMS

Takako Konishi, Musashino Women's University

Recently, several official researches described the high prevalence rate of Domestic Violence (DV) in Japan, so that it has come to attract wide attention. Considerable number of researches has been done on the actual number and the demographic features of women's DV victims. Only a few, however, have focused on the minute profile of the actual circumstance and the mental difficulties and damage of women's DV victims, nor on the systematic support system. We have conducted an interview research with 53 Japanese women of DV victims in 11 major cities of Japan since February to March, 2001. All women were assessed their DV experience and associated psychological change with a semi-structured interview. They were also asked what kind of resource they used. This is the first nation-wide study ever conducted in Japan on the actual profile, background and the clinical course of the DV women victims as well as their support system. It is hoped to embody the augmented social concern with the evidence so as to improve the actual support and care of the DV victims and establish the more effective social system for the prevention and continuing care of the DV damage. Cultural-bound aspects of the coping style and the survival strategy of the Japanese victims will be also discussed.

Grand Ballroom, Mezzanine Floor

Symposium

Collaborations

TRAUMA BEHIND BARS: TREATING TRAUMATIC STRESS IN A CRIMINAL JUSTICE POPULATION

Chair: Joan Gillece, Maryland Mental Hygiene Administration; **Discussant:** Andrea Karfgin, Maryland Mental Hygiene Administration

The TAMAR (Trauma, Addictions, Mental Health And Recovery) program provides treatment of traumatic stress in inmates in Maryland detention centers. This symposium includes a warden's view of trauma training and treatment for inmates and

staff, a conceptual model for this training, and a discussion of the power of integrative training and services from a traumatic stress perspective in lowering recidivism rates and improving community safety.

THE UTILITY OF TRAUMA TREATMENT IN A LOCAL DETENTION CENTER

Steven R. Williams, Dorchester County Detention Center

This paper presents a corrections perspective to trauma treatment in a detention center setting. The Dorchester County Detention Center is located in a rural setting on the Maryland Eastern shore. Prior to the introduction of the TAMAR program, parallel mental health and substance abuse services existed for inmates in the detention center, but there was no strategy to meet the needs of inmates with histories of trauma. Through the integration of services recognizing the effects of trauma as the central issue, measurable changes in major areas of safety and recidivism occurred. These changes will be discussed along with suggestions for the continuing development of trauma services in a correctional setting.

INTEGRATIVE TRAUMATIC STRESS TRAINING FOR CORRECTIONS

Esther Giller, Sidran Foundation and Press

One of the key components contributing to the success of Maryland's TAMAR program has been the wide availability of trauma training to all personnel involved with the program. Sidran Traumatic Stress Foundation has developed or customized educational programs to meet the needs of staff that interact at all levels with the TAMAR participants. Besides simply expanding the knowledge base and skills of the staff, this training has been instrumental in services integration, team building, development of empathy for the participants, creating "buy-in" at the agency/policy level, and an understanding of the need for self-awareness and self-care on the front line. Training on the long and short-term effects of trauma was provided to everyone from policy makers to the team of survivor advocates who have spearheaded community peer networks to support the inmates after their release from jail. All frontline corrections officers attended a half-day trauma training developed especially for them.

Emerald Room, Second Floor

Featured Session: Workshop

Cross-Cultural

MENTAL HEALTH IN POST-TRAUMA ENVIRONMENTS: DEVELOPING PSYCHOSOCIAL PROGRAMS FOR COMMUNITIES WHO HAVE EXPERIENCED WAR, DISASTER, AND CIVIL CONFLICT

Kaz de Jong, Doctors Without Borders/Médecins Sans Frontières (MSF); Carol Etherington, Médecins Sans Frontières (MSF) and Vanderbilt University School of Nursing

MSF is a private humanitarian organization that specializes in providing emergency medical care in conflict and disaster stricken areas around the globe. MSF currently has projects and programs in more than eighty countries. Since 1990, MSF has selectively integrated psychosocial and mental health programs into their medical response to attend to more holistic needs of traumatized populations. Despite a decade of experience, such programs remain a relative novelty in large emergencies in non-western settings. There is a critical need for ongoing research to validate cross-cultural techniques, appropriate frameworks for interventions, and program evaluation. The workshop will address social and cultural aspects that impact field work as well as some of the practical aspects that facilitate or block program success and sustainability. The goal of this workshop is two-fold: 1) to provide an overview of an MSF model used in early interventions including field assessments, training of national staff and program evaluation, and 2) to facilitate an exchange of ideas and knowledge among participants that will further develop ideas on field interventions. It is intended as an interactive format.

Concurrent Sessions - Sunday, December 9

University Room, Second Floor

Symposium

Epidemiology

SEXUAL HARASSMENT AS TRAUMA: THEORETICAL AND EMPIRICAL JUSTIFICATION

Chair: Louise F. Fitzgerald, University of Illinois; **Discussant:** Anne C. Pratt, Traumatic Stress Institute

There is considerable controversy concerning whether sexual harassment can be conceptualized as trauma. Based on data from over 1200 women, this symposium presents empirical support for the "Criterion A'ness" of sexual harassment, as well as a theoretical framework for understanding the process by which sexual harassment causes psychic harm.

THE CRITERION A-NESS OF SEXUAL HARASSMENT

Patrick A. Palmieri, University of Illinois at Urbana-Champaign

Since Posttraumatic Stress Disorder (PTSD) was established as a formal diagnostic category in 1980, there have been modifications of the definition of "trauma" (Criterion A) with each revision of the DSM. This is due in part to the ongoing debate about the types of events that should or should not be considered potentially traumatic. One of those most hotly debated is sexual harassment; some think that it is strictly a non-Criterion A event, whereas others think it can satisfy Criterion A. At a more fundamental level the validity of Criterion A itself has been questioned. For example, recent evidence suggests that non-Criterion A events can result in clinically significant levels of PTSD symptoms. These are important diagnostic issues, because sexual harassment has been found to correlate positively with PTSD symptom severity. In this study a large sample of women participating in a class-action sexual harassment lawsuit completed an extensive survey about their workplace harassment experiences and subsequent outcomes. PTSD symptom severity was strongly related to frequency of sexual harassment. Additional results will be presented on the types of sexual harassment experiences that are most strongly associated with PTSD symptoms, thereby shedding more light on sexual harassment as a trauma.

A MODEL OF TRAUMA IN SEXUAL HARASSMENT: STIMULUS, INDIVIDUAL, AND CONTEXTUAL INFLUENCES

Louise F. Fitzgerald, Alayne J. Ormerod, Linda L. Collinsworth, University of Illinois

Despite the increase in research on sexual harassment, there has been a paucity of attention to harassment as a "psychological process," that is, the factors that interact to produce or moderate harm to the victim. Following Fitzgerald, Swan, & Fisher (1995), we propose a cognitive framework for understanding the traumatic impact of these experiences and report an initial test of this model in a sample of 1200 female plaintiffs in sexual harassment litigation. Our framework proposes that the traumatic impact (i.e., symptoms of post-traumatic stress disorder) of sexual harassment is a joint function of stimulus (frequency, intensity, duration), contextual (organizational climate; bystander stress), and individual vulnerability (e.g., previous victimization) variables, moderated by the victim's subjective appraisal of the experience as threatening, frightening, distressing and the like. Using structural equation modeling techniques, we examined this framework in a developmental sample of 600 women; we then cross-validated the model in a holdout sample of 600. Examination of fit indices and standardized path coefficients supported the theoretical framework. These results not only confirm the traumatogenic nature of sexual harassment but also identify the major pathways by which this process unfolds.

Orleans Room, Mezzanine Floor

Workshop

Human Rights

THE FORENSIC ASSESSMENT OF ASYLUM SEEKERS AND REFUGEES

Chair: Stuart W. Turner, Traumatic Stress Clinic (University College London); **Jane Herlihy, Traumatic Stress Clinic, University College London**

People seeking asylum typically present with limited documentary evidence of past experiences. A great deal therefore rests on their credibility at assessment. Health professionals are sometimes asked to contribute an assessment to assist in this process. This workshop will focus on the mental health assessment and deal with three questions. (1) Is there a well-founded fear of persecution? What can a mental health assessment say to this question? (2) Are there compassionate health reasons why return should not take place, ie grounds to remain outside the Refugee Convention? (3) What is the significance of discrepancies between different accounts? Immigration guidelines currently assume that inconsistency of recall indicates poor credibility. We will present original research undertaken in refugees, accepted under a UNHCR programme and therefore not required to make individual applications, which strongly challenges this conclusion. They were interviewed on two occasions and there were significant discrepancies at repeat interview especially for those with PTSD. Alternative explanations for discrepancies will be discussed - in the context of culture, gender and nature of trauma - as well as drawing on theoretical issues to do with traumatic memories.

Mayor's Chamber, Second Floor

Symposium

Intervention Research

EARLY INTERVENTIONS FOR PTSD: WHAT'S EFFECTIVE, WHAT ISN'T, AND WHY?

Chair: Amy W. Wagner, Dept. of Psychiatry & Behavioral Science, Univ. of Washington; **Discussant:** Richard Gist, Kansas City, Missouri, Fire Department

As studies now exist to support the efficacy of certain psychotherapies for PTSD, emphasis is shifting towards early interventions, including CIST and modifications to CBT approaches. However, outcome data have been mixed. Theoretical and methodological differences between approaches will be highlighted, towards a better understanding of what works and what doesn't in early intervention.

PREVENTION OF CHRONIC PTSD IN RECENT ASSAULT VICTIMS

Lori A. Zoellner, Dept. of Psychology, Univ. of Washington; Edna B. Foa, Norah C. Feeny, Dept. of Psychiatry, Univ. of Philadelphia; Elizabeth A. Meadows, Dept. of Psychology, Central MI Univ.; Elizabeth A. Hembree, Dept. of Psychiatry, Univ. of Philadelphia

With almost half of sexual assault victims developing chronic PTSD after an assault, there is a great need for brief and effective programs aimed at preventing the development of chronic PTSD. In the present study, we evaluated the efficacy of a brief cognitive behavioral program (BP) with recent victims of sexual or non-sexual assault. Participants were randomly assigned to either the BP program, supportive counseling (SC), or an assessment-only control (AC) within one month following an assault. The BP program included psychoeducation about common reactions to assault and cognitive behavioral procedures, the SC program included active listening, and the AC program included weekly assessment of psychological symptoms. These programs consisted of four weekly, two-hour sessions. At three months post-assault, participants in all three groups reported a substantial reduction in PTSD symptoms, depression, and state anxiety as well as improvement on social functioning. These gains were maintained at 6 and 12 months post-assault. No differences among groups emerged at any of the assessment points. These results will be discussed within the context of the natural recovery process following trauma exposure.

A RANDOMIZED EFFECTIVENESS TRIAL OF COLLABORATIVE INTERVENTION FOR THE PHYSICALLY INJURED TRAUMA SURVIVOR

Douglas F. Zatzick, Peter Roy-Byrne, Dept. of Psychiatry University of Washington; Joan Russo, University of Washington; Fredrick Rivara, Gregory Jurkovich, Harborview Injury Prevention and Research Center; Wayne Katon, Psychiatry University of Washington

Posttraumatic behavioral and emotional disturbances occur frequently among hospitalized physically injured trauma survivors. This investigation was a pilot randomized effectiveness trial of a 4-month collaborative care intervention for injured motor vehicle crash and assault victims. As surgical inpatients, intervention subjects (N = 16) were assigned to a trauma support specialist who provided counseling, consulted with surgical and primary care providers, and attempted post-discharge care coordination. Control subjects (N = 18) received usual posttraumatic care. For all participants, posttraumatic stress disorder and depressive symptoms, episodic alcohol intoxication and functional limitations were evaluated during the hospitalization and 1 and 4 months post-injury. Study logs and field notes revealed that over 75% of intervention activity occurred in the first month after the trauma. One month post-trauma intervention subjects, when compared to controls, demonstrated statistically significant decreases in PTSD symptoms as well as a reduction in depressive symptoms. However, at the 4 month assessment intervention subjects evidenced no significant improvements in PTSD and depressive symptoms, episodic alcohol intoxication, or functional limitations. Explanations for these findings, as well as advantages of the collaborative intervention model for injured trauma survivors, will be discussed.

CRITICAL INCIDENT STRESS DEBRIEFING: A REVIEW

John P. Wilson, Dept. of Psychology, Cleveland State University

Critical Incident Stress Debriefing (CISD) is a popular approach to early intervention for victims and witnesses to a range of traumatic experiences. This presentation will overview the core components of CISD and typical populations and contexts in which this approach is used. Relevant questions regarding level of care and implementation of debriefings will be discussed, and factors considered fundamental to crisis response, goals common to debriefings, and the need to recognize the diversity of traumatic events will also be reviewed.

RANDOMISED TRIAL OF A BRIEF EARLY PSYCHOLOGICAL INTERVENTION FOLLOWING ACUTE PHYSICAL INJURY

Jonathan I. Bisson, Jonathan P. Shephard, Deborah Joy, Rachel Probert, Cardiff and Vale NHS Trust and University of Wales

One hundred and fifty-two individuals who had sustained physical injury and displayed acute psychological distress were randomly allocated to receive a four session cognitive behavioural intervention or no intervention. Intention to treat analysis revealed significant reductions in Impact of Event Scale (IES) and Hospital Anxiety and Depression Scale scores over time in both the intervention and control groups although the reductions were greater in the intervention group. The IES score reduced by a mean of 10.03 (sd 18.0) at three months and 20.7 (sd 22.3) at thirteen months from a baseline of 47.0 (sd 16.7) in the intervention group and by a mean of 5.4 (sd 16.3) at three months and 11.2 (sd 18.1) at thirteen months from a baseline of 45.0 (sd 15.5) in the control group. The difference between groups was not statistically significant at three months ($p = 0.1$) but was at thirteen months ($p = 0.005$). The manualized approach and generalisability of findings will be discussed during the symposium.

CONCURRENT SESSIONS X

11:30 AM–12:45 PM

Orleans Room, Mezzanine Floor

Workshop

Clinical Theory/Clinical Practice

QUESTION OF FORGIVENESS IN RECOVERY PROCESS OF TRAUMA SURVIVORS

Chair: William Gorman, University of Illinois at Chicago; Roger Fallot, CoDirector, Community Connections, Washington, D.C.; Vicki Seglin, Northwestern University

This workshop will examine the multiple functions that forgiveness can play in the treatment of several populations of survivors of intentional trauma, including international refugees who have been tortured, abuse survivors diagnosed with serious mental illness, and adult survivors of sexual abuse. Presenters will discuss the following dynamics: whether or when the goal of forgiveness is counter-indicated in the treatment process; how forgiveness is integrated with other treatment objectives; and how forgiveness is differentiated from forgetting, denying, condoning, rationalizing or avenging one's suffering at the hands of another. From spiritual and psychological perspectives, discussion will consider different kinds of forgiveness, the various means and forums in which to forgive, and the bi-directionality of forgiveness (in which victims can come to forgive themselves, their community, or their deity, instead of or in addition to forgiving the perpetrators of their injury). Presenters will offer clinical examples in which the appropriate and inappropriate uses of forgiveness are demonstrated and the significance of the cultural context, including the values and beliefs of the therapist and the client/survivor, is addressed. Questions and discussion with the audience will be encouraged.

Rex Room, Mezzanine Floor

Workshop

Clinical Theory/Clinical Practice

SECONDARY TRAUMATIZATION IN ACUTE STRESS DISORDER

Chair: Rose T. Zimering, VA Boston Healthcare System; Discussant: Richard A. Bryant, University of New South Wales; James F. Munroe, Suzy B. Gulliver, VA Boston Healthcare System

Clinicians who treat trauma survivors in community-based programs are likely to see individuals who have been exposed to a recent trauma (past 30 days). These community-based providers may carry caseloads with disproportionately high rates of acute stress disorder (ASD). ASD, by definition, increases the temporal proximity of the client's traumatic event, thus possibly heightening the clinician's perceived threat of similar exposure. Secondary traumatization has been documented among scientist-practitioners who treat individuals with PTSD. Clinicians who treat individuals with acute stress disorder may be at unique risk for secondary traumatization. Objectives of this workshop are to a.) describe and examine the presence of secondary traumatization in providers who treat clients with ASD and to b.) identify adaptive coping strategies for clinicians that experience reactions parallel to the survivor's responses during the first four weeks following exposure to a traumatic stressor. Participants in this didactic and experiential workshop receive education about primary versus secondary traumatization, complete the Acute Stress Disorder Scale and explore secondary trauma case presentations. Incidents such as fire and airline disasters, criminal and sexual assault and motor vehicle accidents will be examined. Workshop leaders have extensive experience with clinicians, Red Cross workers and journalists responding to recent trauma survivors.

Concurrent Sessions - Sunday, December 9

Emerald Room, Second Floor

Featured Session: Symposium

Collaborations

LESSONS LEARNED FROM DISASTER: A MULTILEVEL CRISIS INTERVENTION APPROACH

Berthold Gersons, Academic Medical Center; Amsterdam, The Netherlands

Disasters disrupt not only the lives of individuals but also disrupt communities. The feeling of safeness and control over life is not only lost by those who became victims but also the trust in authorities and governments are hampered. The restoring of safety and control therefore should not only be enhanced on the individual level but even so at the community level. Mental health experts therefore should also become active on the level of victims and rescue-workers but also on the level of community organization and advising of authorities like in Turkey, the Netherlands, Oklahoma and abroad and take notice of the lessons learned after these disasters.

MULTILEVEL CRISIS INTERVENTION AFTER DISRUPTIONS OF COMMUNITIES BY DISASTERS

Berthold Gersons, Academic Medical Center; Sahika Yuksel, Medical School University of Istanbul; Peter van der Velden, Institute for Psychotrauma

Traditionally the role of disaster experts is limited to acute interventions like crisisintervention for victims and debriefing for rescue workers and in the long run to treatment of posttraumatic disorders. This can be called the individual level. However, the task of restoring feeling of safety and control in community functioning after disaster also implies advising community members through public education and developing new structures for restoring control over life. This is called the community level. Especially the guidance of authorities and health officials on disaster psychology is essential to progress in a way which is called "caring government." This is called the society level. The setting up of an Information and Advising Center (IAC) can play a key role in the multilevel-crisis intervention after disasters. This will be illustrated by the interventions after the Enschede Fireword disaster in 2000. The IAC is functioning for 11,000 victims. Also the need and results of a six-year health measurement after the disaster will be described.

PROFESSIONAL AND COMMUNITY RESPONSE TO TERRORIST ASSAULT

Betty J. Pfefferbaum, University of Oklahoma Health Sciences Center

The 1995 terrorist bombing of the Federal Building in Oklahoma City resulted in 168 deaths. Hundreds more were injured. The 1998 bombing of the American embassy in Nairobi, Kenya, was even more deadly. Leaving over 200 dead and thousands injured. Terrorism targets indirect victims with the aim of instilling fear and intimidation in the society at large. Therefore, as part of our work following these bombings, we have examined their impact on fear and safety concerns in indirect community victims. Children may especially vulnerable and as a target of the Oklahoma City bombing, they were the focus of much of our professional attention. Despite significant cultural differences, the formal mental health program established in Nairobi was modelled after the established in Oklahoma City. Lessons learned will be discussed as will the cross-cultural application of disaster mental health principles.

PSYCHOLOGICAL SUPPORT & TREATMENT FOR POST DISASTER STRESS CONDITIONS IN TURKEY

Sahika Yuksel, Medical School University of Istanbul

Developments in the post-disaster period, which might be defined as the period starting right after the disaster and lasting a few years, is a complex and political process. The earthquake of Marmara in 1999 is of interest for researchers both in national and international level. This is also a time to take lessons and use the information in prevention of and intervention in the disasters that might take place in the future. Objectives: The earthquake of Marmara caused a great damage. Mental health services (MHS) are inadequate in the region. Our aim, was to screen the population for trauma related difficulties and provide mental health services for those who need it. Also, the population who still live there, is a valuable source for information on an unselected natural traumatized group. We tried to address the major question of "what can be done", "what can we do in the disaster area?" The following facts have led us in the planning of this project:

1. MHS are inadequate. The population needs urgent social support.
2. An unselected population still live there, which was a source for natural traumatized group.
3. Support MH care facilities in the region by screening diagnosis, treatment, counseling, and follow-up services.

Bayou I, Bayou Level

Symposium

Collaborations

TRAUMA RESEARCH ON SEXUAL HARASSMENT: CONCEPTUALIZING DIVERSE POPULATIONS AND SETTINGS

Chair: NiCole T. Buchanan, University of Illinois; Discussant: Jan Salisbury, Salisbury Consulting

This symposium investigates the traumatic effect of and responses to sexual harassment for diverse populations of women (African American, Caucasian, Latina, and Turkish) in public housing and organizational settings (both professional and blue collar), as well as members of a class-action lawsuit alleging sexual harassment. Implications for employers, researchers, and therapists are also discussed.

THERE'S NO PLACE LIKE HOME: SEXUAL HARASSMENT OF MINORITY WOMEN IN PUBLIC HOUSING

Margaret E. Reed, Linda L. Collinsworth, Cassandra L. Colbert, Louise F. Fitzgerald, University of Illinois

Sexual harassment has received considerable attention in recent years. Even at low levels of exposure, such experiences yield numerous consequences including increased anxiety, depression, PTSD, and eating disorders. Outside the work context, however, it remains largely unexamined. For example, recent court cases involving sexually predatory conduct by managers of Section 8 housing suggest that this phenomenon is widespread although largely ignored by government and social service organizations. Section 8 tenants are mainly ethnic minority, single mothers who are by definition financially marginal and often have histories of domestic abuse and other forms of violence. The current study examined this phenomenon, identifying similarities and differences from harassment in the workplace. Content analysis of sworn depositions of 40 women identified categories of harassment in Section 8 housing these women were reporting. Classification analysis determined that the underlying structure is comparable to that found in the workplace by Fitzgerald, et al. (1997), although relative frequencies varied from workplace results. Coping responses and outcomes-including symptoms of PTSD-were also similar. This population represents an extremely vulnerable and underserved group. Suggestions are presented for ways in which agencies can assist women in this population.

COPING ACROSS CONTEXTS: TURKISH, HISPANIC AMERICAN, AND ANGLO AMERICAN RESPONSES TO SEXUAL HARASSMENT

Lilia M. Cortina, University of Michigan

This study examines coping responses to sexual harassment across four samples of working women: blue-collar Hispanic American, blue-collar Anglo American, professional Turkish, and professional Anglo American. Complete-link cluster analyses suggested that social support-seeking, cognitive coping, and avoiding, discouraging, and reporting the perpetrator are universal responses to sexual harassment across cultures and occupational classes. Next, multiple regression analyses tested coping correlates, including the cultural and organizational context, harassment characteristics, and perpetrator characteristics. Culture proved to be the most consistent and powerful correlate. A final series of analyses demonstrated links between coping profiles and victim outcomes (e.g., psychological distress, job dissatisfaction). These findings are discussed in the context of literatures on victimization, individualism-collectivism, and the stress and coping process.

PTSD AMONG SEXUALLY HARASSED AFRICAN AMERICAN WOMEN

NiCole T. Buchanan, University of Illinois

To date, studies of PTSD resulting from sexual harassment have failed to address the experience of sexually harassed women of color. Nevertheless, the experience is indeed unique for African American women because of the element of race inherent in their experience (Adams, 1997; Buchanan, 1999; 2001). Furthermore, some aspects of coping with sexual harassment have been found to differ among this population (Buchanan, Langhout, & Fitzgerald, 1999). Therefore, it is reasonable to suspect that the symptom manifestation of this form of trauma may also differ among African American women. To address this need, the current study examines the trauma symptoms endorsed by 91 sexually harassed African American women from a class-action lawsuit against a large financial institution. Overall, sufficient symptoms to meet criteria for a diagnosis of PTSD were found in 25.6% of African American women in this sample. Results reveal that women were most likely to endorse intrusive thoughts, distress when reminded of the trauma, and avoiding thinking, having feelings, or activities that brought such memories, demonstrating that their greatest disturbances were in the area of reexperiencing and avoidance. These findings have implications for their coping responses, trauma research, therapy with African American women, and organizational responses to sexual harassment allegations.

Imperial Ballroom, Mezzanine Floor

Symposium

Collaborations

ASSESSMENT OF AND INTERVENTION FOR THE TRAUMA OF KOSOVAR REFUGEES IN THE U.S. AND SWEDEN

Chair: Amy L. Ai, University of Washington; **Discussant:** Stevan M. Weine, University of Illinois, Health Research and Policy Centers

This symposium involves three studies concerning assessment of and intervention for Kosovar refugees in Michigan and Washington States, Chicago, US, and Sweden. The results showed the high level of PTSD and depression of refugees, significant age and gender differences, and effects of family intervention on attitude change and problem-solving communication.

ASSESSMENT OF AND INTERVENTION FOR THE TRAUMA OF KOSOVAR REFUGEES IN THE U.S. AND SWEDEN

Amy L. Ai, University of Washington; Christopher Peterson, University of Michigan; David Uebelhor, University of Washington; Solvig M. Ekblad, National Institute of Psychosocial Factors and Health; Stevan M. Weine, University of Illinois, Chicago; Dheeraj Rajjna; Merita Zhubi; Mejreme Delesi; Dzana Huseni; Yasmira Kulauzovic; Suzanne Feetham

This symposium includes three studies concerning Kosovar refugees. The first is a survey of 129 Kosovars (aged 18 to 79, 55% male) settled in the States of Michigan and Washington. Of the sample, 78.3% exceeded the recommended cutoff indicating the likely presence of PTSD and 64.3% exceeded the cutoff indicating the likely presence of depressive disorder. Higher PTSD scores were associated with female gender, older age, more traumatic events, and more depressive symptoms. The second is an interview of 218 Kosovars (aged 18-64), randomly selected from four Centers of the Swedish Migration Board. Compared to men, women showed a significantly higher frequency on ill health without access to medical care and combat situation. Four of ten at baseline met diagnostic criteria for PTSD-symptoms; women significantly higher than men. The third is an intervention (multi-family support and education groups) for 86 newly resettled Kosovars in Chicago. Out of 39 families (63%) engaged in TAFES groups, 36 families (92%) were considered to be high retention (attended 3 or more groups). The post-intervention assessments demonstrated significant improvements in social support and psychiatric service utilization, and analyses indicated changes in knowledge and attitudes about trauma mental health and in family hardiness and problem-solving communication.

Wildcatter Room, Mezzanine Floor

Workshop

Collaborations

BRINGING THE NEW YORK CITY MODEL FOR SEXUAL ASSAULT EXAMINER PROGRAMS TO UNDERSERVED POPULATIONS

Chair: Susan Xenarios, St. Luke's - Roosevelt Hospital, CVTC; **Karen Reichert**, St. Luke's Roosevelt, CVTC; **Harriet Lessel**, NYC Alliance Against Sexual Assault; **Lorraine Giordano**, MD, St. Luke's Roosevelt Hospital, Emergency Department

The NYC Model of sexual assault examiner programs was designed with the holistic care of the patient in mind. Involving mental health professionals, expert forensic/medical examiners, trauma specialists, and members of the criminal justice communities has presented unique challenges in delivering rape trauma services to the most underserved populations in NYC. The NYC Alliance Against Sexual Assault has developed a NYC "best practice" model for SAE programs based on research conducted by the NYC Rape Treatment Consortium. The Alliance has continued the research looking into the delivery of trauma services to rape survivors in emergency departments across the five boroughs of NYC. We will discuss the preliminary results of the research conducted by the NYC Alliance Against Sexual Assault and how it has impacted the development of the NYC model for Sexual Assault Examiner Programs. Further, we will discuss the effectiveness of such programs in terms of criminal justice agenda as well as quality assurance issues and delivery of services. The NYC model for SAE programs is designed to provide sexual trauma survivors with quality care from a medical, legal, forensic and psychological point of view. Thus we believe the NYC model is a viable option for other urban areas across the country interested in providing quality services for all victims of sexual assault, especially for underserved populations. The program coordinator and medical director of the premier SAE program in NYS, St. Luke's-Roosevelt Hospital (SLRHC) will discuss how they developed their program based on the criteria laid out in the NYC model for SAE programs. SLRHC serves over 350 rape survivors a year in three emergency departments: they have instituted policies, procedures and protocols which emphasize patient care and quality of services. Moreover, working closely with the Manhattan District Attorney's office, the SAFE program at SLRHC has seen an increase in patient reporting of sexual assault to police and experienced a greater success rate in the prosecution of rape cases for which the Sexual Assault Examiners at SLRHC performed the forensic exam. One of the crucial functions of the NYC Alliance Against Sexual Assault's, Forensic Health Care Project is to identify underserved populations and neighborhoods in NYC and help hospitals raise their standard of care so that all survivors of sexual violence will receive quality treatment. Having been able to serve diverse and marginalized populations, SLRHC will discuss the issues, difficulties and challenges facing an urban teaching hospital in the delivery of trauma services to victims of sexual violence.

Grand Ballroom, Mezzanine Floor

Symposium

Epidemiology

MULTIPLE DIMENSIONS OF PARTNER ABUSE: PHYSICAL, MENTAL HEALTH OUTCOMES

Mindy B. Mechanic, University of Missouri-St. Louis; **Discussant:** Mary Ann Dutton, Georgetown University

This session focuses on explicating the unique contributions of various dimensions of intimate partner abuse (physical violence, sexual coercion and psychological abuse) on physical and mental health outcomes, including injuries, PTSD, depression, and suicidality. African-American women are the target population in the three studies presented in this panel.

Concurrent Sessions - Sunday, December 9

THE MULTIDIMENSIONAL IMPACT OF BATTERING-RELATED INJURY

Terri L. Weaver, Mimi S. Kokaska, Julie C. Etzel, Akbar Maysa, Stacy Sand, Traci Sitzer, Mary O'Brien Uhlmansiek, Emily McVay, Saint Louis University

The impact of injuries resulting from intimate partner violence can be far reaching with deleterious effects on psychosocial functioning. While there has been a growing body of literature examining the general psychological and physical impact of intimate partner violence, the inter-relationship between the physical and psychological impact of intimate partner violence has not been studied. In this study, a total of 30 victims of intimate partner violence, who have a violence-related residual physical injury (e.g. scar or change in skin coloring) were compared with 30 victims of intimate partner violence who do not have violence-related residual physical injury. This assessment examined multiple domains of impact, including psychological variables, interpersonal variables, and general physical functioning. Assessments also included an objective assessment, conducted during a brief physical examination, and documentation using a digital camera. Examination of these detailed measures of injury will permit piloting of the proposed interrelationships between the injury dimensions and various domains of psychological-physical functioning.

THE ROLES OF PHYSICAL, SEXUAL, AND VERBAL PARTNER ABUSE IN PREDICTING SUICIDE ATTEMPTS AMONG AFRICAN AMERICAN WOMEN

Martie P. Thompson, Division of Violence Prevention, CDC; Nadine J. Kaslow, Emory University School of Medicine

We examined the roles of three forms of intimate partner violence (IPV) in predicting suicide attempts among 285 African American women. Data were collected from a large public hospital during face-to-face interviews with 148 women who received medical care for suicide attempts and 137 women who received routine medical care and had no history of suicide attempts. Results indicated that attempters were 2.5 times (95% CI = 1.5-4.3) more likely than nonattempters to report the physical IPV, 2.1 times (95% CI = 1.2-3.7) more likely to report sexual IPV, and 3.6 times (95% CI = 1.7-7.7) times more likely to report verbal IPV. When the three forms of IPV were examined simultaneously, only physical and verbal IPV remained statistically significant. Because these three forms of abuse were significantly correlated with one another ($r_s = .28 - .40$), we also tested a cumulative risk model to determine if a combination of the various forms of IPV increased the risk of suicide attempts. These results revealed a linear association between the number of abuse types and the odds of making a suicide attempt. These findings will be discussed in terms of guiding future research and intervention strategies.

MENTAL HEALTH CONSEQUENCES OF MULTIPLE FORMS OF PARTNER ABUSE

Mindy B. Mechanic, Patricia A. Resick, University of Missouri-St. Louis

Recent research highlights the need to consider multiple forms of concomitant abuse when studying battered women. Data from 350 battered women recruited from shelter and non-shelter agencies were collected. Approximately two-thirds of the sample is African-American. High rates of PTSD and severe depression were documented, along with high rates of physical and non-physical violence. The effects of physical violence, injuries, emotional abuse, sexual coercion and stalking on PTSD and depression will be assessed. Hierarchical regression analyses will be conducted to determine the unique contribution of non-physical forms of partner violence on mental health outcomes (PTSD and Depression), after controlling for the effects of violence and injuries. Preliminary analyses suggest that even after controlling for violence and injuries, emotional and psychological abuse contributes unique variance in explaining mental health outcomes. Implications for intervention and theory will be discussed.

Mayor's Chamber, Second Floor

Symposium

Epidemiology

VIOLENT VICTIMIZATION OF WOMEN WITH SCHIZOPHRENIA: IMPACT AND TREATMENT

Chair: Jean S. Gearon, University of Maryland School of Medicine;
Discussant: Bethany Brand, Towson University

This symposium will highlight data from an ongoing longitudinal study of victimization in women with schizophrenia and outline a model treatment program developed for women with serious mental illnesses aimed at healing the aftermath of trauma. Topics covered will include the prevalence and clinical impact of sexual and physical victimization and PTSD.

TRAUMA RECOVERY AND EMPOWERMENT (TREM): A GROUP TREATMENT APPROACH

Rebecca M. Wolfson, Community Connections

This presentation will introduce a group treatment intervention, the Trauma Recovery and Empowerment Model [TREM], developed at Community Connections, a mental health agency in Washington, DC. TREM was developed jointly by clinicians and consumers for use with women with serious mental illnesses [SMI] for whom traditional recovery work has been unavailable or ineffective. TREM, consisting of 33 group sessions, uses a psycho-educational focus and skill-building approach, emphasizes survivor empowerment and peer support, and teaches techniques for self-soothing, boundary maintenance, and current problem solving. TREM has been published in a manualized format for group leaders and in a self-help workbook format for survivors. TREM's effectiveness is currently being evaluated in a five year SAMHSA multi-site study. The presentation will include preliminary findings of the group's effectiveness in key outcome domains including decreased emergency room visits and inpatient psychiatric hospitalizations, fewer somatic complaints, and less HIV high-risk behavior. It will also include a report of findings from The Friends Research Group's analysis of data from a NIDA study of incarcerated women showing that the TREM intervention significantly increases time in the community over comparison treatment approaches.

VIOLENT VICTIMIZATION OF WOMEN WITH SCHIZOPHRENIA: PREVALENCE & CLINICAL OUTCOMES

Stacey I. Kaltman, Jean S. Gearon, University of Maryland and VA Capitol Healthcare MIRECC

Women with serious mental illness [SMI] are at increased risk for sexual and physical victimization. Studies indicate that between 34% and 53% of women with SMI report childhood sexual or physical abuse with rates of adult sexual and physical victimization varying between 42% and 64%. Women with schizophrenia, in particular, may be especially vulnerable to victimization and the pernicious outcomes associated with victimization due to the neurocognitive and social competency deficits that accompany this particular SMI. Despite this vulnerability, little research has carefully examined the risk for and impact of victimization in women with schizophrenia. As a result, it has not been established whether victimization affects women with schizophrenia differently than women without SMI. This presentation will examine the prevalence of physical and sexual victimization (childhood, adult lifetime, past year, and revictimization) in two substance abusing samples: women with schizophrenia and women without SMI. Trauma-related clinical outcomes including clinical ratings of symptoms of depression, anxiety, somatic concerns, and hostility, as well as substance use indicators, risk behaviors, and legal problems will be explored across diagnostic category and type of past year victimization. Particular interest will be paid to the potential additive impact of both sexual and physical victimization in women with schizophrenia.

POST TRAUMATIC STRESS DISORDER AND WOMEN WITH SCHIZOPHRENIA

Jean S. Gearon, University of Maryland and the VA Capitol Health Care MIRECC;
Stacey I. Kaltman, VA Capitol Health Care Network MIRECC

High rates of PTSD have been observed in women with schizophrenia and other serious mental illnesses (SMI). Given the elevated rates of PTSD in women with schizophrenia, it is important to understand how these two disorders interface. There is substantial

overlap in symptoms between the two disorders. Many people with schizophrenia experience blunted affect, anhedonia, and hypervigilance (paranoia). These same symptoms are diagnostic criteria for PTSD. Consequently, the manifestation of PTSD symptomatology may differ in women with schizophrenia. One possibility is that overlapping symptoms will be exaggerated in women with schizophrenia and co-morbid PTSD. It is important to understand how PTSD manifests in schizophrenia to reduce the possibility of artificially inflated prevalence rates. Moreover, if symptom constellations differ in women with schizophrenia, the treatment needs of this group of women may differ as well. This presentation highlights data from an ongoing longitudinal study comparing the symptom constellation of substance abusing women with schizophrenia and demographically matched substance-abusing women with non-psychotic affective disorders. The prevalence and severity of PTSD will be compared between groups. Comparisons of symptoms will occur at both the cluster (e.g., criteria B,C,D) and individual level. Empirically based recommendations for improving the accuracy of PTSD diagnosis and treatment in schizophrenia will be discussed.

Explorer's Room, Second Floor

Symposium

Epidemiology

EMPIRICAL FINDINGS AND PRACTICAL ISSUES IN RESEARCH WITH REFUGEES

Chair: Grant N. Marshall, RAND; Discussant: Jack M. Saul, Director, NYU International Trauma Studies Program

This symposium will focus on recent empirical findings and issues in conducting research with traumatized refugees. In the context of diverse ongoing clinical and epidemiological empirical studies, speakers will present an overview of key findings, while addressing practical, conceptual, and ethical issues faced in conducting research with this understudied population.

TRAUMA AND MENTAL HEALTH AMONG BOSNIAN REFUGEES IN PRIMARY MEDICAL CARE SETTINGS IN DETROIT

Jeffrey H. Sonis, University of North Carolina; James C. Coyne, University of Pennsylvania

Most refugees seeking health or mental health care of any kind are seen in primary care settings, but there is little research on refugees seen in that setting. The purpose of this study was to estimate the association between torture and related trauma and PTSD, depression, and functional status and to identify help-seeking patterns among Bosnian refugees seen in primary medical care settings in Detroit. Bosnian refugees seeking primary care completed the 7-item Breslau-Kessler PTSD screening instrument in doctors' offices. All who scored high, and a random sample of those who scored low were invited to participate in an interview in their homes, consisting of DIS-IV modules for PTSD and depression, the Bosnian Harvard Trauma Questionnaire, and instruments to measure refugee stressors, social support, and health care utilization. Two hundred and nine persons completed the screenings and 120 completed the interviews. Sixty one percent of participants who were screened had a high score (four or more items endorsed) on the PTSD screening instrument, and 79% reported their general health as fair or poor. Findings from the interview on the association between trauma and mental health outcomes and functional status, and health care utilization will be presented at the symposium.

FIELDING A HOUSEHOLD SURVEY OF CAMBODIAN REFUGEES: OVERVIEW & LESSONS LEARNED

Grant N. Marshall, RAND; S. Megan Berthold, Program for Torture Victims

In August of 2000, RAND began preparations to field a community-based, epidemiologic study of adult Cambodian refugees who had experienced the ravages of the Khmer Rouge era. The broad objectives of this research are to determine the prevalence of mental health problems associated with exposure to pre- and post-migration trauma and violence, and to understanding more fully the link between exposure and its consequences. This presentation provides a basic overview of this research, and addresses some of the practical and cultural challenges to be negotiated in fielding a large household face-to-face survey with this population. Issues include identifying a network of community advisors, establishing community liaisons,

developing knowledge of community concerns, recruiting and selecting interviewers, building in mechanisms to circumvent various factors that may hinder individual- and community-level participation (including reactions to strangers, norms concerning self-disclosure and expression of ideas, repatriation and welfare system fears, prior exposure to scams and community violence, and reality-based apprehension about revealing information). Other topics include the development of culturally appropriate interviews (e.g., semantic vs. conceptual equivalence, emic vs. etic constructs), interviewer protocols, and other study procedures. Lessons learned and some tentative solutions to practical and cultural challenges are offered.

TREATING TORTURE AND RELATED TRAUMA IN BOSNIAN REFUGEES

Terence M. Keane, National Center for PTSD, BUSM; Linda A. Piwowarczyk, Boston Center for Refugee Health and Human Rights, BUSM; Alma Petrovic, Emma Pinjic, Boston Center for Refugee Health and Human Rights

The first phase of our project, Treating Torture and Related Trauma in Bosnian Refugees, has involved the development of a cognitive behavioral treatment manual. A series of focus groups were held with the key informants within the Bosnian refugee community who worked with Bosnian refugees, all of whom were from the former Yugoslavia. Major topic areas were identified as being of significance to new resettlers. These were later broken down into subgroups, and prioritized. Using cognitive approaches known to be helpful for treatment of posttraumatic stress disorder, adaptations were made to address the needs specifically identified by members of the Bosnian focus group. Discussion will include description of the workshop series, barriers to treatment, and challenges that have arisen in the process of presenting this material to the greater Bosnian community, and engaging them in the process.

CHALLENGES TO CLASSIFICATION OF TRAUMATIZED REFUGEES AS SURVIVORS OF POLITICALLY-MOTIVATED TORTURE

James M. Jaranson, University of Minnesota; Michael A. Hollifield, University of New Mexico, School of Medicine; David R. Johnson, VA Medical Center, Department of Psychiatry; Cheryl Robertson, Linda Halcon, University of Minnesota, School of Nursing; Joseph Westermeyer, VAMC Department of Psychiatry; James Butcher, VAMC Department of Psychology; Kay Savik, University of Minnesota, School of Nursing; Marline Spring, University of Minnesota

In October of 1998, the Division of Epidemiology in the School of Public Health at the University of Minnesota began a five-year community-based survey of government-sanctioned torture and war-related violence among Ethiopian (Oromo) and Somali refugees in the Twin Cities of Minneapolis and St. Paul. One of the primary aims of this project was to determine the prevalence of torture in these populations. However, the challenges of obtaining a reliable prevalence include potential over or under-reporting, differing definitions of torture, and the human subjects risk of retraumatizing participants by asking sensitive questions. Although the project was funded to determine prevalence estimates of torture using a 20 minute screening questionnaire, it was decided that a longer and more comprehensive instrument would be required to obtain the participants' trust and to get accurate information about the participants' experiences. An extensive survey instrument with 188 questions and 475 variables was developed. From this questionnaire, an algorithm was developed to classify participants based upon either answering affirmatively that they had been tortured or by acknowledging that they had experienced at least one of a selected number of techniques which would occur only during torture. Strengths and limitations of this classification method will be discussed.

Concurrent Sessions - Sunday, December 9

University Room, Second Floor

Symposium

Epidemiology

TRAUMATIC STRESSOR EXPOSURE AND PTSD IN HOMELESS POPULATIONS

Chair: Eve B. Carlson, National Center for PTSD, Palo Alto VA Health Care System; **Discussant:** Maxine Harris, Community Connections

This symposium will focus on trauma exposure and PTSD rates in homeless populations. Research will be presented on the prevalence and correlates of PTSD and exposure to various traumatic stressors in homeless persons with severe mental illnesses and homeless veterans. Implications and suggestions for interventions will be discussed.

INTERPERSONAL TRAUMA AND PTSD IN HOMELESS PERSONS WITH SEVERE MENTAL ILLNESS

Kim T. Mueser, Depts. Psychiatry and Comm. and Family Medicine, Dartmouth Medical School; Michelle P. Salyers, Dept. of Psychology, Indiana University, Purdue University Indianapolis; Stanley D. Rosenberg, Dept. of Psychiatry, Dartmouth Medical School; Lisa A. Goodman, Boston College; Susan M. Essock, Mt. Sinai School of Medicine; Fred C. Osher, Center for Behavioral Health, Justice, and Public Policy; Marvin S. Swartz, Dept. of Psychiatry, Duke University Medical Center; Marian I. Butterfield, Dept. of Psychiatry, Durham VAMHC

Past research has shown that people with severe mental illnesses (SMI) are prone to high rates of exposure to interpersonal trauma, including sexual and physical abuse and assault and also experience high levels of homelessness. To evaluate the prevalence and correlates of posttraumatic stress disorder (PTSD) in homeless persons with SMI, standardized assessments of interpersonal trauma (child or adult sexual or physical assault) and PTSD were conducted in 782 patients with SMI receiving services in one of five inpatient and outpatient treatment settings. 15.3% of patients interviewed reported having been homeless at some point in the previous 6 months. Of these, 46% had PTSD compared to 32% of those who had not been homeless ($C2=8.69, p<.01$). Stepwise logistic analysis identified homelessness as uniquely predictive of PTSD in patients with SMI ($W=4.55, p<.05, OR=1.30$). The directionality of the relationship between homelessness and PTSD is unclear and it may be bi-directional; patients with PTSD may be more likely to become homeless because of fewer social supports and avoidance of trauma-related stimuli, but homelessness may also increase exposure to trauma, leading to or worsening PTSD.

TRAUMATIC STRESSOR EXPOSURE AND POSTTRAUMATIC SYMPTOMS IN HOMELESS VETERANS

Eve B. Carlson, Josef I. Ruzek, National Center for PTSD, Palo Alto VA Health Care System; Tom Burling, Domiciliary Program, Palo Alto VA Health Care System; Bonnie Sullivan, Pacific Graduate School of Psychology

Research to date has shown high rates of PTSD and of exposure to particular traumatic stressors in various adult homeless populations. Studies have largely focused on childhood and adult sexual and physical assault experiences in homeless women and on combat exposure in homeless veterans. This study investigated exposure of homeless veterans participating in a residential rehabilitation program to a wide range of combat and non-combat high magnitude stressors (HMSs). In addition, information was collected about criterion A and the level and duration of distress for all HMSs that "really bothered" the individual in order to estimate the frequency of Likely Traumatic Stressors (LTSs). Current PTSD and dissociation symptoms were also assessed. Preliminary data on 45 veterans indicated that they reported exposure to a wide variety of traumatic stressors other than combat: 100% reported exposure to one or more HMSs, 80% reported exposure to 10+ HMSs, 90% reported one or more LTSs, 57% reported 3+ LTSs, and the median number of LTSs reported was 3. The mean PCL score was 45 ($sd=15$), with 42% of the vets scoring over 50 (a cutoff sometimes used to identify those with PTSD). Rates of exposure to various HMS and LTS events will be presented.

Bayou III, Bayou Level

Case Presentation

Human Rights

DEHUMANIZATION TRAUMA: THE CASE OF AFGHANISTAN

Chair: Joyce E. Braak, Institute for Research on Women's Health

Later in 1997, half the population of Afghanistan abruptly lost almost all of their previously enjoyed human rights. This sudden dehumanization of all of the girls and women of a whole country was the consequence of a set of rigidly enforced Edicts issued by the Taliban Militia Civilian females lost all access to health care services to employment, to education, to information, and became literally prisoners in their own homes. Uniquely, these Edicts of a politico-religious nature, did not themselves inflict physical injury on women, but did directly violate virtually all of their human rights very suddenly. A flood of refugees fled from Afghanistan and are still fleeing. Physicians for Human Rights did a three-month study of women's health and human rights concerns and conditions in Afghanistan and published a report. This severe and abrupt dehumanization trauma has devastated the mental and physical health of girls and women, and is still a worsening health and human rights crisis. The severity and prevalence of PTSD in Afghan women is comparable to data from genocide and combat survivors. Findings from this report and other sources will be presented.

Creole Room, Mezzanine Floor

Panel Discussion

Human Rights

REACHING UNDERSERVED TRAUMA SURVIVORS THROUGH COMMUNITY-BASED PROGRAMS

Chair: Dhananjay Deoskar, Forum for Activists Against Torture (FACT); **Suvarna Bhide Deoskar, Kashaka Karegeya Davis, Forum for Activists Against Torture (FACT)**

The medical, psychologic and social impact of violence and trauma may soon eclipse all other causes of morbidity and mortality in most regions of the World. War has always had a disproportionate effect on children. Conflicts in different regions of the world expose children to acts of violence and traumatic stress disorders. This issue bears prime importance in Rwanda in view of the 1994 genocide which left thousands of children without parents and homes. The uncared for, displaced street child poses one of the biggest challenges to the Rwanda Rehabilitation Centre for Victims of Violence (RRCVV). Violence directed at street children in the form of widespread childhood prostitution and forced child labour persists in many parts of the world. To grow and develop normally children rely on support and nurturance provided by their family and the social environment. They are sensitive to disturbances in these supports which can lead to suboptimal growth, altered development and adverse behavioral changes. Many adolescent and adult psychopathologic conditions such as conduct disorders and various character pathologic findings which were previously thought to be a product of internal psychologic conflict have been shown to be related to previous trauma- Post Trauma Stress Disorder (PTSD). Sexual torture of adolescents imposes a special problem on the mental state and attitudes during childhood. To conclude, children exposed to violence and abuse in childhood experience severe disruption in all significant developmental spheres who grow up as adults with deranged physical, mental and psychologic states disrupting the very fabric of a stable, economically productive and peaceful society. Analysis of data pertaining to physical and mental health outcomes of violence affected children in Rwanda will be presented along with the paper.

Bayou II, Bayou Level

Symposium

Intervention Research

MENTAL HEALTH INTERVENTIONS AT TRAUMA CENTERS: FROM EFFICACY TO EFFECTIVENESS

Chair: Discussant: Lucy Berliner, Harborview Center for Sexual Assault and Traumatic Stress

Approximately 2.5 million Americans are hospitalized each year after traumatic physical injury. About 30% of these inpatients suffer from high levels of posttraumatic stress and/or depressive symptoms. Co-morbid substance abuse is frequently present as well. This symposium will discuss the development of mental health services that are

initiated and/or carried out during hospitalization. Interventions are designed to reduce symptoms, decrease high-risk behavior, improve functioning, and prevent subsequent injury/hospitalization

DISTRESS, FUNCTIONING & SERVICE USE IN INJURED TRAUMA SURVIVORS

Douglas F. Zatzick, Peter Roy-Byrne, Joan Russo, Fredrick Rivara, Gregory Jurkovich, Wayne Katon, UW Department of Psychiatry and Behavioral Sciences

This prospective longitudinal investigation followed the psychiatric symptoms, functional status, and health service utilization of 101 physically injured trauma survivors. A randomly selected cohort of ethnically diverse hospitalized trauma survivors ages 14-65 were interviewed on the inpatient surgical ward and again, 1, 4 and 12-months post-injury. As surgical inpatients, 74% of subjects had high levels of psychological distress and/or positive toxicology screens. Approximately 60% of patients had experienced 4 or more prior traumatic life events. At 1-month post-injury 41% of subjects endorsed symptoms consistent with DSM-IV criteria for PTSD and at 12-months 30% met criteria. At the 12-month evaluation patients with PTSD demonstrated significantly lower scores on a broad profile of Medical Outcomes Study SF-36 domains when compared to patients without PTSD. Review of automated trauma center utilization data revealed that 20% of patients had a recurrent surgical/medical hospital inpatient admission and 18% returned to the emergency department over the course of the year after injury. In contrast, only 14% of patients endorsed a visit to a specialty mental health practitioner over the course of the year. The implications of these findings for the development of preventive interventions delivered from trauma centers will be discussed.

TARGETING POST-TRAUMATIC CONCERNS IN ACUTELY INJURED TRAUMA SURVIVORS

RoseAnne Droesch, Douglas F. Zatzick, Amy W. Wagner, Chris Dunn, Lucy Berliner, Edwina Uehara, Peter Roy-Byrne, UW Department of Psychiatry and Behavioral Sciences

Physically injured trauma patients are concerned with multiple aspects of their posttraumatic quality of life including physical health, psychological well-being, the ability to sustain work and finances, relations with family and friends, legal issues, and the quality and costs of medical care. A small scale randomized trial revealed promising results for a hospital-based intervention that used a model of responding to the patient's identified concerns. Posttraumatic stress symptoms abated for experimental subjects during the course of the intervention. Case examples drawn from a replication and extension randomized trial of the collaborative care intervention will be presented and discussed to illustrate how concerns, psychological distress (eg PTSD), and substance abuse co-occur and evolve over the course of the year post-injury. The treatment is delivered by a master level social worker in collaboration with surgical, psychiatric and primary care providers. Issues associated with coordinating care, doing post hospitalization outreach, and facilitating referrals will be highlighted.

MOTIVATIONAL INTERVIEWING WITH SUBSTANCE ABUSING MEDICAL TRAUMA PATIENTS

Chris Dunn, Peter Roy-Byrne, Douglas F. Zatzick, Rick Ries, UW Department of Psychiatry and Behavioral Sciences; Larry Gentilelo, Fredrick Rivara, HIPRC

This presentation describes the integration into standard practice of a motivational enhancement intervention for physically injured trauma survivors who are admitted with alcohol and drug intoxication. The approach was formally tested in a 762 person randomized trial carried out at University of Washington's Harborview Medical Center, a Level I Trauma Center. The investigation demonstrated statistically significant reductions in alcohol consumption as well clinically significant reductions in recurrent traumatic injury in intervention subjects when compared to controls. These results suggest that this intervention can be delivered in the surgical inpatients setting and is effective. As the primary interventionist in the study, the presenter will discuss clinical applications and subsequent development of a consulting trauma/substance abuse service for the delivery motivational enhancement interventions in surgical inpatients units. The presenter will discuss how the principles of motivational enhancement are ideally suited to the posttrauma service delivery context. Adherence and training will also be addressed.