FINAL PROGRAM

Reaching Underserved Trauma Survivors Through Community-Based Programs

December 6–9, 2001

The Fairmont Hotel ✧ New Orleans, Louisiana ✧ USA

JOINTLY SPONSORED BY

THE INTERNATIONAL SOCIETY FOR TRAUMATIC stress STUDIES

AND THE DARTMOUTH-HITCHCOCK MEDICAL CENTER

Co-sponsored by The American Psychological Association

www.istss.org

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the work of the

International Society
for Traumatic Stress Studies

17th Annual Meeting

New Orleans, Louisiana
December 2001

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Dear Colleagues,

The current epidemic of trauma on every continent demands a better understanding of those community-based trauma interventions that are most effective for preventing and ameliorating the impact of traumatic exposure among large groups of survivors. For underserved trauma survivors in particular, traumatic exposure occurs within a context of enormous obstacles that confront both survivors and those who respond to them. Underserved trauma survivors are those who do not receive adequate or appropriate services due to limited financial resources, limited service availability, language or other cultural barriers, discrimination or social exclusion, geographical barriers, or lack of awareness of available services.

Community-based programs address trauma survivors' physical survival, general health, mental health, and economic and social needs in schools, health-care and social service settings, courts, neighborhoods, religious settings, villages, and people's homes. In overcoming these obstacles, collaborations are required among emergency service and rescue workers, researchers, health and mental health professionals, advocates, law enforcement officers and others in the legal professions, non-governmental organizations (NGOs), clergy, teachers, the media, volunteers, policymakers, and trauma survivors themselves.

The terrorist attacks on the United States changed many things—including plans for the ISTSS 17th Annual Meeting. The meeting will retain a focus on reaching underserved trauma survivors through community-based programs—with an additional focus on terrorism and mass disaster. This conference in New Orleans will be a place for our international community of trauma professionals to gather for purposes of collaborating to prevent and reduce exposure to traumatic experiences and to improve the lives of trauma survivors worldwide.

In the aftermath of September 11, we hope to create a balance between continuity and responsiveness, and between heart and mind, through sharing our professional understandings and our personal experiences. Many of you generously have offered your time and effort to make this conference possible. On behalf of the Program Committee, we extend a warm welcome for what promises to be a truly remarkable ISTSS annual meeting.

Best regards,
Mary Ann Dutton, PhD
ISTSS 17th Annual Meeting Program Chair

Bonnie L. Green, PhD
ISTSS President

Conference Program Committee and Reviewers

Program Chair

Mary Ann Dutton

Local Program Chair

Ron Murphy

Program Deputies

Richard Bryant	Oral Presentations
Jan Krupnick	Pre-Meeting Institutes
Madhabika Nayak	Oral Presentations
Frank Putnam	Oral Presentations
Paula Schnurr	Oral Presentations
Roger Simpson	Media Presentations
Beth Stamm	Pre-Meeting Institutes
Stuart Turner	Posters
Sahika Yuksel	Posters

Reviewers

Ron Acierno
Jean Beckham
Charles Benight
Jonathan Bisson
John Briere
Alain Brunet
Lisa Butler
Kathleen Chard
Claude Chemtob
Catherine Classen
Daniella David
Lori Ebert
Sherry Falsetti
Greg Febbraro
Merle Friedman
B. Christopher Frueh
Michael Griffin
Rochelle Hanson
Dawn Hughes
Danny Kaloupek
Nancy Kassam-Adams
Dan King
Lynda King
Cheryl Koopman
Harold Kudler
Greg Leskin
Judith Lyons
Randall Marshall
Michele Murberg
Elana Newman
Frank Ochberg
Scott Orr
Laurie Pearlman
Barbara Rothbaum
Joe Rudolph
Ruth Ann Ryan
William Schlenger
Paula Schnurr
Joseph Scotti
Raymond Scurfield
Katherine Steele
Andrew Stone
Joe Thornton
Elisa Triffleman
Farris Tuma
Madeline Uddo
Paul Valent
Onno van der Hart
Lynn Waelde
Carole Warshaw
Frank Weathers
Agnieszka Widera-Wysoczanska
Rose Zimering

Registration

Participation in the ISTSS 17th Annual Meeting is limited to registered delegates. Your full registration includes:

Educational Sessions and Materials

Admission to oral sessions and plenary sessions

Admission to poster sessions and presentations, Friday and Saturday

Final program and proceedings

Networking/Social Events

Opening reception on Thursday evening

Refreshment breaks, daily

Special Interest Group meetings, Saturday

Wine/cheese poster presentation receptions, Friday and Saturday

Meeting Features and Events

Friday's Keynote Address, presented by Janet Reno

Exhibits of products and services

ISTSS Annual Business Meeting, Friday

Film presentations, Saturday evening

ISTSS bookstore

ISTSS committee and task force meetings

Optional Events Available for Additional Fee

ISTSS Friendship and Recognition Dinner, Friday evening

Pre-Meeting Institutes, Thursday all day

Session audiotapes available for purchase on-site

ISTSS Registration and CE/Membership Services Desk

The registration desk will be open in the Imperial Foyer, Mezzanine Floor at the following times:

Thursday	7:30 AM–7:00 PM	Saturday	8:00 AM–5:30 PM
Friday	7:30 AM–5:30 PM	Sunday	8:00 AM–12:30 PM

Meeting Hotel and Meeting Rooms

All sessions and events at the ISTSS 17th Annual Meeting will take place at The Fairmont Hotel New Orleans. A hotel floor plan is located on page 9.

The Fairmont Hotel New Orleans
123 Baronne Street
New Orleans, LA 70112 USA
Tel: 504/529-7111; Fax: 504/522-2303
www.fairmontneworleans.com

Transportation to/from the Airport

The Fairmont Hotel New Orleans is located 25 minutes from the New Orleans International Airport.

The Airport Shuttle is the recommended shuttle service. The Airport Shuttle desk is located in the baggage claim area of the airport. The fees are approximately $10 per person to and from the hotel. You do NOT need to make reservations prior to arrival. Taxis are also available for approximately $21 one way.

Parking

There is valet parking at the hotel for $19.00 per day. There is a self parking lot across the street for a cost of $16.00 per day.

Badges

The annual meeting badge that you receive in your on-site registration is required for admittance to all sessions and social activities. A fee may be charged to replace lost badges. *ISTSS members* are identified by clear badges. *Non-members* are identified by yellow badges. Please encourage them to join the Society. *First-time attendees* are designated with ribbons. Please help us welcome them to the ISTSS meeting.

Attire

Attire for all sessions is business casual.

Smoking Policy

Smoking is prohibited in the registration and exhibit areas and in meeting rooms.

Perfumes and Allergies

Many people are allergic to certain perfumes, colognes, and aftershaves. This can be particularly challenging in crowded meeting rooms during long conference days. In order to make the ISTSS conference user-friendly, the ISTSS Program Committee requests that ISTSS meeting participants refrain from wearing cologne, perfume or aftershave to the scientific sessions. Thank you for your understanding and courtesy.

Concierge Services/New Orleans Tour Information

Please visit the Full Service Concierge Desk while you are in New Orleans. The desk is located near the registration desk in the Imperial Foyer. The Concierge will be able to assist you during ISTSS registration hours to make any last minute recommendations on Dine Around options, group meal arrangements and registration for tours around New Orleans.

Message Center

The message center is located at the ISTSS registration desk. Messages will be posted by last name. Please check the board periodically and remove your messages after you have read them.

Speaker Ready Room

If you plan to use audio-visual aids during your presentation, please visit the speaker ready room in the Chancellor's Room, Second Floor. The room is equipped with much of the same audio-visual setup as session rooms so you may test your materials and rehearse your presentation.

Business Center

Copying, faxing, office supplies, computer and printer stations and other business services are available from the Fairmont's business center. The business center is located on the Mezzanine Floor. The business center hours are:

Monday–Friday	7:00 AM–5:00 PM
Saturday	8:00 AM–4:00 PM
Sunday	10:00 AM–4:00 PM

Special Assistance

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

Meeting Evaluation

We need your help to improve the ISTSS Annual Meeting. Evaluation forms have resulted in many improvements in recent years. The evaluation form is included in your registration packet. Return your completed evaluation form to the ISTSS registration desk before noon on Sunday.

Meeting Features

Exhibits

Please stop by the exhibits in the International Ballroom, Mezzanine Floor. The display of products and services at the annual meeting will provide valuable interaction between the profession and organizations providing products and services of interest to the traumatic stress studies field. A list of exhibitors appears on page 8.

Friday	9:30 AM–7:00 PM
Saturday	9:30 AM–7:00 PM

Poster Sessions and Presentations

International Ballroom, Mezzanine Floor

The ISTSS conference will feature enhanced poster sessions: more than 300 posters arranged by track in two sessions. Each full day of poster displays will culminate with a poster presentation reception, when poster authors will be available to discuss their work and answer questions.

Quiet Reflection Room

The Loyola Room, Second Floor, is being set aside on Friday and Saturday to provide an opportunity for quiet reflection during the early morning hours and late afternoon hours. Participants are free to use the room as a quiet retreat from conference activities both days from 7:30 AM to 9:30 AM and from 4:00 PM to 6:00 PM. Attendees are asked to remain silent while in the room. **This feature is sponsored by the Spirituality and Trauma Special Interest Group.**

Group Peer Clinical Consultation Room

Conference attendees are invited to participate in group sessions of peer clinical consultation with a senior clinician during several one-hour sessions on Friday and Saturday from 10:00 AM to 2:00 PM in the Loyola Room, Second Floor. Senior clinicians, including Jacob Lindy, MD, Sandra Bloom, MD, Bessel van der Kolk, MD, Charles Figley, PhD, and Christine Courtois, PhD, are available to discuss clinical issues related to the recent terrorist attacks and other topics. Participation is free of charge.

Wall of Remembrance

A section of the poster area in the International Ballroom, Mezzanine Floor will be reserved for ISTSS conference attendees to post expressions of remembrance, grieving, joy, or community in the form of photographs, poetry, prose, or other artwork, in relation to the terrorist attacks of September 11.

Photography Exhibit

Made available by the Dart Foundation, a photography exhibit of selected Picture of the Year award-winning photographs will be on display, illustrating the focus on underserved trauma populations.

Bookstore

Professional Books returns as the official ISTSS bookstore. Professional Books offers a large selection of trauma-related publications for sale during the meeting, and is open during ISTSS registration hours in the Gold Room, Mezzanine Floor.

Session Audio Tapes

Most presentations will be recorded. Cassette tapes will be sold on-site in the Imperial Foyer, Mezzanine Floor, through Professional Programs. You may also purchase recordings of sessions from past ISTSS meetings from Professional Programs (661) 255-7774; E-mail: orders@proprog-tapes.com

Student Meeting

Friday, December 7
7:00 AM–8:30 AM

A breakfast will be held for all student participants. This is a great way to start the meeting! The student meeting will take place in the Creole Room, Mezzanine Floor.

Keynote Address—*Janet Reno*

Friday, December 7
8:30 AM–9:45 AM

Janet Reno, U.S. Attorney General, 1993-2001, is giving the ISTSS Keynote Address during the 17th Annual Meeting. **If your spouse or guest would like to attend, they may purchase a ticket for $20 at the ISTSS Registration Desk.**

ISTSS Annual Business Meeting

Friday, December 7
1:00 PM–2:15 PM

All meeting participants are invited to attend the annual business meeting in the Grand Ballroom, Mezzanine Floor. This is your opportunity to learn about the society, ask questions and make suggestions about ISTSS.

ISTSS Friendship and Recognition Dinner *With a Special Multimedia Presentation*

Friday, December 7
8:00 PM–11:00 PM
Grand Ballroom, Mezzanine Floor

Everyone is welcome and encouraged to attend the ISTSS Friendship & Recognition Dinner and Multimedia Presentation. The dinner will offer an opportunity to share a meal and experience a sense of community with others at ISTSS. The evening will include the multimedia presentation, "Darkness Visible—the News Photographers' Gift," by David Handschuh, President of the National Press Photographers Association, co-sponsored by the Dart Center for Journalism and Trauma and the ISTSS Media Special Interest Group. ISTSS awards will be presented. **Tickets may be purchased on-site for $50.**

Dartmouth-Hitchcock Medical Center, Joint Sponsor of the ISTSS 17th Annual Meeting

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Dartmouth-Hitchcock Medical Center and the International Society for Traumatic Stress Studies. The Dartmouth-Hitchcock Medical Center is accredited by the ACCME to provide continuing medical education for physicians.

Psychology Statement: The Department of Psychiatry, Dartmouth Medical School, is approved by the American Psychological Association to offer Category 1 continuing education for psychologists. The APA Approved Sponsor maintains responsibility for the program.

The American Psychological Association is a co-sponsor of the ISTSS 17th Annual Meeting.

Special Interest Group Meetings

Saturday, December 8
7:00 AM–8:15 AM and 1:00 PM–2:15 PM

All meeting participants are invited to participate in ISTSS Special Interest Group (SIG) meetings. See the "Schedule at a Glance" on pages 10–13 in this program for room locations.

Debriefing Session

Saturday, December 8
6:00 PM–7:30 PM
University Room, Second Floor

Secondary exposure to trauma can be a significant issue for trauma workers. ISTSS strives to provide a supportive environment that will assist meeting participants in understanding how secondary exposure may be influencing them. Consequently, a debriefing session will be offered where meeting participants can talk about their conference experiences, discuss issues related to secondary exposure and explore self care strategies that may be useful in dealing with the effects of secondary exposure.

National Center for PTSD Readjustment Counseling Services Reception

Saturday, December 8
6:30 PM–7:30 PM

The NCPTSD invites all VA employees to a reception to honor their work with trauma survivors and to meet and discuss common clinical and research interests in the Emerald Room, Second Floor.

IMPORTANT: Your Safety Comes First!

The safety and security of ISTSS Annual Meeting attendees is our primary concern. In light of recent world events, we have taken a number of positive steps to address safety and sucurity at the meeting. Extra security officers have been assigned to numerous locations throughout the hotel for the entire ISTSS Annual Meeting. We trust you will understand and appreciate the extra efforts undertaken to provide a safe learning environment for all ISTSS participants and guests.

Join the International Society for Traumatic Stress Studies...

Register at the reduced member rate and get great benefits all year. ISTSS meeting registration does not include membership in the ISTSS. If you are not already a member, consider joining the Society now using the attached meeting registration form. ISTSS membership includes subscriptions to the *Journal of Traumatic Stress, Traumatic StressPoints* newsletter and access to the online ISTSS Membership Directory. Members may participate in Special Interest Areas and Committees. ISTSS members play an important role in supporting

Continuing Education

ISTSS has applied for continuing education credit for psychologists, psychiatrists, social workers, counselors, nurses, employee assistance professionals and others through the auspices of sponsoring organizations.

A certificate fee of $25 is required to register for CE credits. You may not register for CE credits after December 9.

The Dartmouth-Hitchcock Medical Center designates this educational activity for up to 23.25 hours in Category I credits toward AMA Physicians' Recognition Award. Each physician should claim only those hours of credit that he or she actually spent in the educational activity.

Credit may also be available from:

- Texas Nurses Association
- Employee Assistance Professionals
- American Bar Association
- National Board of Certified Counselors
- California Psychological Association
- National Association of Social Workers

ISTSS 2001 Exhibitors

Tabletop Exhibit

Anxiety Disorders Association of America
Elizabeth Makkai
11900 Parklawn Drive
Suite 100
Rockville, MD 20852 USA
Phone: (240) 283-0235
Fax: (301) 231-7392
E-mail: emakkai@adaa.org

Brunner-Routledge
Rainelle Peters
29 W. 35th Street
New York, NY 10001 USA
Phone: (212) 216-7837
Fax: (212) 564-7854

Center for Emotional Trauma Recovery Lake Chelan
Lake Chelan Community Hospital
PO Box 908
Chelan, WA 98816 USA
Phone: (509) 682-2531
Fax: (509) 682-6117

Del Amo Hospital/Timberlawn Mental Health System
Holly Thompson
23700 Camino del Sol
Torrance, CA 90505 USA
Phone: (310) 784-2204

Family Violence & Sexual Assault Institute
Robert Geffner
6160 Cornerstone Court East
San Diego, CA 92121 USA
Phone: (858) 623-2777
Fax: (858) 646-0761
E-mail: bgeffner@pacbell.net

GlaxoSmithKline
Kim Michalski
2 West Baltimore Ave. Suite 333
Media, PA 19063 USA
Phone: (610) 892-6985
Fax: (610) 892-7252
E-mail: kmichalski@trinitycom.com

Keystone Center—ECU
Pannill Taylor
2000 Providence Ave.
Chester, PA 19013 USA
Phone: (800) 733-6840
Fax: (610) 876-2217

Masters and Johnson at River Oaks Hospital
Barbara Bolongaro
1525 River Oaks Road West
New Orleans, LA 70123 USA
Phone: (504) 734-1740
Fax: (504) 733-1020

MUSC
Vickey Cornelison
165 Cannon Street
PO Box 250852
Charleston, SC 29425 USA
Phone: (843) 792-2945
Fax: (843) 792-7146
E-mail: cornelv@musc.edu

Pfizer, CNS
Wooten Rusty
Convention Services
Mailstop 150-36-05
Pfizer, Inc.
235 East 42nd Street
New York, NY 10017 USA
Phone: (212) 733-4206
Fax: (212) 573-7049
E-mail: wootes@pfizer.com

PTSD Alliance
Mary Beth Chatelain
450 West 15th Street
Suite 700
New York, NY 10011 USA
Phone: (877) 507-PTSD
www.ptsdalliance.org

The Center: Posttraumatic Disorders Program
Juan Crespo
4228 Wisconsin Ave. N.W.
Washington, DC 20016 USA
Phone: (202) 885-5775
Fax: (202) 885-5774
E-mail: jcres_ipast@yahoo.com

Take One Area

American Psychiatric Publishing, Inc.
Christie Couture
1400 K. Street, NW
Washington, DC 20005 USA
Phone: (202) 682-6244
Fax: (202) 682-6341
E-mail: ccouture@psych.org

Baywood Publishing Company
Mary McCormack
26 Austin Ave. PO Box 337
Amityville, NY 11701 USA
Phone: (631) 691-1270
Fax: (631) 691-1770
E-mail: baywood@baywood.com

EMDR Institute
Stacy Bradley
PO Box 51010
Pacific Grove, CA 93950 USA
Phone: (831) 372-3900
Fax: (831) 647-9881
E-mail: inst@emdr.com

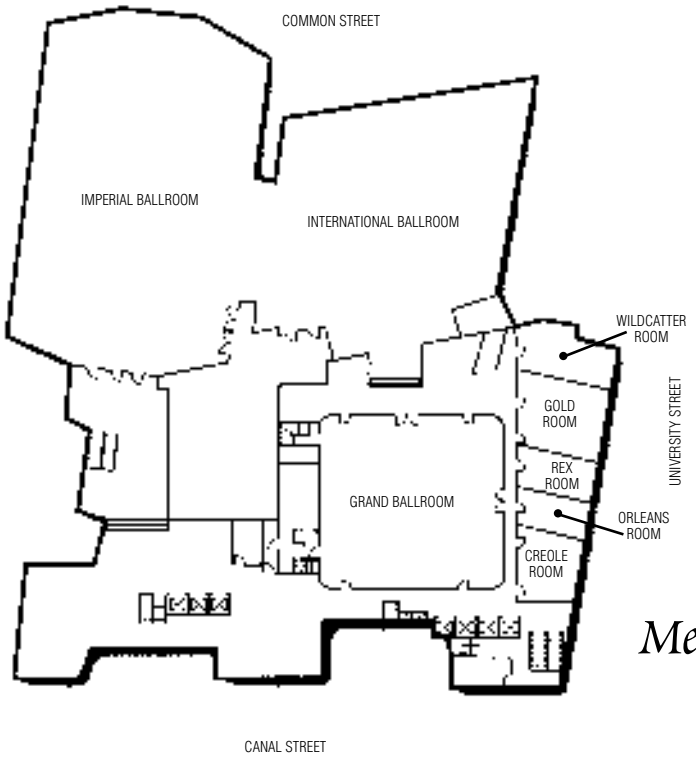
S Karger AG
Angela Gasser
Accschwilerstr. 10 PO BOX
Basel, Switzerland
Phone: (416) 306-1111
Fax: (416) 306-1234
E-mail: a.gasser@karger.ch

The Sidran Traumatic Stress Foundation
Jenn Asselin
200 East Joppa Road
Suite 207
Baltimore, MD 21286 USA
Phone: (410) 825-8888
Fax: (410) 337-0747
E-mail: jenna@sidran.org

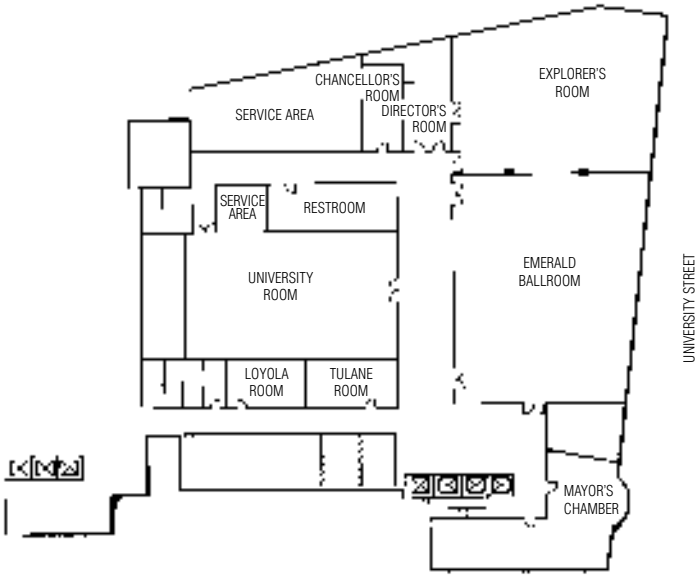
Vancouver Trauma Treatment Associates
Anne M. Dietrich
#1010-470 Granville Street
Vancouver, BC V6C 1V5
Phone: (604) 683-3113
Fax: (604) 683-3110
E-mail: amd@interchg.ubc.ca

The Fairmont Hotel

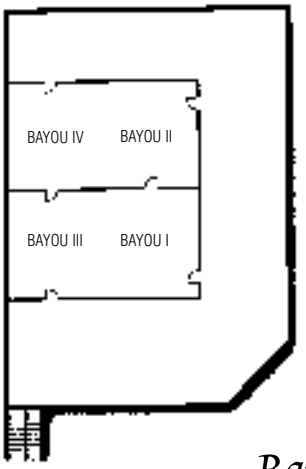
123 Baronne Street
New Orleans, Louisiana 70112



Mezzanine Floor



Second Floor



Bayou Level

Schedule at a Glance

Child & Adolescent Sessions

Room	Imperial Ballroom Mezzanine Floor	Wildcatter Mezzanine Floor	Rex Mezzanine Floor	Creole Mezzanine Floor	Orleans Mezzanine Floor	Grand Ballroom Mezzanine Floor	University Second Floor
THURSDAY, DECEMBER 6							
7:30 AM–5:30 PM	Bookstore					Gold Room—*Mezz Floor*	
7:30 AM–5:30 PM	Tape Desk					Imperial Foyer—*Mezz Floor*	
7:30 AM–7:00 PM	Registration					Imperial Foyer—*Mezz Floor*	
8:00 AM–9:00 AM	Coffee and Tea					Imperial Ballroom—*Mezz Floor*	
9:00 AM–5:00 PM	**Pre-Meeting Institutes (see page 19)**					**Various Rooms—See Insert**	
7:00 PM–8:30 PM	**Opening Plenary Session: No Healing Without Justice**				**Rev. Marie M. Fortune**	**Imperial Ballroom—*Mezz Floor***	
8:30 PM–10:00 PM	**Opening Welcome Reception, Sponsored by Pfizer CNS**					**Grand Ballroom—*Mezz Floor***	
FRIDAY, DECEMBER 7							
7:30 AM–5:30 PM	Bookstore					Gold Room—*Mezz Floor*	
7:30 AM–5:30 PM	Tape Desk					Imperial Foyer—*Mezz Floor*	
7:00 AM–8:30 AM	Student Meeting					Creole—*Mezz Floor*	
7:30 AM–5:30 PM	Registration					Imperial Foyer—*Mezz Floor*	
7:30 AM–8:30 AM	Coffee and Tea					Imperial Ballroom—*Mezz Floor*	
8:30 AM–9:45 AM	**Keynote Address: The Necessity of a Coordinated Community Response in Violence Prevention**				**Janet Reno, *U.S. Attorney General 1993-2001***	**Imperial Ballroom—*Mezz Floor***	
10:00 AM–5:00 PM	**Poster Display I**					**International Ballroom—*Mezz Floor***	
10:00 AM–7:00 PM	Exhibits & Photography Display					International Ballroom—*Mezz Floor*	
SESSION I 10:00 am–11:15 am	**WORKSHOP 1153** The Impact of Racism on Recovery from Trauma *Yassen* **Track 10**	**PANEL 1339** Designing and Implementing a Collaborative Approach to a Community Problem: Providing Treatment for Survivors of Domestic Violence *Hill* **Track 1**	**SYMPOSIUM 1167** The Functional Impact of Accidental Injuries *Schnyder* **Track 3**	**SYMPOSIUM 1225** Youth PTSD Assessment: Psychometric Investigation of PTSD Self-Report Instruments *Rodriguez* **Track 8**	**SYMPOSIUM 1492** The Use of Ritual in Healing *Fabri* **Track 10**	**SYMPOSIUM 1377** ERP Correlates of Attentional and Hippocampal Functioning in PTSD *Kimble* **Track 5**	**WORKSHOP 1287** Counter Transference in Psychotherapy with Underserved Populations *Conte* **Track 8**
SESSION II 11:30 am–12:45 pm	**SYMPOSIUM 1524** Developing Collaborative Models for Addressing Violence Against Women within Health, Mental Health and Advocacy Settings *Stevens* **Track 8**	**WORKSHOP 1139** A Community-Based Preventative Model for Dealing with Traumatic Stress *Berger* **Track 8**	**WORKSHOP 1216** Peru Shining Path Violence: Psychosocial Assessment and Intervention *Snider* **Track 1**	**CASE STUDY 1170** The Psychological Care of a Child Traumatized by Massive Burns *Stolbach* **Track 8**	**WORKSHOP 1490** Restoring Healthy Boundaries for the Traumatized Individual *Minton* **Track 8**	**SYMPOSIUM 1497** The Refugee Process: From the Trauma of Mass Violence to Resettlement and Recovery *McKenzie-Pollock/Jaranson* **Track 10**	**WORKSHOP 1559** What Every Trauma Therapist Should Know about Panic, Phobia, and OCD, *Presented by the Anxiety Disorders Association of America* *Winston* **Track 8**
1:00 PM–2:15 PM	**ISTSS Business Meeting**					**Grand Ballroom—*Mezz Floor***	
SESSION III 2:30 pm–3:45 pm		**PANEL 1395** Community Based Work with Torture Survivors, an Ethnographic Approach *Duff* **Track 2**	**WORKSHOP 1149** Unremitting PTSD: The Challenges of a Caring Commitment in a Community Clinic Setting *Williams-Keeler* **Track 8**	**SYMPOSIUM 1403** Empowerment of Female Juvenile Offenders *Walker* **Track 1**	**WORKSHOP 1014** Traumatic Grief-focused CBT for Children *Cohen* **Track 8**	**WORKSHOP 1379** The Strength of Africa: Community Interventions for the War Affected *Baron* **Track 8**	**PANEL 1188** Is Standard Trauma Transferable to Underserved Populations? *Munroe* **Track 8**
SESSION IV 4:00 pm–5:15 pm		**WORKSHOP 1500** But It Can Happen Here: Preventing, Coping with, and Healing from School Violence and Trauma *M. Williams* **Track 8**	**WORKSHOP 1237** Prolonged Exposure (PE) Therapy for Chronic PTSD: Tailoring Treatment for Complex Clients in Routine Community Practice *Feeny* **Track 8**	**CASE STUDY 1228** The Relationship of Trauma Exposure to Adolescent Sex Offending Behavior–Two Cases *McMackin* **Track 8**	**SYMPOSIUM 1203** PTSD Symptom Fluctuation: Longitudinal Measurement and Change *A. Smith* **Track 5**	**SYMPOSIUM 1162** Cultural Context of Interpersonal Violence: Intervention and Prevention *Freyd* **Track 8**	**SYMPOSIUM 1083** Recent Developments in Clinical Research on Complex PTSD (DESNOS): a follow up from last year's popular session, *Spinazzola* **Track 2**
5:30 PM–7:00 PM	**Poster Presentation/Wine and Cheese Reception I**					**International Ballroom—*Mezz Floor***	
8:00 PM–11:00 PM	**ISTSS Friendship & Recognition Dinner & Multimedia Presentation**					**Grand Ballroom—*Mezz Floor***	

SATURDAY, DECEMBER 8

SIG MEETINGS 7:00 am–8:15 am

ISTSS Special Interest Group Meetings—All are welcome

	Policy & Prevention	**Gender & Trauma**	**Child Trauma**	**Bereavement, Loss & Grief**	

8:00 AM–5:30 PM	Bookstore		Gold Room—*Mezz Floor*
8:00 AM–5:30 PM	Tape Desk		Imperial Foyer—*Mezz Floor*
7:30 AM–8:30 AM	Coffee and Tea		Imperial Ballroom—*Mezz Floor*
8:00 AM–5:30 PM	Registration		Imperial Foyer—*Mezz Floor*
8:30 AM–9:45 AM	**Plenary Session: Creating the Opportunities for Epiphanies in Populations Challenged by Violence**	**Oliver J. Williams, Ph.D.**	**Imperial Ballroom—*Mezz Floor***
10:00 AM–5:00 PM	**Poster Display II,**		**International Ballroom—*Mezz Floor***
10:00 AM–7:00 PM	Exhibit and Photography Display		International Ballroom—*Mezz Floor*

Explorer's Second Floor	Featured Sessions Emerald Second Floor	Bayou I Bayou Level	Bayou II Bayou Level	Bayou III Bayou Level	Mayor's Chamber Second Floor	Blue Room Lobby Floor
SYMPOSIUM 1184 Community-Based Treatment of Complex PTSD: Reports from the Victims of Violence Program *Herman* **Track 2**	**PANEL 1549** Collaboration Between Research and Practice on the Front Lines: Community-Based Interdisciplinary Approaches to Working with Violence *Joy Osofsky* **Track 1**	**PANEL 1317** Integrating the Study of Trauma into Education and Training Programs *Osterman* **Track 8**	**SYMPOSIUM 1077** Post-traumatic Dimensions of the Palestinian-Israeli Conflict *DeGraff* **Track 6**	**SYMPOSIUM 1246** Development of Community-Based Services for Trauma Survivors *Prins* **Track 1**	**WORKSHOP 1186** Everything You Ever Wanted to Know About a Research Career but Were Afraid to Ask *Koenen* **Track 5**	**SYMPOSIUM 1145** Application of Readiness to Change to PTSD Treatment: Advances and Issues *R. Murphy* **Track 2**
SYMPOSIUM 1271 Gender Issues in PTSD Treatment: Focus on Cognitive Processing *Kimerling* **Track 2**	**SYMPOSIUM 1087** Remembering and Forgetting Trauma *Richard Bryant* **Track 5**	**SYMPOSIUM 1191** New Considerations in the Treatment of Comorbid Substance Abuse and PTSD *McFall* **Track 2**	**SYMPOSIUM 1493** Mental Health, Law Enforcement, and Media Perspectives on Debriefing *Lubin* **Track 9**	**SYMPOSIUM 1074** A Community Psychotherapy Clinic for Underserved Trauma Populations *Steele* **Track 8**	**SYMPOSIUM 1318** New Research with Military Populations *Whealin* **Track 3**	**WORKSHOP 1509** International Trauma Training Guidelines: Dissemination and Dialogue *Weine* **Track 6**
SYMPOSIUM 1310 PTSD-CSA Treatment: Psychological, Physiological & Hormonal Responses *Matthew Friedman* **Track 2**	**SYMPOSIUM 1130** The Scientific and Clinical Challenges of Complex Trauma *Bonnie Green* **Track 2**	**WORKSHOP 1196** Workshop on Retrospective of Combat Exposure *Dohrenwend* **Track 5**	**SYMPOSIUM 1399** ERP/STARTLE Responding to Trauma-Relevant and Control Stimuli in PTSD *Woodward* **Track 5**	**PANEL 1293** International Community-Based Research: Challenges for New Investigators *Nelson* **Track 1**	**SYMPOSIUM 1215** Psychiatric Morbidity Following Traumatic Injury: Phenomenology and Predictors *O'Donnell* **Track 3**	**SYMPOSIUM 1121** Empirical Research on the Truth and Reconciliation Commission in South Africa: Survivor Perspectives *Sonis* **Track 6**
SYMPOSIUM 1426 Early Intervention to Prevent Development of PTSD *Watson* **Track 8**	**SYMPOSIUM 1560** The Impact of Moderating Factors on the Effects of Life-time Traumatic Events on Psychopathology, Quality of Life and Disability in (Post-) Conflict Areas in Algeria, Cambodia, Ethiopia and Gaza *Joop de Jong* **Track 3**	**SYMPOSIUM 1477** The Psychological Reactions to Disasters: Cross-National Comparison *Erdur* **Track 10**	**SYMPOSIUM 1155** The Role of Context in Post-War Psychosocial Intervention *Scholte* **Track 10**	**WORKSHOP 1324** Enhancing Behavioral Health Trauma Services for Women on Welfare *White* **Track 8**	**WORKSHOP 1260** In the Media Spotlight: Public and Private Narratives of Violent Dying *Rynearson* **Track 9**	**WORKSHOP 1496** Measuring the Helper's Power to Heal and to Be Hurt, or Helped, by Trying *B. Hudnall Stamm* **Track 5**

Meeting Tracks

Track 1
Community Collaborations

Track 2
Intervention Research

Track 3
Epidemiology

Track 4
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Track 5
Basic Research

Track 6
Human Rights, Social Policy & Advocacy

Track 7
Ethics

Track 8
Clinical

Track 9
Media

Track 10
Cross-Cultural

September 11 Track Sessions will take place in Bayou IV, Bayou Level (see page 14).

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Schedule at a Glance

Child & Adolescent Sessions

Room	Imperial Ballroom Mezzanine Floor	Wildcatter Mezzanine Floor	Rex Mezzanine Floor	Creole Mezzanine Floor	Orleans Mezzanine Floor	Grand Ballroom Mezzanine Floor	University Second Floor
SATURDAY, DECEMBER 8 *Continued*							
SESSION V 10:00 am–11:15 am	**WORKSHOP 1180** Multilevel Strategies to Improve the Socio-Ecological Context of Psychiatric Out-Patients with War-Related Trauma *Ekblad* **Track 1**	**SYMPOSIUM 1365** Intergenerational Transfer of Trauma in Native Americans: Spirit Wounds *H.E. Stamm IV* **Track 10**	**PANEL 1342** Armenian-Turkish Reconciliation: Past, Present and Future *Kalayjian* **Track 6**	**WORKSHOP 1026** The Trauma of Child Sexual Abuse: Difficult Treatment Issues *Kimball* **Track 8**	**CASE STUDY 1532** A Psychiatric and Legal Case Presentation of an Asylum-Seeking Torture Victim with PTSD *Stone* **Track 6**	**SYMPOSIUM 1035** 3 Controlled Trials for PTSD: PE Compared to 1) EMDR; 2) CPT and 3) CR *Rothbaum* **Track 2**	**SYMPOSIUM 1194** News Coverage of DV: Part of the Problem, Part of the Solution *Simpson* **Track 9**
SESSION VI 11:30 am–12:45 pm	**SYMPOSIUM 1405** Sex Offenders: Trauma Victims and Perpetrators *Shapiro* **Track 4**	**PANEL 1212** Reaching Across the Clinical-Research Interface: A Dialog About Issues *Triffleman* **Track 1**	**SYMPOSIUM 1252** Neural Mechanisms in Posttraumatic Stress: Part II *Bremner* **Track 4**	**SYMPOSIUM 1175** Illness, Injury and Post-Traumatic Stress in Youth and Parents *Kassam-Adams* **Track 5**	**CASE STUDY 1267** Journalists in the Aftermath of War *Ochberg* **Track 9**	**SYMPOSIUM 1218** Predicting Long-term Adjustment from Acute Symptoms *O'Donnell* **Track 3**	**SYMPOSIUM 1171** Efficacy of Two Models of Group Therapy for Treating PTSD in Male Veterans *Schnurr* **Track 2**
SIG MEETINGS 1:00 pm–2:15 pm	**ISTSS Special Interest Group Meetings—All are welcome**						
		Creative, Body Energy Therapies	**Criminal Justice**	**Early Interventions**	**Dissociation**	**Research & Methodology**	
SESSION VII 2:30 pm–3:45 pm		**CASE STUDY 1134** Two Roads Diverged: Integrating Treatment of Young Victim/Offenders *Smalley* **Track 8**	**WORKSHOP 1476** An Ecological Model of Trauma Focused Therapy for Socially Marginalized Women *Bradley* **Track 8**	**PANEL 1406** School-Based Post-Disaster Intervention: Barriers and Solutions *McCqmmon* **Track 8**	**WORKSHOP 1137** Perceived Disability in Female Mass Displaced from Kosovo Province Having Temporary Protection in Sweden–Lessons Learned *Ekblad* **Track 10**	**PANEL 1337** Early Intervention to Prevent PTSD: Visions of the Next Generation of Services *Ruzek* **Track 8**	**SYMPOSIUM 1438** Objective Theory-Based Trauma Assessment: The TSI Belief Scale *Pearlman* **Track 8**
SESSION VIII 4:00 pm–5:15 pm		**WORKSHOP 1205** Police Culture and Trauma: Fuel for the Fire *Klco* **Track 3**	**PANEL 1420** Stress on the Press: Helping Journalists Learn About Traumatic Stress *Zalin* **Track 9**	**SYMPOSIUM 1533** Psychological Intervention Provided to Populations Exposed to Disasters and Violence *Goejian* **Track 1**	**SYMPOSIUM 1045** Prevention of Intergenerational Transmission of Effects of Trauma *Portney* **Track 4**	**SYMPOSIUM 1033** Mental Health and Attitudes of Refugees After Violent Conflict *Lopes Cardozo* **Track 3**	**SYMPOSIUM 1511** Trauma and Resilience in Policing *Merle Friedman* **Track 3**

5:30 PM–7:00 PM **Poster Presentations/Wine and Cheese Reception II, Sponsored by GlaxoSmithKline** **International Ballroom—*Mezz Floor***

6:00 PM–7:30 PM **Debriefing Session** **J. Munroe** **University Room—*Second Floor***

MOVIE/MULTIMEDIA SESSIONS 7:00 pm–10:00 pm

Movie/Multimedia Sessions

SUNDAY, DECEMBER 9

8:00 AM–1:00 PM	Bookstore	Gold Room—*Mezz Floor*
8:00 AM–1:00 PM	Tape Desk	Imperial Foyer—*Mezz Floor*
7:30 AM–8:30 AM	Coffee and Tea	Imperial Ballroom—*Mezz Floor*
8:00 AM–12:30 PM	Registration	Imperial Foyer—*Mezz Floor*
8:30 AM–9:45 AM	**Plenary Session: How Does the Social Environment Affect the Human Brain: The Case of Trauma and PTSD** **Arieh Y. Shalev, M.D.**	**Imperial Ballroom—*Mezz Floor***

SESSION IX 10:00 am–11:15 am	**WORKSHOP 1512** Trauma, Grief and Healing within the Community: The Role of Firefighters & EMS Workers *De Soir* **Track 8**	**WORKSHOP 1319** The Development of an Assertive Outreach, Case Management and Therapy Model for Victims of Violence in a Public Hospital *Kelly* **Track 1**	**SYMPOSIUM 1371** Domestic Violence Victims in Japan *Kim* **Track 10**	**SYMPOSIUM 1505** Young Murderers: An International Perspective for Forensic Practice *M.B. Williams* **Track 8**	**WORKSHOP 1418** The Forensic Assessment of Asylum Seekers and Refugees *Turner* **Track 6**	**SYMPOSIUM 1506** Trauma Behind Bars: Treating Traumatic Stress in a Criminal Justice Population *Gillece* **Track 1**	**SYMPOSIUM 1392** Sexual Harassment as Trauma: Theoretical and Empirical Justification *L. Fitzgerald* **Track 3**
SESSION X 11:30 am–12:45 pm	**SYMPOSIUM 1277** Assessment of and Intervention for the Trauma of Kosovar Refugees in the US and Sweden *Ai* **Track 1**	**WORKSHOP 1456** Bringing the New York City Model for Sexual Assault Examiner Programs to Underserved Populations *Xenarios* **Track 1**	**WORKSHOP 1397** Secondary Traumatization in Acute Stress Disorder *Zimering* **Track 8**	**PANEL 1539** Reaching Underserved Trauma Survivors Through Community-Based Programs *Deosker* **Track 6**	**WORKSHOP 1284** Question of Forgiveness in Recovery Process of Trauma Survivors *Gorman* **Track 8**	**SYMPOSIUM 1037** Multiple Dimensions of Partner Abuse: Physical, Mental Health Outcomes *Mechanic* **Track 3**	**SYMPOSIUM 1471** Traumatic Stressor Exposure and PTSD in Homeless Populations *Carlson* **Track 3**

12:45 PM **ISTSS 17th Annual Meeting Adjourns**

Explorer's Second Floor	Featured Sessions Emerald Second Floor	Bayou I Bayou Level	Bayou II Bayou Level	Bayou III Bayou Level	Mayor's Chamber Second Floor	Bayou IV Bayou Level
WORKSHOP 1210 Spirituality and PTSD: Making Sense of Trauma *Drescher* **Track 8**	**PANEL 1550** Fostering Minority Students' Professional Careers in the Field of Traumatic Stress *Kassie Freeman ** **Track 10**	**SYMPOSIUM 1518** Involving Refugee Families in Community-Based Preventive Interventions *Kulauzovic* **Track 2**	**SYMPOSIUM 1164** Spirituality Issues for Trauma Survivors– A Relationship Model *Folks* **Track 4**	**SYMPOSIUM 1233** Neural Mechanisms in Posttraumatic Stress: Part I *Hopper* **Track 4**	**SYMPOSIUM 1086** Dissociation and Numbing Following Trauma *Bryant* **Track 5**	**September 11 Track Sessions will take place in Bayou IV, Bayou Level (see page 14).**
PANEL 1070 Intergenerational Transmission of Trauma and Resilience: The State of the Art *Kudler* **Track 8**	**SYMPOSIUM 1158** Trafficking & Prostitution: Trauma, Human Rights & International Law *Eric Aronson* **Track 6**	**CASE STUDY 1063** Treatment of Traumatized Homeless Women *Levin* **Track 8**	**SYMPOSIUM 1154** Common Threads in Japanese, Japanese-American, Mexican, and Mexican-American Women's Experience of Violence *Norris* **Track 10**	**WORKSHOP 1182** Don't Ask Me to Trust: Complexities of Couples Therapy with Trauma Survivors *Williams-Keeler* **Track 1**	**WORKSHOP 1398** How the NVAWPRD Helps Researcher-Community Collaboration *Kilpatrick* **Track 1**	

* Sponsored by Division of Educational and Psychological Studies, Dilliard University

ISTSS Special Interest Groups Meetings—All are welcome

Intergenerational Transmission of Trauma & Resilience		Media	Human Rights & Social Policy	Spirituality & Trauma	Internet & Technology	
SYMPOSIUM 1208 Mapping the Complexity of Battered Women's Experience *Dutton* **Track 3**	**SYMPOSIUM 1146** Bodily Threat, Animal Defense, and Dissociation *Co-sponsored by the International Society for the Study of Dissociation* *Ellert* *Nijenhuis* **Track 1**	**SYMPOSIUM 1552** Sharing the Front Line and the Back Hill: Caring for International Protectors and Providers *Danieli* **Track 2**	**SYMPOSIUM 1327** Traumatized Healthcare Workers: Primary and Secondary Prevention *Osterman* **Track 8**	**SYMPOSIUM 1085** Adult Attachment and Childhood Abuse: Implications for Treatment Process and Outcome *Stalker* **Track 2**	**SYMPOSIUM 1457** The Role of Self-Disclosure Following Exposure to Traumatic Events *Bolton* **Track 4**	
WORKSHOP 1257 Developing Trauma Competence in Existing Mental Health Systems *Abramovitz* **Track 1**	**WORKSHOP 1376** Evaluating Community-Based Violence Prevention and Intervention Programs *Aileen Worrell* **Track 2**	**SYMPOSIUM 1558** Gujarat Remembers *Daftuar* **Track 2**	**SYMPOSIUM 1046** Personality and PTSD *M. Miller* **Track 5**	**SYMPOSIUM 1304** Sleep Disturbance in PTSD: Pathophysiological Mechanisms *R. Ross* **Track 5**	**WORKSHOP 1388** New Directions in Therapy for Adult Survivors of Child Abuse *Gold* **Track 4**	

Movie/Multimedia Sessions

		Training Trainers About Psychosocial Interventions, *Nancy Baron* Documentary Film: A Little Elephant Finds His Courage, *Nancy Baron*	Cognitive Therapy for Trauma Related Guild with a Battered Woman, *Edward Kubany* Recovering from Traumatic Events: The Healing Process, *Dr. Angelea Panos*	Featured Film: Long Night's Journey into Day: A Film About South Africa's Truth and Reconciliation Commission and Community Healing, *Michelle Citron* Study Abroad Course to Vietnam with Students & Veterans, *Raymond Scurfield*		Women Speak Out: The Impact and Recovery from Physical and Sexual Abuse, *Rebecca Wolfson* Covering Columbine Documentary Project, *Marguerite Moritz*

PANEL 1122 Weapons of Mass Destruction: Implications for Traumatologists *Figley* **Track 8**	**WORKSHOP 1547** Mental Health in Post-Trauma Environments: Developing Psychosocial Programs for Communities Who Have Experienced War, Disaster, and Civil Conflict *Kaz de Jong* **Track 8**	**CASE STUDY 1207** Traumatized Couples: Characteristics and Clinical Interventions *Nelson* **Track 8**	**SYMPOSIUM 1057** Mental Health Response to the Terrorist Bombing of the Nairobi Embassy *Ross* **Track 1**	**SYMPOSIUM 1202** New Findings on Hypothalmic-Pituitary-Adrenal Axis Responses in PTSD *Carlson* **Track 5**	**SYMPOSIUM 1432** Early Interventions for PTSD: What's Effective, What Isn't, and Why *Wagner* **Track 2**	
SYMPOSIUM 1264 Empirical Findings and Practical Issues in Research with Refugees *G. Marshall* **Track 3**	**SYMPOSIUM 1185** Lessons Learned from Disaster: A Multilevel Crisis Intervention Approach *Berthold Gersons* **Track 1**	**SYMPOSIUM 1258** Trauma Research on Sexual Harassment: Conceptualizing Diverse Populations and Settings *Buchanan* **Track 10**	**SYMPOSIUM 1468** Mental Health Interventions at Trauma Centers: From Efficacy to Effectiveness *Berliner* **Track 2**	**CASE STUDY 1152** De-Humanization Trauma: The Case of Afghanistan *Braak* **Track 6**	**SYMPOSIUM 1073** Violent Victimization of Women with Schizophrenia: Impact and Treatment *Gearon* **Track 3**	

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NEW SESSION TRACK
RELATED TO THE SEPTEMBER 11 ATTACKS IN THE UNITED STATES

THURSDAY, DECEMBER 6

PRE-MEETING INSTITUTES

Morning Session **9:00 AM–12:30 PM**

a **TREATMENT, EVALUATION AND PROGRESSION OF ACUTE RESPONSES TO TRAUMA**

Arieh Y. Shalev, MD, Professor of Psychiatry and Head of the Department of Psychiatry at Hadassah University, Jerusalem

This workshop consists of an interactive review of practical guidelines for clinicians involved in the early responses to traumatic events. Processes of traumatization, their timing and their natural course will be presented, as a background for goal directed, flexible interventions.

Afternoon Session **1:30 PM–5:00 PM**

b **PROLONGED EXPOSURE THERAPY**

Edna B. Foa, PhD, Professor and Director, Center for the Treatment and Study of Anxiety, University of Pennsylvania, Department of Psychiatry

In this workshop, Dr. Foa will first present a theoretical account for PTSD and discuss how the theory informs treatment. She will then provide a brief overview of the efficacy of empirically validated cognitive behavioral treatments for PTSD. Dr. Foa will begin by discussing the outcomes of exposure therapy programs and compare those with outcomes of stress inoculation training, cognitive therapy programs and EMDR. In the second part of the workshop, she will describe step-by-step how to treat chronic PTSD with Prolonged Exposure Therapy. The treatment will be demonstrated with videotapes.

Full Day Session **9:00 AM–5:00 PM**

c **CHILDREN AND TERRORISM, TRAUMA, LOSS AND TRAUMATIC BEREAVEMENT**

Judith A. Cohen, MD, Chair, Anthony P. Mannarino, PhD, Allegheny General Hospital, Pittsburgh, PA; Claude M. Chemtob, PhD, National Center for PTSD and University of Hawaii; Betty J. Pfefferbaum, MD, JD, Robin Gurwitch, PhD, University of Oklahoma Health Sciences Center, Department of Psychiatry

This Pre-Meeting Institute will address mental health issues that children face following exposure to disaster situations such as the recent terrorist attacks on the United States. These may include PTSD and other trauma-related symptoms; significant material and emotional losses; and with the death of a loved one, traumatic bereavement. Dr. Chemtob will present a public health model of assessment and intervention for children in the wake of a large-scale disaster. Drs. Pfefferbaum and Robin Gurwitch will address risk factors for developing mental health problems, and will discuss the politics of providing screening and services for traumatized children in disaster situations. Dr. Mannarino will describe cognitive behavioral interventions for children and parents who have experienced traumatic bereavement due to the loss of a family member, and present empirical evidence supporting this treatment approach. Dr. Cohen will address pharmacologic interventions for traumatized children. Audience participation and discussion are encouraged.

FRIDAY, DECEMBER 7

10:00 AM–11:15 AM

RESOURCE LOSS AND THE IMPACT OF ATTACK ON CIVILIAN POPULATIONS: INDIVIDUAL AND SYSTEM OUTCOMES

Chair: Susan Solomon, NIMH; Discussants: Arieh Y. Shalev, Hadassah University Hospital and Hebrew University; Stevan E. Hobfoll, Kent State University; Fran Norris, Georgia State University

Work on war and disaster suggests that personal, condition, energy (e.g., time, credit) and material resource losses are the key ingredients predicting people's negative reactivity. These reactions will include a range of negative sequelae ranging from moderate anxiety and sleep problems for those at the periphery of events to full-blown PTSD for those who are most directly impacted. Secondarily, because these events are usually outside of people's normal experience base and coping repertoire and because the threat is often vague as to future possibilities, media construal of events and political processes will deeply affect people's reactivity. Hence, if politicians and news sources provide a clear message and promote a clear responsive strategy that fits people's value system it can supplement individuals' meaning systems and coping processes and help them navigate through these unfamiliar waters. In this regard, it is important to add to individual-level knowledge about traumatic stress responsiveness and resiliency, certain key group processes. These include risky-shift, in-group/out-group responding, stress-contagion, the pressure-cooker effect, the tendency of the group to look for easy solutions to gain consensus and lower anxiety and cognitive narrowing (i.e., difficulty looking ahead in time or to multiple possibilities). These concepts will be presented in light of Conservation of Resources theory, spanning from individual to systems level responding. A discussion will follow the presentation.

11:30 AM–12:45 PM

NEUROPSYCHIATRIC RESPONSES TO CHEMICAL AND BIOLOGICAL WEAPONS

Elspeth Cameron Ritchie, MD, LTC, MC, USA, Program Director, Mental Health Policy and Women's Issues, OSD/HA; Col. Virgil J. Patterson, DSW Chief, Studies & Analysis Branch, Center for Healthcare Education & Studies AMEDD Center & School & Social Work Consultant to The Surgeon General

Prior to September 11, scant attention has been paid to the issue of the management of neuropsychiatric casualties from chemical and biological attacks, except by a few military mental health workers. We did postulate that there would be numerous psychiatric casualties in the event of either a threatened or real chemical or biological attack. The frequent anthrax scares, and actual infections, have reinforced the importance of planning for large numbers of worried people. It also emphasized lack of previous preparation for the avoidance and management of anxiety and fear. This presentation will outline the issues to consider in advance, such as the type of scenario and appropriate training, It will then discuss what to do in the event of an attack, such as triage to distinguish anxiety from nerve agent reactions, and increasing the ability to communicate in MOPP gear. Possible long-term mental health sequelae, such as PTSD, fear, anxiety, and depression will be discussed. Audience participation is encouraged.

Learning Objectives: 1) To understand the psychological reactions to chemical and psychological weapons. 2) To prepare for and manage both acute and long term responses.

Disclaimer: The views expressed in this article are those of the authors and do not reflect the official policy or position of the Department of Defense or the U.S. Government.

2:30 PM–3:45 PM

TRAUMA AND VIOLENCE ON A LARGE SCALE: WHAT TO EXPECT IN THE NEXT GENERATION

Andrei Novac, MD, Chair UC Irvine; Rachel Yehuda, PhD, Mt Sinai Hospital, New York; Joseph H. Albeck, MD, Harvard; Charles W. Portney, MD, UCLA; Lyndee Knox, PhD, USC

The events of 9/11 have found most of the public mental health system around the country under prepared. In spite of that, mental health professionals were able to respond admirably to the needs of communities in the areas around ground zero and beyond. This panel discussion will focus on suspected long-term (in time) and distant (geographical) consequences of the traumatic experiences generated by the terrorist attacks of September 11, 2001. The members of the panel are members of the intergenerational transmission of trauma and resiliency special interest group (SIG) of the ISTSS who have been in the forefront of providing assistance to traumatized victims. First Dr. Yehuda will be reviewing the intergenerational, biological consequences of traumatic events of large magnitude. Dr. Portney will be presenting clinical aspects of trauma Away From Ground Zero and suspected long-term effects based on our experience with victims from other traumatized groups. Dr. Albeck will bring his experience on the impact of 9/11 on the work with peace-promoting organizations that work on resolving on going conflicts (like TRT). Dr. Knox will be sharing thoughts on future preparedness as derived from her work on education of health care providers, on aggression and violence. Audience participation will be encouraged.

4:00 PM–5:15 PM

IMPACT OF TERRORIST ATTACKS ON VETERANS, FAMILIES, AND CAREGIVERS

Peter M. Hayman, PhD, Clinical Field Manager - East (Acting) Readjustment Counseling Service; Alfonso Batres, PhD, Chief, Readjustment Counseling Service, VACO, Washington, DC; Mara Kushner, CSW, Business Manager, DVA VISN 3 Mental Health Care Line, Bronx, VAMC; Jack Maloney, CSW, Team Leader, Manhattan (NY) Vet Center; Henrietta Fishman, CSW, Manager, World Trade Center Community Outreach; Maria Crane, PsyD, Team Leader, St. Petersburg, FL,Vet Center

The purpose of this presentation is to bring together DVA staff acutely impacted by the terrorist attacks on September 11 in New York City to discuss immediate and enduring effects on veterans, families, and caregivers. Presenters include individuals who organized RCS and DVA VISN 3 responses or who provided direct debriefings to survivors, veterans and families at Vet Center or the "Compassion Center". Specific issues to be addressed will include: (1) how veterans with PTSD were affected; (2) consideration of elements of the disaster and its aftermath that were especially distressful; (3) difficulties of provision of supportive counseling and debriefings by those who themselves feel traumatized; and (4) lessons learned that may improve responsiveness and care following future unexpected, horrific terrorist attacks.

All Sessions in this track will take place in Bayou IV, Bayou Level, except Special Evening Session

SATURDAY, DECEMBER 8

10:00 AM–11:15 AM

MENTAL HEALTH RESPONSES FOLLOWING THE SEPTEMBER 11 TERRORIST ATTACKS: I PENTAGON

Elspeth Cameron Ritchie, MD, LTC, MC, USA, Program Director, Mental Health Policy and Women's Issues OSD/HA; Josef I. Ruzek, PhD, Associate Director for Education, National Center for PTSD, Education and Clinical Laboratory Division, VA Palo Alto Health Care System; Fred D. Gusman, MSW, Director, National Center for PTSD, Education and Clinical Laboratory Division; Col. Virgil J. Patterson, DSW, Chief, Studies & Analysis Branch, Center for Healthcare Education & Studies, AMEDD Center & School & Social Work Consultant to The Surgeon General; Lisa LaDue, American Red Cross; Col. William Huleatt, Chief of Social Work, Walter Reed Army Medical Center

Immediately following the airline bombing at the Pentagon, planning for short and long term mental health care was instituted. Drawing on the lessons learned from combat and disaster psychiatry, we postulated that early intervention was needed. Teams from each of the Services arrived quickly at a number of locations: the crash site at the Pentagon ("outside"), the health clinic ("the inside mission"), and surrounding buildings in Northern Virginia. A family assistance center was set up to provide services to those who had lost loved ones. An outreach program was set up to reach everybody assigned to the Pentagon. A flyer was widely distributed. Child psychiatrists also worked with the Pentagon Day Care Clinic. Services provided by mental health and the chaplains included psychoeducation, supportive counseling, ceremonies of remembrance, group debriefings, and individual therapy. Therapists tailored their intervention depending on both individual and occupational needs. A long-term plan (Operation Solace) was drawn up to address and plan for the needs of the community over the next few years. DoD also liaisoned with numerous other agencies (Red Cross, APA, SAMHSA, etc) to coordinate resources for the entire area. In the light of the recent bioterrorism threats, it is anticipated that these needs will grow.

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11:30 AM–12:45 PM

TRAUMA ENTERS THE PUBLIC DISCOURSE

***Journalism and Mass Atrocity*: Bruce Shapiro, Co-Chair Contributing Editor, The Nation**

***Trauma Mental Health is the News:* Stevan M. Weine MD, Co-Chair University of Illinois at Chicago**

Andre R. Codrescu, Professor, Author, Editor and NPR Commentator

The terrorist attacks on America on September 11, 2001, rendered all Americans witnesses of mass murder on their televisions, and instantly brought trauma mental health into the center of the public discourse. The mass media was at once the vector for mass trauma, and almost immediately provided the frame for public comprehension of that trauma's aftermath. Both cultural figures and political leaders attempted to ride the crest of a collective trauma response. Many trauma mental health professionals spoke in the media and joined the public discourse. Initial media reports on trauma mental health focused on disagreement over whether or not it is good for survivors to tell their trauma stories in the immediate aftermath of the traumatic events. What presumptions did both the media and the professional community bring to the aftermath of the atrocities, and how were those presumptions challenged by this unprecedented event? Heightened public concern over trauma issues can help the trauma mental health field, but this requires a better understanding of a public discourse highly engaged with trauma, and mental health's roles in it.

2:30 PM–3:45 PM

GROUND ZERO: A PHOTOJOURNALIST'S PERSPECTIVE

David Handschuh, *New York Daily News* Photographer

A personal conversation with New York Daily News Photographer David Handschuh who was injured and narrowly escaped with his life at the Sept. 11 World Trade Center attack. Handschuh, who arrived five minutes after the first plane hit, presents a first hand account of his hour in hell at Ground Zero. David will also present an original multimedia presentation of images from the first week as seen through the lenses of New York Daily News Photographers.

4:00 PM–5:15 PM

DEALING WITH THE IMMEDIATE AFTERMATH OF THE TERRORISTS ATTACKS IN A CONFERENCE SETTING: LESSONS FOR THE FUTURE

Bob Geffner, PhD, Chair, Family Violence & Sexual Assault Institute, San Diego, CA; Mary Harvey, PhD, Cambridge Hospital, VOV; Constance J. Dalenberg, Discussant

Directing a large conference at the time of the recent terrorist attacks forced the Family Violence and Sexual Assault Institute to handle the crisis with the 1300 attendees. The practical techniques that were successful in reducing some of the immediate trauma of the situation will be presented, and the lessons that can be applied to other similar situations for businesses, conferences, or other large groups will be discussed. Suggestions for preparing for and easing the acute trauma of unexpected disasters and the logistics of such crisis management will be presented as well.

Explorer's Room, Second Floor

Special Evening Session **7:00 PM–8:30 PM**

MENTAL HEALTH RESPONSES TO THE SEPTEMBER 11 TERRORIST ATTACKS: NEW YORK CITY

Chair: Yael Danieli, Private Practice and Group Project for Holocaust Survivors and their Children, New York, NY; Sylvia Mendel, ISTSS Representative to the Executive Committee of the Mental Health Committee, United Nations; Joyce Braak, Institute for Research on Women's Health; Anie Kalayjian, Fordham University, NJ; Madelyn Miller, NYU School of Social Work; Jack M. Saul, International Studies Program, New York University; Randall D. Marshall, NY State Psychiatric Inst.; Michael Lesser, New York City Department of Mental Health; Bob Dingham, American Red Cross; Craig Katz, Disaster Psychiatry Outreach; Sandra Kaplan, Department of Psychiatry, North Shore University Hospital, NYU School of Medicine; John Draper, Public Education and the Lifenet Hotline Network, MH Association of New York City; Robert S. Pynoos, UCLA Trauma Psychiatry Service; Claude M. Chemtob, Mt. Sinai Medical Center, NY

This panel will describe a tapestry of New York mental health responses to the World Trade Center catastrophe. Participants will represent multidimensional, multidisciplinary, and multi-organizational (governmental and non-governmental) perspectives. The discussion will draw implications for future (short and long-term) clinical work, educational programming and public health planning.

All Sessions in this track will take place in Bayou IV, Bayou Level, except Special Evening Session

SUNDAY, DECEMBER 9

10:00 AM–11:15 AM

TRAUMATIC GRIEF FOLLOWING SEPTEMBER 11: SYMPTOM IDENTIFICATION AND INTERVENTION

Marylene Cloitre, PhD, Chair, Associate Professor in Psychiatry, Director of the Center for Anxiety and Traumatic Stress, Weill Medical College of Cornell University

Measurement Unresolved Grief in Combat Veterans with PTSD: Ilona Pivar, PhD., National Center for PTSD Palo Alto

Treating Survivors of Unnatural Deaths: Camille B. Wortman, PhD, Professor of Psychology, State University of New York at Stony Brook and Laurie Anne Pearlman, PhD Research Director of the Traumatic Stress Institute/Center of Adult & Adolescent Psychotherapy LLC

The Application of Cognitive Processing Therapy for Traumatic Grief: Patricia A. Resick, PhD Professor of Psychology, Director, Center for Trauma Recovery, University of Missouri, St. Louis

This panel brings together individuals who, predating 9/11, have been substantially involved in characterizing the phenomenon of traumatic grief and exploring ways it can be effectively treated. The terrorist attacks on the World Trade Center and Pentagon have left a large cohort of individuals who are experiencing traumatic loss. The purpose of the panel is to discuss the ways in which we can best assess the experience and clinical needs of these individuals and accordingly, develop appropriate interventions. Questions under discussion will include: 1. How does Traumatic Grief differ from PTSD and Major Depression? 2. What is the natural course of resolution of traumatic loss? 3. What role, if any, should there be for brief prevention/early intervention of the psychological effects traumatic loss? 4. What are the critical features of any effective treatment of traumatic grief? 5. What is the role of exposure in both brief prevention models and interventions for chronic traumatic grief?

11:30 AM–12:45 PM

KEY LESSONS IN THE ASSESSMENT & TREATMENT OF PTSD: THE OMAGH BOMBING, NORTHERN IRELAND

Kate Gillespie, MB, BCh, BAO, FRCPsych, Founding Fellow of the Academy of Cognitive Therapy Consultant Psychiatrist/Cognitive Therapist, The Tyrone & Fermanagh Hospital, Omagh, Northern Ireland, UK; Michael Duffy, CQSW, Dip. SW, Dip. Cognitive Therapy, Team Manager, The Omagh Community Trauma & Recovery Team, The Bridge Centre, Omagh, Northern Ireland, UK; David Clark, The Institute of Psychiatry, London, UK

In August 1998, a car bomb exploded in the main shopping area of Omagh, Northern Ireland, killing 31 people and injuring over 400. The tragedy occurred just three months after political agreement had been reached on a way forward to address the political conflict and posed serious political, social and psychological risks to the Omagh community and beyond. The local public health and social services agency, the Sperrin Lakeland Trust, immediately put in place a major and specific response to address the community and psychological impacts of the bombing. Our work has involved a range of community interventions (to address community trauma and instability), work with key institutions, e.g. the education services, and therapeutic work with over 600 people who attended the trauma centre in the course of 3 years. Three major studies (a staff study; adult community study and children's study) were undertaken to assess the impact of the bombing. Some of the findings have already been published (staff study, BMJ) and other papers are in hand with authoritative journals. This symposium will describe:

The strategic background to developing the trauma and related services;

- A description of the objectives and work of the Trauma and Recovery Team;
- An overview of one of the key studies which played a key role in determining the assessment and treatment programme for addressing PTSD and related conditions;
- A description of the treatment protocols for cognitive behavioural therapy, developed on the basis of the study which includes: the identification of high risk groups; the identification of appraisals, cognitions and meanings that highly correlated with PTSD, and may be instrumental in maintaining PTSD;
- The outcome of an audit of cognitive behavioural therapy treatment for PTSD, which provides significant support for the approach taken.

The strategy for addressing the impact of the bombing was undertaken by a multi-professional group, some of whom have had significant experience in addressing the psychological and social consequences of the political violence over 15 years, including the impact of terrorist violence. The team was assisted by Professor David Clark formerly of Oxford University and at present professor of the Department of Psychology at the Institute of Psychiatry, South London, England.

All Sessions in this track will take place in Bayou IV, Bayou Level, except Special Evening Session

Imperial Ballroom
Opening Plenary Session

Thursday, December 6 7:00 PM–8:30 PM

NO HEALING WITHOUT JUSTICE

Rev. Marie M. Fortune, Center for the Prevention of Sexual and Domestic Violence

The longing for justice—something much more than our legal system often provides—is common for victims and survivors of various traumas. How can we revisit our assumptions about the possible resources for healing and restoration? Where does accountability fit in? How do cultural values and assumptions shape possibilities? And what does forgiveness have to do with all of this?

Rev. Marie M. Fortune is the Founder and Senior Analyst at the Center for the Prevention of Sexual and Domestic Violence, a Seattle, Wash. educational ministry serving as a training resource to religious communities in the United States and Canada. Fortune is a pastor, educator, and author as well as a practicing ethicist and theologian. She has published widely on clergy misconduct and on violence curricula for clergy and other helpers. She is editor of *Journal of Religion and Abuse: Advocacy, Pastoral Care and Prevention* and Member of the National Advisory Council on Violence Against Women for the U. S. Department of Justice and the Defense Task Force on Domestic Violence for the U. S. Department of Defense.

Imperial Ballroom
Keynote Address

Friday, December 7 8:30 AM–9:45 AM

THE NECESSITY OF A COORDINATED COMMUNITY RESPONSE IN VIOLENCE PREVENTION

Janet Reno, Attorney General of the United States of America 1993–2001

The nation's first female attorney general, Janet Reno headed the world's largest justice and law enforcement office (125,000 employees) for nearly eight years. She was responsible for the enforcement of federal laws and for representing the government in court. During her watch, crime was dramatically reduced and heightened professionalism became the order of the day in the law enforcement community.

Known throughout government for integrity, independence and respect for the rules of law and evidence, Ms. Reno has worked ceaselessly to make justice a reality for all Americans. She used the authority of her office to enforce civil rights, environment and health statutes with the same professionally innovative approaches that achieved conventional crime rate reductions throughout her tenure. Her courage, vision and dedication to both duty and principle are legendary and have made her one of the country's most admired women.

Imperial Ballroom
Plenary Session

Saturday, December 8 8:30 AM–9:45 AM

CREATING THE OPPORTUNITIES FOR EPIPHANIES IN POPULATIONS CHALLENGED BY VIOLENCE

Oliver J. Williams, PhD, Institute on Domestic Violence in the African American Community

This presentation will explore issues that affect how communities of color (particularly those who are low income) address domestic violence issues. Many such communities are confronted not only by violence, but by other challenges to their experience as well. The presentation will explore topics not typically discussed in the field of domestic violence. The main idea advanced in this presentation is that strategies that address domestic violence among this population must also address the authentic social context of this population; otherwise, the impact will be limited.

Dr. Oliver J. Williams, Executive Director of the Institute on Domestic Violence in the African American Community, is an Associate Professor in the Graduate School of Social Work at the University of Minnesota in Minneapolis. As a practitioner, he has worked in the field of domestic violence for more than 20 years and has provided individual, couples, and family counseling. He has been a child welfare and delinquency worker, worked in battered women's shelters, and developed and conducted counseling on partner abuse treatment programs. Dr. Williams' research and publications have centered on creating effective service delivery strategies that will reduce the violent behavior among African Americans. Dr. Williams writes about ethnically sensitive practice, as well as aging and elder maltreatment. He has conducted training nationally on research and service delivery issues in the areas of child abuse, partner abuse, and elder maltreatment. Imperial Ballroom

Imperial Ballroom
Plenary Session

Sunday, December 9 8:30 AM–9:45 AM

HOW DOES SOCIAL ENVIRONMENT AFFECT THE HUMAN BRAIN: THE CASE OF TRAUMA AND PTSD

Arieh Y. Shalev, MD, Hadassah University Hospital

PTSD has been associated with bodily and brain dysfunction, yet, the disorder is triggered by a sequence of psychological and social events. The transformation of traumatic experiences into prolonged bio-psychological dysfunction offers a major venue to examine the body-mind interaction and the effect of social environment on the central nervous system. Prospective studies examined the development of PTSD and the occurrence of biological abnormalities among recent trauma survivors. These studies have shown that some biological abnormalities precede the onset of PTSD and increase the likelihood of developing this disorder. Other biological markers, however, develop during the first few months that follow the traumatic event and some may not be measurable for many years. Specific findings suggest that traumatic events are followed by a critical period, during which psychological events and social interaction significantly modify the central nervous system. The implications of these findings for prevention and early treatment will be discussed.

Dr. Arieh Y. Shalev is Professor of Psychiatry and Head of the Department of Psychiatry at Hadassah University Hospital in Jerusalem. He is also the director and the founder of the Center for Traumatic Stress at Hadassah University Hospital. He received his medical degree from the University of Montpellier in France, and was trained as psychiatrist and psychotherapist in Tel-Aviv University. Dr. Shalev has authored more than 100 journal papers and book chapters. His research and clinical work concern traumatic stress disorders in adults, with particular focus on the biology of the recently traumatized.

Pre-Meeting Institute

Thursday, December 6, 2001

9:00 AM–5:00 PM

Registrants may attend one full-day session or two half-day sessions. Meeting room locations are noted on a flyer in your registration packet.

FULL DAY INSTITUTES

1 RELEVANCE OF TRAUMA IN THE COURTROOM: EXPERT TESTIMONY IN A CRIMINAL CASE — MOCK TRIAL

Co-sponsored by American Bar Association's Commission on Domestic Violence and the Criminal Justice Section and the ISTSS Criminal Justice Special Interest Group

ABA continuing education credits/continuing legal education credits may be available

Chair: Susan Mirow, ISTSS Criminal Special Interest Group; Judge: Madeleine Landriew, Judge, Civil District Court, Domestic Relations, New Orleans, LA; Prosecutor: Melanie Talia, Esq., Orleans Parish District Attorney's Office; Defense Attorney: Neal Walker, Esq., Louisiana Capital Appellate Project; Domestic Violence Expert: Dawn Hughes, Private Psychotherapy Practice, New York, NY; Legal Commentator: Bernadette D'Souzza, Esq., New Orleans Legal Assistance Corporations, Domestic Violence Unit; Domestic Violence Commentator: Mindy Mechanic, University of Missouri-St.Louis, Center for Trauma Recovery, MO

This Mock Trial will provide attendees with an opportunity to understand how trauma is relevant to issues raised in a case involving a battered woman facing criminal charges. The prosecution will argue that the crimes involved "willful conduct." A defense based on duress and coercion will be offered, which the prosecution will challenge. Both direct and cross examination will be presented to illustrate the use of an expert witness to address these issues. Participants will have an opportunity to engage in jury deliberation and to consider the impact of the expert's testimony. The Mock Trial will provide an opportunity for attorneys, law students, practitioners and researchers and advocates in the trauma field to consider the various implications of providing expert testimony in a criminal case involving a battered woman.

2 RISKING CONNECTION: CURRICULUM FOR WORKING WITH SURVIVORS OF ABUSE

Anne C. Pratt, Laurie Anne Pearlman, Traumatic Stress Institute, South Windsor, CT; Elizabeth Vermilyea, Sidran Traumatic Stress Foundation, Baltimore, MD

This workshop will explicate the basic principles of the new Risking Connection curriculum and their presentation in this five-module curriculum. The workshop includes both didactic and experiential (participatory) components. Like the Risking Connection trainings, this workshop is rich with clinical and application examples. The workshop then discusses using therapeutic relationships to help survivor clients build self capacities or feelings skills. We then explicate general principles for responding to crises (suicidality, self-injury and addictions) with survivor clients. When such crises occur, we recommend adhering to a trauma framework. That means remembering that symptoms are adaptations and that the path to healing is a therapeutic relationship. The workshop ends with a focus on vicarious traumatization, or the negative impact of trauma work on the treater, and the treater's hope and despair.

3 PHASE-ORIENTED TREATMENT OF COMPLEX PTSD: THEORY, THERAPY, AND RESEARCH

Kathy H. Steele, Metropolitan Psychotherapy Associates, Atlanta, GA; Onno van der Hart, Mental Health Center, Amsterdam, The Netherlands; Ellert R. S. Nijenhuis, GGZ Drenthe/Cats-Polm Institute, Assen, The Netherlands

Individuals with complex posttraumatic disorders are often inadequately treated in mental health care. Experienced clinicians advocate a treatment model involving three recurring phases: symptom reduction and stabilization; treatment of traumatic memories; and integration and rehabilitation. This workshop will present structural theory including the concepts of structural dissociation among diverse psychobiological, evolutionary based emotional systems due to lack of integrative capacity, and of classical conditioning effects that yield a range of trauma-related phobias. The basic integrative failure is a dissociation between a system dedicated to functions in normal life and a system dedicated to defense from major threat. The workshop includes discussion of theory, supportive research, and therapeutic applications, experiential practical exercises and video demonstrations.

4 DREAMWORK INTERVENTIONS FOR TRAUMATIC NIGHTMARE RESOLUTION

Lori Daniels, University of Hawaii, Manoa, Honolulu, HI; Beverly Donovan, Edgardo Padin-Rivera, Louis Stokes Cleveland VAMC, Brecksville, OH; Raymond M. Scurfield, University of Southern Mississippi, Gulf Coast, Long Beach, MS

This three-part training describes the use of different dreamwork techniques used in structured, theoretically based treatment protocols designed to diminish the frequency and intensity of trauma-based nightmares. The first part integrates various techniques to help PTSD sufferers transform memories and meaning in their nightmares and includes a short review of outcome data. The second part of the training will discuss the use of sand-play therapy with adults to process emotional issues related to traumatic nightmares using videotaped nightmare therapy sessions. In addition, this section of the training will describe a writing technique. The third part will detail the use of Gestalt Therapy. A case detailing a one-session dreamwork intervention with a Vietnam veteran will be described, including a summary of the outcome four years later.

5 PREVENTION OF PSYCHOLOGICAL AND MORAL INJURY IN MILITARY SERVICE— PART I (MORNING SESSION)

Jonathan Shay, Department of Veterans Affairs, Newton, MA; James Stokes, United States Army Medical Corps, Fort Sam Houston, TX; Lars Weisaeth, University of Oslo/Norwegian Defense Command, Oslo, Norway; Cameron March, Royal Marines Stress Trauma Project, Portsmouth, UK; Reuven Gal, Carmel Institute, Zichron Ya'akov, Israel; Elspeth Cameron Ritchie, Office of the Assistant Secretary of Defense, Pike, Falls Church, VA

This Institute is designed as an informal, unofficial forum for international exchange among military professionals and mental health professionals concerned with prevention and early treatment of psychological and moral injury in military service. A simple occupational health framework will be utilized: PRIMARY PREVENTION: Eliminate the injurious activity; SECONDARY: Change things and practices to reduce frequency and severity of injury; TERTIARY: Early and far-forward treatment in the military to stop injury becoming lethal, disabling and/or permanent. QUATERNARY: Early and effective engagement and treatment of injured veterans or reservists as they return to the civilian population. Thus, PRIMARY: Eliminate war; SECONDARY: Redesign military culture, policies, and practices to reduce frequency and severity of injury to troops; TERTIARY: Early, expert, and far-forward detection, assessment, and treatment of exposures and injuries as they happen, but still within the military institutions themselves. QUATERNARY: (The subject of Part Two of this sequence.)

PREVENTION OF PSYCHOLOGICAL AND MORAL INJURY IN MILITARY SERVICE, PART II (AFTERNOON SESSION)

Jos Weerts, Netherlands Veterans Insitute, Doorn, The Netherlands; Josef I. Ruzek, National Center for PTSD, Palo Alto, CA; Bavo Hopman, BNMO-Centre for Stress and Social Rehabilitation, Doorn, The Netherlands; Mark Creamer, National Center for PTSD, West Heidelberg, Victoria, Australia; Gregory D. Passey, Canadian Forces Advisory Council, Vancouver, BC, Canada; David R. Johnson, Yale University Medical School, New Haven, CT

This Institute will focus on how to reach out to new veterans? Many countries provide troops for peacekeeping and other international military operations. Posttraumatic symptoms and other problems are high in this group. How can we prevent social, psychological, and moral damage among veterans and returning reservists, who served in peacekeeping and other international operations? Traditional veterans' care addressed the needs of veterans of major wars, based on individuals asking for help. Both the nature of conflict and veterans' needs have changed. - How to meet the needs of new generations of veterans? - Is a marketing strategy feasible, and what are the benefits of such a strategy? - Can we integrate mental health services for veterans in primary care? - How to use veterans' organizations and peer groups effectively? - What motivates young veterans? - What is the position of women-veterans?
- What kind of research is needed?

HALF-DAY INSTITUTES

MORNING SESSIONS

9:00 AM–12:30 PM

6 HOW TO DO COUPLES THERAPY WITH TRAUMA SURVIVORS

Lyn H. Williams-Keeler, Associates for the Treatment of Trauma Effects and Responses, Ottawa, ON, Canada; Robert Waldinger, Close Relationships Project, Boston, MA; Bessel A. van der Kolk, Boston University School of Medicine/Trauma Center, Brookline, MA

The intention of this Institute is to provide trauma therapists with a template for effective couples therapy. It is recognized that couples therapy with trauma survivors is complex and challenging because very often there are two trauma survivors seeking a safe haven with each other but the concepts of safety, trust, dependence and control have all become tarnished, dismissed or dismantled through their individual experience of traumatic events. Often those exposures to traumatic events were further corroded by the loss of attachment safety or attachment injuries. Lyn Williams-Keeler, will concentrate on Emotionally Focused Marital Therapy (EFT) as an antidote to the emotional dysregulation and disorganized attachment behaviors. Robert Waldinger will discuss the clinical implications of his research in the area of emotional miscuing in trauma survivors. The presenters will also provide an overview of the development of the practice guidelines for marital therapy, and a brief discussion of the emotional countertransference. Bessel van der Kolk, will discuss his own conceptualization of the need for safe, secure attachment as a fundamental requisite for individuals to heal from trauma and to engage with the world again as they dare to venture from their secure base.

7 UNDERSTANDING THE SPECIAL NEEDS OF SURVIVORS OF POLITICALLY MOTIVATED VIOLENCE AND THE IMPLICATIONS FOR TREATMENT

Nancy Pearson, The Center for Victims of Torture, Minneapolis, MN; Mary R. Fabri, The Marjorie Kovler Center for the Treatment of Survivors of Torture, Chicago, IL; Judy B. Okawa, Program for Survivors of Torture and Severe Trauma, Falls Church, VA; Amber E. L. Gray, Rocky Mountain Survivors Center, Denver, CO

Survivors of politically motivated torture are a severely underserved population of trauma survivors with special needs, such as language and cultural issues, among other challenges compounded by a history of torture. The National Consortium of Torture Treatment Programs (NCTTP) was founded in 1998 to advance the knowledge, technical capacities and resources devoted to the care of survivors of torture and to act collectively to prevent torture worldwide. This half-day institute will provide three skill enhancing components for serving this population: 1) an overview of the torture treatment movement; 2) cross-cultural aspects of the work, including a model for working with non-English speaking clients; 3) techniques for treating torture survivors without re-traumatizating them. Topics addressed in this last component will include: a) techniques for containing traumas, including flashbacks; b) creating safety and controlling for potential triggers in the environment; c) normalizing trauma reactions; d) integrating skills and strengths into the treatment plan; e) basic theory and case material for the use of somatic psychology and dance movement therapy, and f) utilizing a holistic, multi-disciplinary approach to treatment.

8 GROUP PSYCHOTHERAPY FOR TRAUMA SURVIVORS THROUGHOUT THE STAGES OF RECOVERY

Emily Schatzow, Victims of Violence at Cambridge Hospital, Cambridge, MA; Phillip Brown, Victims of Violence at Cambridge Hospital, Milton, MA; Melissa Coco, Victims of Violence at Cambridge Hospital, Belmont, MA; Robin Zachary, Victims of Violence at Cambridge Hospital, Somerville, MA

At the Victims of Violence Program, trauma is viewed through a social and political lens. Treatment takes place in an urban, community-based clinic serving disenfranchised and marginalized populations. Group work is considered to be an integral component of trauma treatment as it helps survivors to understand their experience in the context of an environment that condones, and even encourages violence against women, children, and people of color. The group is often the first place for survivors to become part of a community that fosters safe relationships and an environment for healing. Using didactic and experiential components, this presentation will take participants through three group models that best illustrate the particular tasks of each stage of recovery.

9 DEVELOPING A MULTICOMPONENT TRAUMA INITIATIVE IN A STATE MENTAL HEALTH SYSTEM

Ellen Nasper, Connecticut Department of Mental Health & Addiction Services, Bridgeport, CT; Julian D. Ford, University of Connecticut Medical School, Framington, CT; Judith Ford, Connecticut Department of Mental Health & Addiction Services, Hartford, CT; Thersa Hanson, Connecticut Trauma Coalition, New Haven, CT; Romi Humes, Connecticut Trauma Coalition, CT

Histories of traumatic experiences are remarkably ubiquitous among people in treatment for severe and persistent mental illness (SPMI). The connection between repeated childhood trauma and severe psychiatric problems seems well established as is the relationship between early trauma histories and substance abuse disorders. Yet the fields of mental health and substance abuse treatment have been slow to develop treatment models for these populations. In Connecticut, a Trauma Initiative, supported by the Department of Mental Health and Addiction Services (DMHAS), has been underway since 1998 to change the treatment culture so that issues of trauma can be fruitfully addressed. In this Institute, we will explore diverse factors that promote and complicate changing a public system of mental health care to provide appropriate trauma treatment. Judith Ford will describe the Connecticut Trauma Initiative. She will discuss systemic issues including: advocacy and social activism versus clinical treatment; systemic tensions and allocation of resources; the role of senior level state agency support for the project. Ellen Nasper, Initiative's Clinical Work Group, will address changing treatment cultures at an agency level. Julian Ford will present Trauma Recovery Treatment (TRT), a treatment approach that combines psychoeducation and skill development. A complementary training in trauma sensitivity for case managers and other staff will also be described. Terry Hanson will discuss the role of the consumer/survivor in informing trauma service provision.

10 CONTEMPORARY APPROACHES TO THE TREATMENT OF MISSING OR INCOMPLETE DATA

Lynda A. King, Daniel W. King, National Center for PTSD and Boston University School of Medicine, Boston, MA; Peter S. Bachrach, National Center for PTSD, Boston, MA

Sponsored by the Research Methodology Special Interest Group

This pre-meeting institute will overview key issues and concepts related to missing or incomplete data and provide attendees with foundation skills necessary to understand and implement contemporary missing data techniques. Several maximum likelihood-based approaches to the treatment of incomplete data will be discussed, and computer software packages for incomplete data analysis will be demonstrated. Instruction will emphasize practical, conceptual-level information. In the last few years, innovative design and computational techniques have been derived to address the dilemma of missing or incomplete data, a problem in longitudinal research, to be sure, but one particularly challenging for those studying underserved community-based trauma populations. Traditionally, the missing data predicament has been dealt with in several ways: most commonly, case deletion (either listwise or pairwise), but also the substitution of a variable mean for a given person's absent score, or regression prediction of a person's score on one variable from other information provided by that person. These strategies are now considered outmoded, and the newer technologies are fast becoming the recognized avenues of choice. With the new techniques, parameter estimates are unbiased and their standard errors and tests of significance are correct. The methods are quite efficient, enabling the researcher to optimize the use of available information and minimize the costly loss of study participants.

AFTERNOON SESSIONS

1:30 PM–5:30 PM

ASSESSMENT OF PTSD USING THE CLINICIAN ADMINISTERED PTSD SCALE (CAPS)

Miles E. McFall, Northwest MIRECC (VA PSHCS), Seattle, WA; Dudley Blake, Boise VA Medical Center, Boise, ID; Patricia J. Watson, National Center for PTSD, VAMC, White River Junction, VT

This half-day pre-meeting institute will provide comprehensive instruction in competencies for reliably assessing symptoms and diagnosing PTSD using the The Clinician Administered PTSD Scale (CAPS). The CAPS is a structured clinical interview that has achieved the status as the "gold standard" for assessing symptoms of PTSD corresponding to DSM-IV criteria. The CAPS provide dichotomous information about the presence/absence of the PTSD diagnosis as well as overall severity of the disorder. The CAPS has a number of advantages over other diagnostic interview methods for PTSD. Workshop attendees will learn: (a) strategies for assessing traumatic stress, (b) the purpose and special features of the CAPS, (c) interview and rating conventions for scoring PTSD symptoms, (d) decision rules for arriving at a diagnosis of PTSD, (e) methods for assessing associated features of PTSD and (f) advanced skills for assessing PTSD in complex clinical situations requiring differential diagnosis. Participants will be provided with a newly developed, interactive CD-ROM-based instructional program for the CAPS, containing all courseware content and demonstration interviews conducted by an expert.

I2 TRAUMA, NEUROSCIENCE AND THE BODY

Pat Ogden, Kekuni Minton, Naropa University, Hakomi Somatics Institute, Boulder, CO; Bessel A. van der Kolk, Boston University School of Medicine/Trauma Center, Boston, MA

Neuroscience has shown that most experience is automatically processed on a subcortical level, i.e. by "unconscious" interpretations that are made outside of conscious awareness. Traumatic memories are often dissociated and may be inaccessible to verbal recall. When addressing the problems of traumatized people who continue to react to current experience as a replay of the past, there is a need for therapeutic methods that do not exclusively depend on understanding and cognition. Learning how to manage and uncouple physical sensations from trauma-based emotions has emerged as one of the essential aspects of the effective treatment of PTSD. In this course, current research findings about how people's brains and minds interpret traumatic experiences and how they subsequently regulate their emotional and behavioral responses will be addressed. Presenters will explore how to help the traumatized individual achieve mastery through the addition of Sensorimotor Psychotherapy techniques to existing clinical practice. Body-oriented clinical interventions that teach mindfulness, promote self-regulation, and help establish the capacity to set boundaries will be illustrated through excerpts of video taped therapy sessions with traumatized clients and experiential exercises.

I3 COUNTERTRANSFERENCE AND TRAUMA

Yael Danieli, Private Practice and Group Project for Holocaust Survivors and their Children New York, NY

Countertransference reactions are ubiquitous and integral to working with trauma. Unattended to, they negatively affect our work and lives. Therefore, learning to work with and through them is central to optimal training and treatment. This course will systematically examine participants' reactions and attitudes using an experiential, multidimensional process, considered helpful in numerous training supervisory contexts around the world, to work through event countertransference (Danieli, 1984, 1994). Following sharing and exploring within the group, the presenter will suggest a conceptual framework and principles of self-care designed to help recognize, contain and heal countertransference reactions, so that they can be used preventively and therapeutically.

I4 GENDER-SPECIFIC, COMMUNITY-BASED PROGRAMS FOR AT-RISK GIRLS: TRAUMA TREATMENT MILIEU IN SUBSTANCE ABUSE AND DELINQUENCY

Susan Mirow, University of Utah Medical School & Youth Correction, Salt Lake City, UT; Michelle Wilcox, Youth Support Services, West Valley City, UT; Michelle Johnson, Division of Youth Corrections, State of Utah, Girls Observation & Assessment, Salt Lake City, UT; Paula Smith, Department of Family & Consumer Studies, University of Utah, Salt Lake City, UT

The majority of at-risk young females are actually underserved trauma survivors, having been themselves victims of child abuse or witnesses to violence. Research recognizes the challenges that put females at greater risk for substance abuse and juvenile delinquency. We present unique gender-specific community based programs for; at-risk girls, community-based treatment center for substance abusing teenage girls, and the first community-based, gender-specific, Observation and Assessment Unit in the state of Utah for female juvenile offenders. Culturally sensitive, multi-faceted interventions for girls allows for healing the wounds of the past. We present our data showing reduction in recidivism when gender-specific programming and trauma-sensitive milieu is in place. We describe preventive programming for at-risk female youth, treatment for dual diagnosis of trauma and substance abuse, and milieu community based interventions for adolescent females who have engaged in criminal behavior. We discuss our ideas for successful transition programming.

I5 A TRAINING FOR TRAINERS WORKSHOP WHAT, WHY, AND HOW TO TRAIN INDIGENOUS STAFF ABOUT COMMUNITY BASED INTERVENTIONS THAT REALLY HELP WAR AFFECTED POPULATIONS

Nancy G. Baron, Stephen Wori, Transcultural Psychosocial Organization, Kampala,Uganda; Herman Ndayisaba, Transcultural Psychosocial Organization, Bujumbura, Burundi

Programs are set up worldwide to provide psychosocial and mental health interventions to assist war-affected populations. In these programs we train indigenous staff to use varieties of techniques in an effort to minimize, prevent or treat the distress and symptoms caused by experiences of war. In this workshop we will discuss the cultural retranslation of our teaching and look at the reality of how our students practically use what we think we teach. In this session we will examine:

- What are we teaching? Our curriculum, its cultural relevance and the practicality of what we teach to solve the problems of the affected population.
- Why are we teaching it? We will examine our philosophy and goals and see how they are relevant and sustainable to an indigenous culture and their natural healing styles.
- How are we teaching it? We will experiment with various styles of training from lecture to experiential learning and discuss why one is better than another for certain skill development.

Emerald Room, Second Floor

Featured Session: Panel Discussion — Collaborations

Friday, December 7 10:00 AM–11:15 AM

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

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

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

Featured Session: Symposium — Basic Research

Friday, December 7 11:30 AM–12:45 PM

REMEMBERING AND FORGETTING TRAUMA

Richard A. Bryant, University of New South Wales

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

A COMPARISON OF FLASHBACKS AND ORDINARY MEMORIES OF TRAUMA

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

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

DO HIGH DISSOCIATORS FORGET TRAUMA WORDS IN THE LAB?

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

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

DIRECTED FORGETTING IN ACUTE STRESS DISORDER

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

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

Featured Session: Symposium — Intervention Research

Friday, December 7 2:30 PM–3:45 PM

THE SCIENTIFIC AND CLINICAL CHALLENGES OF COMPLEX TRAUMA

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

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

THE DISORDERS OF EXTREME STRESS

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

When, in the early 1970s, psychiatry rediscovered the impact of trauma on soma and psyche only a sparse literature on "traumatic neuroses" was available to guide the creation of a diagnostic construct for PTSD. The small group of clinicians who helped establish the diagnosis of PTSD in the Third Diagnostic and Statistical manual of the American Psychiatric Association (DSM III) relied on new clinical discoveries and on a very limited literature on traumatized adults, such as combat veterans (e.g. Kardiner, 1941), burn victims (Andreasen et al, 1971) and holocaust survivors (Krystal, 1968) to help them define PTSD. The committee eventually adopted a set of diagnostic criteria that was largely based on Abram Kardiner's 1941 descriptions in "The Traumatic Neuroses of War." Subsequently, a vast research literature has confirmed the relevance of PTSD as a diagnostic construct. However, at the same time, studies of a variety of traumatized populations has shown that the syndrome of intrusions, avoidance and hyperarousal does not begin to capture the very complex long term adaptations to

Note: Featured Sessions (except film), will be held in the Emerald Room, Second Floor.

traumatic life experiences, particularly in children and in adults who were traumatized as children. These long-term adaptations vary a great deal according to the developmental level of the victim at the time of the trauma, the victim's personal relationship to the agent responsible for the trauma, temperamental predispositions, gender, cultural context and a variety of other variables. This presentation will review the evidence for a constellation of symptoms resulting from abuse and victimization at various stage of the life cycle with particular emphasis on the DSM IV Field Trial for PTSD.

PSYCHOMETRIC EVALUATION OF COMPLEX TRAUMA EFFECTS: EMPIRICAL ISSUES

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

Repetitive or chronic traumatic events, especially if they involve interpersonal victimization and began relatively early in the life span, can produce a variety of long-term psychological effects beyond PTSD alone. This presentation outlines data on the covariation of these effects with PTSD and trauma exposure in general population and clinical samples, using a number of new psychological tests. Technical issues associated with the assessment of complex psychological trauma will be presented. Also presented will be a general algorithm that may be helpful in guiding the choice of assessment instruments based on characteristics of the individual's trauma exposure.

NEUROBIOLOGICAL AND DEVELOPMENTAL ASPECTS OF THE SEQUELAE OF COMPLEX TRAUMA

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

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

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

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

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

Featured Session: Symposium — **Epidemiology**

Friday, December 7 4:00 PM–5:15 PM

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

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

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

Featured Session: Panel Discussion — **Cross-Cultural**

Saturday, December 8 10:00 AM–11:15 AM

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.

Featured Session: Symposium — **Human Rights**

Saturday, December 8 11:30 AM–12:45 PM

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.

Note: Featured Sessions (except film), will be held in the Emerald Room, Second Floor.

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.

Featured Session: Symposium — **Collaborations**

Saturday, December 8 2:30 PM–3:45 PM

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

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

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

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 Buitenamstel

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.

Featured Session: Workshop — **Intervention Research**

Saturday, December 8 4:00 PM–5:15 PM

EVALUATING COMMUNITY-BASED VIOLENCE PREVENTION AND INTERVENTION PROGRAMS

Aileen E. Worrell, David I. Sheppard, 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

Note: Featured Sessions (except film), will be held in the Emerald Room, Second Floor.

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 III, Bayou Level

Featured Session: Film — **Media**

Saturday, December 8 7:00 PM–9:15 PM

LONG NIGHT'S JOURNEY INTO DAY: SOUTH AFRICA'S SEARCH FOR TRUTH & RECONCILIATION

Winner! Grand Jury Prize 2001 Sundance Film Festival Best Documentary
Michelle Citron, Northwestern University, Evanston, IL

This film is a dramatic inside look at one of the most ambitious attempts at creating a community dialogue for healing traumatic experiences—South Africa's Truth and Reconciliation Commission. As it investigated the crimes of apartheid, the Commission brought together victims and perpetrators to relive South Africa's brutal history. By revealing the past instead of burying it, the TRC hoped to pave the way to a peaceful future. The film follows four very different TRC cases over a two-year period: a white special forces officer who killed a black activist, a group of mothers whose sons were betrayed and killed in a vicious police conspiracy, a liberation movement combatant who blew up a bar, and a young black activist who killed a white American student. In the words of Albie Sachs, Justice of the Constitutional Court of South Africa, "The emotion of our hard experience comes through as unmediated drama. The film is a document of what we went through and itself becomes part of the experience." We will discuss the film's content, its cinema verite form, and the ethics of creating such a document. Winner of the Grand Jury Prize at Sundance and an Academy Award nominee.

Featured Session: Workshop — **Cross-Cultural**

Sunday, December 9 10:00 AM–11:15 AM

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 Frontiéres (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.

Featured Session: Symposium — **Collaborations**

Sunday, December 9 11:30 AM–12:45 PM

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.

Note: Featured Sessions (except film), will be held in the Emerald Room, Second Floor.

SATURDAY, DECEMBER 8

Bayou I, Bayou Level 7:00 PM–8:15 PM

TRAINING TRAINERS ABOUT PSYCHOSOCIAL INTERVENTIONS

Nancy Baron, Transcultural Psychosocial Organization

25-30 minutes documentary video film about an International Training of Trainers held in the north of Uganda with 25 participants from countries in Africa, Asia and Europe all working in psychosocial and mental health programs that assist war-affected populations. Dr. Nancy Baron and her Ugandan colleagues from the Transcultural Psychosocial Organization, a Dutch based NGO, provide three intensive weeks of training. Two weeks in the classroom clarifying the philosophy of psychosocial work, building a relevant and culturally sensitive training curriculum and enhancing the participants training skills. The third week is in the field in a community mental health program in the north of Uganda where the participants practice what they have learned. The film will be useful to programs around the world where psychosocial training programs are initiated. Film will also be released on CDROM/DVD.

Bayou I, Bayou Level 8:45 PM–10:00 PM

DOCUMENTARY FILM: A LITTLE ELEPHANT FINDS HIS COURAGE

Nancy Baron, Molenwiek Film

Partly animated documentary film of 25-30 minutes, to be produced in 2001/2002 by Molenwiek Film, Amsterdam. The film will show readings of the children's illustrated storybook, "A Little Elephant Finds His Courage", by Dr. Nancy Baron to groups of children in Sri Lanka, Burundi, Kosovo and the USA. Discussions with the children about coping with war, violence and death are interspersed with the animated story within the documentary. After viewing the film, ISTSS participants will discuss how this story book is used as a tool for family and community empowerment programs within war affected countries as well as with refugee populations in the U.S.

Bayou II, Bayou Level 7:00 PM–9:30 PM

COGNITIVE THERAPY FOR TRAUMA-RELATED GUILT WITH A BATTERED WOMAN

Edward S. Kubany, Pacific Islands Division, National Center for PTSD

This video demonstrates Cognitive Therapy for Trauma-Related Guilt (CT-TRG) with a formerly battered woman. CT-TRG includes guilt incident debriefings and cognitive therapy proper, which involves "exercises in logic" for correcting thinking errors that lead to faulty conclusions associated with guilt. Thinking errors are addressed in the context of four separate, semi-structured exercises in which clients are taught to distinguish what they knew "then" from what they know "now" and for reappraising perceptions of justification, responsibility, and wrongdoing. With each issue, guilt is broken into its four cognitive components, which are treated one at a time, each in isolation from the other cognitive components. CT-TRG includes considerable psychoeducation, particularly in its early stages. Much of what happens in later stages of CT-TRG proper is consistent with Beckian or traditional cognitive therapy. Therapist and client are actively involved in assessing the client's beliefs and considering alternative explanations. In this video, multiple guilt issues are addressed, including guilt about not leaving an abusive partner sooner and not disclosing sexual abuse by a stepfather while growing up.

Bayou II, Bayou Level 9:30 PM–10:00 PM

RECOVERING FROM TRAUMATIC EVENTS: THE HEALING PROCESS

Angelea Panos, IHC; Charles R. Figley, School of Social Work, Florida State University

This video focuses on the process by which victims of trauma become whole again, survive and even thrive from their ordeal. Although appropriate for a wide variety of traumatized people, the program interviews several, diverse survivors: A sexual assault survivor and her therapist, a war correspondent, and a plane fire/near crash survivor. There is also discussion about the symptoms of PTSD, recovering from spouse abuse, breaking the barriers of denial, effective and ineffective ways of coping. This film discusses a wide variety of ways that the survivors and their therapists can externalize and make meaningful the trauma memories and their consequences. Frank Ochberg, M.D. narrates while many other professionals offer expert opinion. The message of hope, recovery and renewal is sensitively presented through the survivors stories. Produced and directed by Joyce Boaz and Dr. Angelea Panos, and funded by the Dart Foundation, the video is available from Gift From Within, a non-profit organization that provides support and education to trauma survivors and professionals.

Bayou III, Bayou Level 7:00 PM–9:15 PM

LONG NIGHT'S JOURNEY INTO DAY: A FILM ABOUT SOUTH AFRICA'S TRUTH AND RECONCILIATION COMMISSION AND COMMUNITY HEALING

Michelle Citron, Northwestern University/Radio/TV/Film & Graduate School

This film is a dramatic inside look at one of the most ambitious attempts at creating a community dialogue for healing traumatic experiences—South Africa's Truth and Reconciliation Commission. As it investigated the crimes of apartheid, the Commission brought together victims and perpetrators to relive South Africa's brutal history. By revealing the past instead of burying it, the TRC hoped to pave the way to a peaceful future. The film follows four very different TRC cases over a two-year period: a white special forces officer who killed a black activist, a group of mothers whose sons were betrayed and killed in a vicious police conspiracy, a liberation movement combatant who blew up a bar, and a young black activist who killed a white American student. In the words of Albie Sachs, Justice of the Constitutional Court of South Africa, "The emotion of our hard experience comes through as unmediated drama. The film is a document of what we went through and itself becomes part of the experience." We will discuss the film's content, its cinema verite form, and the ethics of creating such a document. Winner of the Grand Jury Prize at Sundance and an Academy Award nominee.

Bayou III, Bayou Level 9:15 PM–10:00 PM

STUDY ABROAD COURSE TO VIETNAM WITH STUDENTS AND VETERANS

Raymond M. Scurfield, School of Social Work, University of Southern Mississippi; Leslie P. Root, Gulf Coast Veterans Health Care System; Andrew Wiest, Dept. of History, University of Southern Mississippi

Media presentation and evaluation of a precedent-setting university-and-community-based study-abroad course with both therapeutic (post-war stress recovery) and educational (Vietnam history) objectives. Fifteen history students, three U.S. Vietnam combat veterans from the community, and five history and mental health faculty, participated in this intensive three-week study-abroad course. There is a faculty-student-veteran panel discussion and video highlights of salient experiences, to include a modified critical-incident debriefing model utilized in-country to process emotional reactions. Findings from a post-trip 66-item program evaluation survey completed by 84% of the participants (N = 21) were highly positive, to include the innovative and mutually beneficial mixture of students and veterans, visits to the veterans' former duty stations and poignant interactions between the U.S. and Vietnamese veterans. Fully one-third of the participants reported peak life experiences and the veterans reported mostly positive accomplishment of their specific pre-trip war-related objectives. Significant issues were raised about the mixture of history and mental health course components, i.e., critical incident debriefings were described as helpful but too frequent and intrusive. Recommendations for the structure and content of future courses are identified, to include veteran's screening criteria, as are implications regarding the tandem therapeutic and educational objectives.

Bayou IV, Bayou Level 7:00 PM–8:00 PM

WOMEN SPEAK OUT: THE IMPACT OF, AND RECOVERY FROM, PHYSICAL AND SEXUAL ABUSE

Rebecca M. Wolfson, Community Connections

This presentation will preview and discuss Women Speak Out, a video highlighting women "speaking out" about the impact of physical, sexual and emotional abuse. This 40 minute video was produced at Community Connections, a mental health center in Washington, DC, as part of its initiative to address the needs of women recovering from the impact of sexual and physical abuse. The video highlights the voices of women who have often been silenced by the treatment system—those who are homeless, poor, and dually diagnosed. For these women the experience of physical and sexual violence may be nearly normative, with prevalence rates well over 90%. In the video, survivors share the impact of abuse on their lives, their personal struggles and losses, give advise of how to let go, and what's helped them feel empowered and be able to move on. Maxine Harris, Ph.D., co-director at Community Connections, sites prevalence data and summarizes basic concepts about abuse as she narrates the video. Women Speak Out is an ideal training tool to introduce trauma issues to both administrative and clinical staff particularly in public sector mental health and addictions programs where the need for education about trauma is especially great. I request one and one-half hours for this presentation, to allow for time to introduce the video, show it, and then allow audience to discuss their reactions.

Bayou IV, Bayou Level 8:30 PM–10:00 PM

COVERING COLUMBINE DOCUMENTARY PROJECT

Marguerite J. Moritz, University of Colorado

On April 20, 1999, two armed gunmen—students at Columbine High School in Littleton, Colorado—killed 12 of their classmates and a teacher before taking their own lives. More than 20 others were wounded and Columbine became the site of the worst school shooting in the nation. A story of enormous proportions, it was broadcast live, distributed worldwide, replayed countless times and eventually became the subject of intense debate among media professionals, school officials, community members and victims of the crime. This one-hour documentary examines the impact of media on trauma victims and on journalists alike. It is based primarily on interviews conducted with media professionals in the year following the killings. While many different viewpoints emerge, there is a consensus on the following: the ability to capture and distribute images is enormously enhanced by technologies that are increasingly available to professionals and non-professional alike; the images in question have enormous emotional impact on journalists as well as their subjects and they can work as psychological triggering mechanisms weeks or months after an event; precisely because of this, there are increasing demands from news audiences, news subjects and in some cases news personnel for media accountability.

10:00 AM–11:15 AM

CONCURRENT SESSION I

Mayor's Chamber, Second Floor

Workshop **Basic Research**

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

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

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

Grand Ballroom, Mezzanine Floor

Symposium **Basic Research**

ERP CORRELATES OF ATTENTIONAL AND HIPPOCAMPAL FUNCTIONING IN PTSD

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

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

NOVELTY P3 IN PTSD REVISITED: COVARIANCE WITH SUBJECTIVE DEPRESSION

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

The novelty P3 event-related potential (ERP) is eliminated by lesions to the posterior hippocampus (Knight, 1995), suggesting that this EEG marker may be used to index effects of stress on a brain region that is critical to memory functioning. For example, differences in novelty P3 amplitude between a disordered group and controls may indicate that the functional status of the underlying neural circuits, including the hippocampus, are affected by the disorder. We will present results from an ongoing study of Vietnam Era combat veterans with and without PTSD who are administered an elicitation protocol on two occasions, approximately 1.5 hours apart. Results from initial subjects (17 w/ PTSD and 9 controls; final group sizes >20 are expected) show a trend for controls to have the predicted larger amplitudes at frontocentral scalp sites. The novelty P3 exhibited the expected reduction in amplitude from first to second administration; however, this reduction did not interact with group. An unanticipated finding is that the novelty P3 is negatively related to the Beck Depression Inventory score (rho(15) = -0.51 to -0.64; PTSD group only). This latter result, if confirmed, suggests the potential importance of accounting for depression in the interpretation of between-group differences in novelty P3 amplitude.

TEMPORAL INSTABILITY OF AUDITORY AND VISUAL EVENT RELATED POTENTIALS IN PTSD

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

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

EMOTIONAL PRIMING EFFECTS ON ERP MEASURES OF ATTENTION IN COMBAT VETERANS

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

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

Creole Room, Mezzanine Floor

Symposium **Clinical Theory/Clinical Practice**

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

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

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

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

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

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

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

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

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

PTSD INDEX: PSYCHOMETRIC ANALYSIS OF THE ADOLESCENT VERSION

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

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

PTSD INDEX: PRELIMINARY PSYCHOMETRIC ANALYSIS OF CHILD AND PARENT VERSIONS

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

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

University Room, Second Floor

Workshop **Clinical Theory/Clinical Practice**

COUNTER TRANSFERENCE IN PSYCHOTHERAPY WITH UNDERSERVED POPULATIONS

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

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

Bayou I, Bayou Level

Panel Discussion **Clinical Theory/Clinical Practice**

INTEGRATING THE STUDY OF TRAUMA INTO EDUCATION AND TRAINING PROGRAMS

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

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

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

Emerald Room, Second Floor

Featured Session: Panel Discussion **Collaborations**

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

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

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

Imperial Ballroom, Mezzanine Floor

Workshop **Collaborations**

THE IMPACT OF RACISM ON RECOVERY FROM TRAUMA

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

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

Bayou III, Bayou Level

Symposium **Collaborations**

DEVELOPMENT OF COMMUNITY-BASED SERVICES FOR TRAUMA SURVIVORS

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

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

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

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

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

HELPING TRAUMATIZED IMMIGRANT CHILDREN: A PARTICIPATORY RESEARCH MODEL

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

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

Wildcatter Room, Mezzanine Floor

Panel Discussion **Collaborations**

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

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

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

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

Orleans Room, Mezzanine Floor

Symposium **Collaborations**

THE USE OF RITUAL IN HEALING

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

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

THE HEALING WORLD OF THE SANDTRAY

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

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

THE USE OF RITUAL IN HEALING

Amber E. L. Gray, Rocky Mountain Survivors Center

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

A CLASH OF CULTURES OR LEARNING A NEW DANCE

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

Working with non-English speaking trauma survivors with non-Western worldviews presents a challenge for clinicians wanting to provide services. Understanding psychology within a cultural context, recognizing its language and customs, is helpful in making the modifications needed in providing cross-cultural services. Learning about the healing traditions of another culture and understanding their context and meaning can inform the clinician of important adjustments that need to be made in the delivery of clinical services. The use of ritual in many cultures provides an act of creating safety and a familiar context for the trauma survivor. This presentation will explore the use of ritual in psychotherapy with Guatemalan survivors of the civil war. Also included will be a brief description of the Mayan belief system and its influence on daily life. This model is based on a therapist-client collaboration to integrate indigenous ritual practice into the therapy session. The use and meaning of the construction of altars, the invocation of ancestors and healing spirits, and prayer will be described. A discussion of the use of these rituals as an essential component of the therapeutic process will also be offered and implications for cross-cultural treatment.

Rex Room, Mezzanine Floor

Symposium **Epidemiology**

THE FUNCTIONAL IMPACT OF ACCIDENTAL INJURIES

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

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

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

Ulrich Schnyder, Hanspeter Moergeli, Psychiatric Department, University Hospital

The present study aimed to identify predictors of the number of sick-leave days in a consecutive sample of severely injured accident victims. 100 patients who were referred to a trauma surgeons' intensive care unit, were interviewed within one month of the trauma, and 12 months post-accident. Injury severity, type of accident (sports or leisure time), and, most important, the patients' appraisals of accident severity and of their abilities to cope with the accident and its job-related consequences predicted the number of sick-leave days attributable to the accident (multiple regression, $R = .60$, adjusted $R2 = .30$, $p<.001$). Patients who perceived the severity of their accident as relatively low and judged their coping abilities as high had a mean of 121 sick-leave days, as compared to 287 days off work in those who perceived the trauma as relatively severe and were less optimistic with regard to their coping abilities. ANOVA showed that patients' perceptions of accident severity ($p < .001$) and their appraisals of their coping abilities ($p < .01$) made independent contributions to the prediction. In conclusion, in severely injured accident victims, time off work due to the accident depends to a considerable degree on the patients' accident-related cognitions.

SURVIVING INJURY—MORE THAN PHYSICAL RECOVERY?

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

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

FUNCTIONAL IMPACT OF ACCIDENTAL INJURIES IN A RANDOM SAMPLE

Hanspeter Moergeli, Ulrich Schnyder, Psychiatric Department, University Hospital

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

Bayou II, Bayou Level

Symposium **Human Rights**

POST-TRAUMATIC DIMENSIONS OF THE PALESTINIAN-ISRAELI CONFLICT

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

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

WE NEED HELP!!!

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

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

THE TRAUMA VORTEX IN THE MIDDLE EAST

Gina Ross, Psychotherapist

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

TRANSGENERATIONAL TRAUMATIC ROOTS OF THE PALESTINIAN-ISRAELI CONFLICT

Theo K. De Graaf, Psychiatrist

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

Blue Room, Lobby Floor

Symposium **Intervention Research**

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

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

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

CHALLENGES IN MEASURING TREATMENT OUTCOME IN PTSD VETERANS

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

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

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

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

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

PROGRESS ON EMPIRICAL VALIDATION OF THE PTSD MOTIVATION ENHANCEMENT GROUP

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

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

Explorer's Room, Second Floor

Symposium **Intervention Research**

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

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

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

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

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

This study explores the range of dissociative symptoms in our patient population and the changes in dissociation that occur over the course of treatment. Dissociation was assessed with the Dissociative Experiences Scale (DES) and the DES-Taxon scale score. We report both quantitative analyses of data from our general patient population (N=50) and narrative data from a subpopulation (N=20) who have described changes in their reliance on dissociation during the course of recovery. Questions addressed in this presentation include: (1) Is high or pathological dissociation negatively associated with general improvement in therapy? (2) Do individuals with high or pathological initial dissociation scores show significant change in dissociation over time? (3) How do high and low dissociators compare on rate of symptom change? (4) How does narrative data inform our understanding of how dissociation changes over the course of treatment? And (5) what alternative coping strategies replace dissociation? Preliminary results suggest that dissociation decreases over the course of treatment and that initial level of dissociation is related to treatment outcome.

TREATMENT OUTCOMES IN A COMMUNITY-BASED SAMPLE

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

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

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

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

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

CONCURRENT SESSION II

11:30 AM – 12:45 PM

Emerald Room, Second Floor

Featured Session: Symposium **Basic Research**

Friday, December 7 11:30 AM–12:45 PM

REMEMBERING AND FORGETTING TRAUMA

Richard A. Bryant, University of New South Wales

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

A COMPARISON OF FLASHBACKS AND ORDINARY MEMORIES OF TRAUMA

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

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

DO HIGH DISSOCIATORS FORGET TRAUMA WORDS IN THE LAB?

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

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

DIRECTED FORGETTING IN ACUTE STRESS DISORDER

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

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

Wildcatter Room, Mezzanine Floor

Workshop **Clinical Theory/Clinical Practice**

A COMMUNITY BASED PREVENTATIVE MODEL FOR DEALING WITH TRAUMATIC STRESS

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

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

Bayou III, Bayou Level

Symposium **Clinical Theory/Clinical Practice**

A COMMUNITY PSYCHOTHERAPY CLINIC FOR UNDERSERVED TRAUMA POPULATIONS

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

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

MARKETING LOW-COST PSYCHOTHERAPY TO UNDERSERVED TRAUMA SURVIVORS

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

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

A MODEL FOR LOW-COST PSYCHOTHERAPY FOR UNDERSERVED TRAUMA POPULATIONS

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

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

THE EXPERIENCE OF THERAPISTS IN A COMMUNITY-BASED PSYCHOTHERAPY CLINIC

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

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

Creole Room, Mezzanine Floor

Case Presentation **Clinical Theory/Clinical Practice**

THE PSYCHOLOGICAL CARE OF A CHILD TRAUMATIZED BY MASSIVE BURNS

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

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

Orleans Room, Mezzanine Floor

Workshop **Clinical Theory/Clinical Practice**

RESTORING HEALTHY BOUNDARIES FOR THE TRAUMATIZED INDIVIDUAL

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

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

Bayou II, Bayou Level

Symposium **Clinical Theory/Clinical Practice**

MENTAL HEALTH, LAW ENFORCEMENT, AND MEDIA PERSPECTIVES ON DEBRIEFING

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

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

JOURNALISM, ETHICS AND TRAUMA

Frank Smyth, Committee to Protect Journalists

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

DEBRIEFING NEEDS WITHIN THE FBI'S CRITICAL INCIDENT RESPONSE GROUP

Greg Saathoff, University of Virginia

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

USE OF THE COUNTING METHOD AMONG LAW ENFORCEMENT AND MEDIA PROFESSIONALS

David R. Johnson, Post Traumatic Stress Center

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

Imperial Ballroom, Mezzanine Floor

Symposium **Clinical Theory/Clinical Practice**

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

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

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

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

Carole L. Warshaw, Cook County Hospital

Over the past two decades there has been a growing awareness of the prevalence and impact of intimate partner abuse among women seen in mental health settings. More recent data reveal high rates of trauma-related mental health problems among women seeking care in domestic violence programs. Despite recognition of the traumatic effects of domestic violence, collaborative models for addressing these issues have been slow in developing. This has been due in part to the differing perspectives of advocates and mental health providers and to the lack of an integrated framework that addresses both the social and psychological needs of battered women. This presentation will describe two years findings of the Domestic Violence and Mental Health Policy Initiative - a collaboration between the public mental health system and 17 domestic violence advocacy programs in Chicago - and the Developing Collaborative Partnerships Project- a national consensus process to develop practice guidelines and policy recommendations, to bridge philosophical and service delivery gaps, and to develop integrated models for addressing the mental health and advocacy needs of domestic violence survivors and their children. Results of a multi-tiered needs assessment will be presented and ongoing work in six critical policy areas will be discussed.

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

Lynne Stevens, UNFPA

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

University Room, Second Floor

Workshop **Clinical Theory/Clinical Practice**

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

Presented by the Anxiety Disorders Association of America

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

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

Rex Room, Mezzanine Floor

Workshop **Collaborations**

PERU SHINING PATH VIOLENCE: PSYCHOSOCIAL ASSESSMENT AND INTERVENTION

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

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

Grand Ballroom, Mezzanine Floor

Symposium **Collaborations**

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

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

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

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

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

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

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

Lorna McKenzie-Pollock, Southeast Asian Community Clinic

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

WORKERS IN CONFLICT-DISRUPTED COMMUNITIES IN SOUTH AFRICA & INDONESIA

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

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

HEALTH AND MENTAL HEALTH CONSEQUENCES OF DETENTION ON ASYLUM SEEKERS

Kathleen M. Allden, Dartmouth Medical School

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

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

Mayor's Chamber, Second Floor

Symposium **Epidemiology**

NEW RESEARCH WITH MILITARY POPULATIONS

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

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

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

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

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

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

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

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

Blue Room, Lobby Level

Workshop **Human Rights**

INTERNATIONAL TRAUMA TRAINING GUIDELINES: DISSEMINATION AND DIALOGUE

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

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

Bayou I, Bayou Level

Symposium **Intervention Research**

NEW CONSIDERATIONS IN THE TREATMENT OF COMORBID SUBSTANCE ABUSE AND PTSD

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

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

INTEGRATING GUIDELINES FOR SMOKING CESSATION INTO PRIMARY MHC FOR PTSD

Miles E. McFall, Northwest MIRECC (VA PSHCS)

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

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

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

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

TRAUMA AND SUBSTANCE USE AMONG UNDERGRADUATES

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

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

Explorer's Room, Second Level

Symposium **Intervention Research**

GENDER ISSUES IN PTSD TREATMENT: FOCUS ON COGNITIVE PROCESSING

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

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

GENDER AND PTSD TREATMENT

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

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

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

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

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

EXAMINING THE INTERSECTION OF GENDER, BETRAYAL, AND POSTTRAUMATIC SYMPTOMS

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

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

CONCURRENT SESSIONS III

2:30 PM–3:45 PM

Bayou I, Bayou Level

Workshop **Basic Research**

WORKSHOP ON RETROSPECTIVE MEASUREMENT OF COMBAT EXPOSURE

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

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

Bayou II, Bayou Level

Symposium **Basic Research**

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

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

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

IMPACT OF THREAT RELEVANCE ON P3 EVENT-RELATED POTENTIALS

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

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

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

STARTLE REFLEX MODIFICATION DURING PICTURE PROCESSING IN PTSD

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

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

DISSOCIATION STATUS AND ATTENTIONAL ALLOCATION IN VIETNAM COMBAT VETERANS WITH PTSD

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

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

Orleans Room, Mezzanine Floor

Workshop **Clinical Theory/Clinical Practice**

TRAUMATIC GRIEF-FOCUSED CBT FOR CHILDREN

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

Children who lose a parent or other loved one in a disaster such as the recent terrorist attacks on the US or in other traumatic circumstances may develop childhood traumatic grief (TG). Differences and similarities between childhood TG and adult Complicated Grief will be discussed. Childhood TG refers to the interaction of PTSD and bereavement symptoms, in which PTSD symptoms such as traumatic recollections and avoidance interfere with the child's grieving process. In order to optimally address these issues, we and others (ex: Layne et al, 1999) have developed group and individual traumatic grief-focused CBT models. This presentation will describe an individual TG-CBT treatment model for children and their parents, which includes trauma focused (gradual exposure, cognitive processing, stress inoculation) , bereavement focused (mourning the loss, resolving unfinished business with the deceased, creating positive memories, accepting the relationship as one of memory and reinvesting in present relationships), and integrated (finding meaning after the trauma/loss) treatment components. This model evolved from our experience in treating children of victims of a 1994 airline crash, interpersonal violence, parental suicide, and other traumatic deaths. Clinical vignettes and pilot data on treatment response will be presented.

Rex Room, Mezzanine Floor

Workshop **Clinical Theory/Clinical Practice**

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

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

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

University Room, Second Floor

Panel Discussion **Clinical Theory/Clinical Practice**

IS STANDARD TRAUMA TRAINING TRANSFERABLE TO UNDERSERVED POPULATIONS?

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

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

Grand Ballroom, Mezzanine Floor

Workshop **Clinical Theory/Clinical Practice**

THE STRENGTH OF AFRICA: COMMUNITY INTERVENTIONS FOR THE WAR AFFECTED

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

Turning the Tide? Can the Community Interventions Successful in Africa Help Communities in the West? In this workshop we will discuss a different dimension in transcultural - north/south - developed/developing country learning. In the central African countries of Uganda, Sudan and Burundi, the Transcultural Psychosocial Organization (TPO) has developed comprehensive community based psychosocial and mental health services to assist war-affected and poverty stricken populations. Interventions build on the natural strengths of traditional African society and empower families and communities to manage the psychosocial problems of their members. A review of the TPO interventions and their effects on communities will be discussed in this workshop. Examples will include: the effect of mass community education about psychosocial and mental health issues on community values and attitudes; the implementation of community crisis intervention teams and their effectiveness in reducing deaths by suicide and controlling family and community violence; and the effect of recreation and cultural activities on enhancing the self-esteem of youth and promoting peace and reconciliation between warring tribes. Discussion will focus on the reasons for effectiveness in the African context and how these community interventions might be transferable to the U.S. or European context. **Psychosocial Counselling African Style: Explanation of the Approach and Training Indigenous Counsellors.** African culture requires families and communities to take responsibility for each other. It is not an option to help your mother, brother or uncle but rather a moral and cultural requirement. During periods of war, violence or disaster often the natural system of helping collapses. Poverty limits the family's ability at self-help and dependence on elder councils to solve problems or traditional healers to perform rituals can become impossible when a population is displaced, riddled by death or when the problems are not within the healers realm of healing. At these times a parallel system that offers help through counseling can be useful. To be effective, the African counseling style must reestablish natural avenues of helping and work within the cultural expectations and beliefs of the people. Since is it believed that no individual decides life direction independently problem solving requires networking discussions involving all responsible family and community members. Staff from the Transcultural Psychosocial Organizations in Uganda and Burundi will discuss their approach to community and family focused psychosocial counseling. They will also present the format and curriculum used to train their indigenous counselors to effectively use this approach. **Community-Based Mental Health Care in Africa** He dressed in layers of clothes including a wool hat though the temperature hit 90F. As he walked down the street he shouted as if in a serious argument with the clouds. He could have been an American or a European or an Asian but he was a Sudanese refugee. After performing numerous traditional rituals the family was at a loss about what to do for him. Facilitated by TPO in central Africa, psychiatric nurses, on motorbikes, carry psychotropic drug kits to mobile mental health clinics where they treat thousands of people with mental illnesses. Health centers refuse to treat people with epilepsy so they also attend the mental health clinics. Traditional healing is mostly ineffective and in fear communities condemn those with mental illness and epilepsy to marginalized lives believing their illnesses stem from curses or unhappy ancestral spirits. This workshop will review community interventions used to treat mental health patients including mass efforts at community education to change attitudes and promote referrals; the use of cooperative networks of counselor/ nurse/ community / family to assist each patient; and education to families to promote compliance to treatment. The clinical effectiveness of using a simple "old fashioned" drug formulary will also be discussed.

Bayou III, Bayou Level

Panel Discussion **Collaborations**

INTERNATIONAL COMMUNITY-BASED RESEARCH: CHALLENGES FOR NEW INVESTIGATORS

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

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

Creole Room, Mezzanine Floor

Symposium **Collaborations**

EMPOWERMENT OF FEMALE JUVENILE OFFENDERS

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

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

TEAM CHILD PROJECT

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

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

FORENSIC PSYCHOLOGY'S ROLE IN DEFENDING DISADVANTAGED TEENAGE GIRLS

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

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

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

ATTACHMENT, ALIENATION, AND CHILD ABUSE

Monica J. Beer, Rosemary More, Nova Southeastern University

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

Mayor's Chamber, Second Floor

Symposium **Epidemiology**

PSYCHIATRIC MORBIDITY FOLLOWING TRAUMATIC INJURY: PHENOMENOLOGY AND PREDICTORS

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

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

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

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

To study the long-term psychosocial consequences of life-threatening accidents, a consecutive sample of 106 severely injured accident victims (mean ISS = 21.9) who were admitted to the intensive care unit of a University Hospital and had not suffered a severe head injury were followed up over a 36 month period. Assessments were carried out 2 weeks post accident, after 12, and 36 months. Instruments included IES, CAPS-2, HADS, SOC, and FQCI. Shortly after the accident, 4.7% of patients met criteria for PTSD, except for the time criterion. A further 20.8% had subsyndromal PTSD. After one year, 1.9% had PTSD (12.3% subsyndromal). Biographical risk factors, a sense of death threat, IES intrusion, and problem-oriented coping predicted CAPS scores 1 year post accident (multiple regression, $R = .63$, adjusted $R2 = .34$, $p < .001$). For the 3-year follow-up, data from 90 patients could be obtained: 4.4% had PTSD (plus 10.0% subsyndromal). Our predictive model remained largely stable ($R = .57$, adjusted $R2 = .23$, $p < .001$). In summary, in our sample of severely injured accident victims, the incidence of PTSD was low. A significant proportion of the variance of PTSD symptoms can be predicted by mainly psychosocial variables.

ACCIDENTAL INJURY—PSYCHOLOGICAL CONSEQUENCES AND THEIR PREDICTORS

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

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

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

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

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

Blue Room, Lobby Floor

Symposium **Human Rights**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Emerald Room, Second Floor

Featured Session: Symposium **Intervention Research**

THE SCIENTIFIC AND CLINICAL CHALLENGES OF COMPLEX TRAUMA

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

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

THE DISORDERS OF EXTREME STRESS

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

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

PSYCHOMETRIC EVALUATION OF COMPLEX TRAUMA EFFECTS: EMPIRICAL ISSUES

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

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

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

NEUROBIOLOGICAL AND DEVELOPMENTAL ASPECTS OF THE SEQUELAE OF COMPLEX TRAUMA

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

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

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

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

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

Explorer's Room, Second Floor

Symposium **Intervention Research**

PTSD-CSA TREATMENT: PSYCHOLOGICAL, PHYSIOLOGICAL AND HORMONAL RESPONSES

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

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

PSYCHOPHYSIOLOGY OF PTSD-CSA BEFORE AND AFTER TREATMENT

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

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

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

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

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

NEUROHORMONAL FINDINGS DURING TREATMENT OF WOMEN WITH PTSD DUE TO CSA

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

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

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

Wildcatter Room, Mezzanine Floor

Panel Discussion **Intervention Research**

COMMUNITY-BASED WORK WITH TORTURE SURVIVORS, AN ETHNOGRAPHIC APPROACH

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

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

CONCURRENT SESSIONS IV

4:00 PM–5:15 PM

Orleans Room, Mezzanine Floor

Symposium **Basic Research**

PTSD SYMPTOM FLUCTUATION: LONGITUDINAL MEASUREMENT AND CHANGE

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

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

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

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

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

STABILITY OF POSTTRAUMATIC STRESS LEVELS IN TWO SAMPLES OF COLLEGE STUDENTS

Dean Lauterbach, Virginia P. Cecchini, Northwestern State University

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

FLUCTUATING PSYCHOPATHOLOGY IN THE COURSE OF GROUP TREATMENT FOR PTSD

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

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

Blue Room, Lobby Floor

Workshop **Basic Research**

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

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

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

Grand Ballroom, Mezzanine Floor

Symposium **Clinical Theory/Clinical Practice**

CULTURAL CONTEXT OF INTERPERSONAL VIOLENCE: INTERVENTION AND PREVENTION

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

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

FUSING POWER AND SEX: CULTURAL CONSTRUCTIONS AND COGNITIVE MECHANISMS

Eileen L. Zurbriggen, University of California, Santa Cruz

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

THE CULTURAL CONTEXT OF TRAUMA: UNDERSTANDING ETHNIC MINORITY PERPETRATORS

Gordon C. Nagayama Hall, The Pennsylvania State University

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

EXPLORING CONTEXT IN TRAUMA RESPONSES: BETRAYAL AND WITHDRAWAL

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

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

Creole Room, Mezzanine Floor

Case Presentation **Clinical Theory/Clinical Practice**

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

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

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

Rex Room, Mezzanine Floor

Workshop **Clinical Theory/Clinical Practice**

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

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

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

Mayor's Chamber, Second Floor

Workshop **Clinical Theory/Clinical Practice**

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

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

After a violent death from homicide, suicide or accident, those who loved the deceased try to retell a restorative narrative of the dying that includes the person's dying in the context of a life of value and meaning. In contrast, news media, police and the courts require an anti-narrative (a chronicle of the dying spectacle) - seeking a rational explanation, punishment and prevention of violent dying for the surrounding community. The publicly mandated anti-narrative often does not respect or include the needs of loved ones, who continue to retell a restorative narrative of the dying long after the public story is told and forgotten. In this presentation, a clinician and a journalism educator clarify the contrasts of the public anti-narrative and the private narrative, providing guidelines for coordinating and balancing these narratives for clients who are thrust in the media spotlight.

Bayou III, Bayou Level

Workshop **Clinical Theory/Clinical Practice**

ENHANCING BEHAVIORAL HEALTH TRAUMA SERVICES FOR WOMEN ON WELFARE

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

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

Explorer's Room, Second Floor

Symposium **Clinical Theory/Clinical Practice**

EARLY INTERVENTION TO PREVENT DEVELOPMENT OF PTSD

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

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

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

Arieh Y. Shalev, Hadassah University Hospital

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

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

Richard A. Bryant, University of New South Wales

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

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

Jonathan I. Bisson, University Hospital Wales

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

Wildcatter Room, Mezzanine Floor

Workshop **Clinical Theory/Clinical Practice**

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

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

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

Bayou II, Bayou Level

Symposium **Collaborations**

THE ROLE OF CONTEXT IN POST-WAR PSYCHOSOCIAL INTERVENTION

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

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

SOCIETAL AND CULTURAL FACTORS IN INTERNATIONAL PSYCHOSOCIAL WORK

Willem ACM van de Put, HealthNet International

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

RWANDAN REFUGEES IN CAMPS: WAR CONTINUED

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

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

THE TRADITIONAL HEALER AS TRAUMA THERAPIST IN CAMBODIA

Maurice Eisenbruch, University of New South Wales

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

Bayou I, Bayou Level

Symposium **Collaborations**

THE PSYCHOLOGICAL REACTIONS TO DISASTERS: CROSS-NATIONAL COMPARISON

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

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

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

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

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

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

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

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

PTSD FACTOR STRUCTURE IN TURKISH EARTHQUAKE SURVIVORS

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

This study aims to identify the factor structure of posttraumatic stress disorder symptoms in a sample of survivors of the 1999 Turkey and 1994 California earthquakes. The Reaction Index Scale (Frederick, 1986) was administered to survivors in order to assess their traumatic reactions shortly after the earthquakes. In order to test the fitness of DSM-IV clusters to these two cultures confirmatory factor analysis (CFA) was conducted and the results were compared. CFA failed to confirm an oblique three factor structure for the Turkish sample (avoidance/numbing, reexperiencing, and arousal) reported by DSM-IV, chi-square (101) = 1126.8, $p<.001$, CFI = .60. CFA for the California data set also finds a poor fit for DSM clusters, chi-square (104) = 411.7, $p <.001$, CFI = .45. Despite differences in earthquake severity, the same general factor structure emerged for these data. The factor structure of PTSD has been examined before but the findings were inconsistent and the fitness of PTSD clusters to the Turkish population has not been examined. This study provides a valuable discussion in terms of the fitness of PTSD clusters to different cultures.

Emerald Room, Second Floor

Featured Session: Symposium **Epidemiology**

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

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

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

University Room, Second Floor

Symposium **Intervention Research**

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

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

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

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

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

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

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

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

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

PREDICTING TREATMENT OUTCOME OF COMPLEX PTSD: AN EXPERTISE BASED MODEL

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

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

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, frontalis 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, deculturization, separation and pychosocial difficulties as they have

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.

SUCCESSES 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 pscyhosocial 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, and19% 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.

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 relationshp with God. This symposium offers clinical conceptualzations 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 survivors'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 Boksman, 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 thalmus, 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, $X2$ (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.

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 (R2 = .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 with 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.

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 intergrates 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 H2O15 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.

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 correlated 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 develop 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 received 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 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 impcat 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 practioner 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

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 psychoeducation. 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 Buitenamstel

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 eigtheen 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.

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 sequelea 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 (HSCL-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 co-morbid 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, Mikulincer & 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; Nancey M. Ford, Philadalphia 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 5PTSD+ 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.

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 retraumatizing 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 revel 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 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; Marianela 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. Klco, 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

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 that 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 sever 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-politico-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 massages 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 charges 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 (PTDS), 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 incestous Polish Familiy.

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. Subsuquent trauma involved the forced removal of children to abusive boarding schools where many experienced not only seperation 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 genrations in mind, this presentation will desribe the Lakota historical trauma response and community based intervention as well as prevention strategies incorporated in work with parents aimed at preventing further intergenrational transfer of the effects of Native genocide and colonization with this underserved population. The takini Network seeks to help our people trandscend our massive group intergenerational trauma and our work is dedicated to the memory of our ancestors such as Sitting Bull and the future seven genrations "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.

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 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 corelations 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 Delarinzo, 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 preenstation 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.

Imperial Ballroom, Mezzanine Floor

Workshop **Clinical Theory/Clinical Practice**

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

Erik LJL 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 psycholgical 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: Yosiharu 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 Feburuary 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 dicussed.

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.

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 Illlinois 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 being 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 CISD 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 diffentiated 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.

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 Ubelhor, University of Washington; Solvig M. Ekblad, National Institute of Psychosocial Factors and Health; Stevan M. Weine, University of Illinois, Chicago; Dheeraj Raijna; Merita Zhubi; Mejreme Delesi; Dzana Huseni; Yasmina 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 Distric Attorney's office,the SAFE program at SLRHC has seen an increase in patient reporting of sexual assault to police and experienced a greater succes 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 recieve quality treatment. Having been able to serve diverse and marginalized populations, SLRHC will discuss the issues, difficuties 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.

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 (rs = .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 concommitant 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 ouctomes. 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 conjointly 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 Captiol 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 resettlees. 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.

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

Late 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 Taleban 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 prostituition 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 Gentillelo, 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.

POSTER ORGANIZATION

Poster sessions will take place on Friday, December 7 and Saturday, December 8. Most poster presenters will be available to discuss their work during poster receptions to be held from 5:30 PM to 7:00 PM on their respective poster presentation date.

The posters listed on the following pages are organized first by Day (Friday or Saturday), then grouped by Track (i.e. Collaborations, Epidemiology).

POSTER NUMBERING BY TRACK IS AS FOLLOWS:

000-099	Collaborations between researchers and community-based programs to serve underserved trauma population
100-199	Intervention Research (e.g., process and outcome evaluation research, efficacy and effectiveness research)
200-299	Epidemiology (e.g. risk factors, protective factors, prevalence, comorbidity among underserved trauma populations)
300-399	Translation of Basic Research for Practice
400-499	Basic Research (e.g., methodology, statistics, laboratory sciences)
500-599	Human Rights, Social Policy and Advocacy
600-699	Ethics and protection of research participants in community-based trauma research and practice
700-799	Clinical Theory/Clinical Practice for community based interventions
800-899	Media (e.g., film, videotape, music, artwork, and other forms of media)/Journalism to underserved trauma populations and community-based programs
900-999	Cross-Cultural Issues in research and practice

- If the number is preceeded by an F, it will be presented on Friday.
- If the number is preceeded by an S, it will be presented on Saturday.
- Refer to the poster map for poster locations.

F000 **Collaborations**

COPING WITH CHILDHOOD SEXUAL ABUSE: A COMPARISON BETWEEN WOMEN INMATES AND NON-INMATES

Kimberly F. Balsam, Laura E. Gibson, Karen M. Fondacaro, John C. Holt, University of Vermont; Thomas A. Powell, Vermont Department of Corrections

Seventy-eight women inmates and 78 women without criminal histories were surveyed regarding childhood sexual abuse experiences. Women who reported at least one experience of childhood sexual abuse completed the Coping Strategies Inventory regarding their use of engagement and disengagement strategies of coping with the abuse. Sixty percent of the women inmates reported at least one experience of childhood sexual abuse, compared to thirty percent of the women in the community sample. Women inmates and women in the community reported similar levels of engagement and disengagement coping strategies. Both groups reported greater relative use of disengagement strategies in childhood and greater relative use of engagement strategies in adulthood. For both groups, use of engagement strategies was unrelated to trauma symptoms and overall psychological adjustment. For both groups, use of disengagement strategies was related to symptoms of psychological distress, such as depression, anxiety, and post-traumatic stress. Similarly, for both groups, use of disengagement strategies was related to self-reported aggressive behaviors and delinquency. Use of disengagement strategies in adulthood was more highly correlated with current symptoms than use of disengagement strategies in childhood. Implications for treatment of women inmates with histories of childhood sexual abuse will be discussed.

F001 **Collaborations**

WORKPLACE TRAUMA COUNSELING: ACCESS, COORDINATION & SELECTION OF STAFF

Thomas P. Demaria, Rosemary O'Regan, David Flomenhaft, South Nassau Communities Hospital

A wide variety of small-scale traumatic events impact the workplaces that traditionally have not been the focus of sustained employer-sponsored counseling interventions. Examples include accidental workplace deaths, employee suicides/sudden death, acts of domestic violence and crime, "sick building" evacuations and absence due to life-threatening medical illnesses. These workplace traumatic histories are often uncovered during generic stress management classes initiated by the employer due to high rates of employee absenteeism, low morale and decreased productivity. In larger scale disasters (e.g. airplane crashes, traumatic counseling responses typically involve a concentrated short-term employee debriefings to those directly connected to the tragedy. For example, only ticket counter staff booking the flight that crashed may be targeted for group debriefing sessions. Others involved in the flight, such as airline staff handling the luggage or corporate staff accepting reservations, are often neglected. A model is presented based on the clinical experiences in 60 community workplace interventions including the following settings; schools, correction facilities, airports, fire houses, restaurants, hospitals, medical practices, retail stores, banks and factories. Strategies utilized to gain access to staff and educate employers about traumatic stress will be reviewed including the establishment of credibility and perceived competency. Coordination of service problems (e.g.,"turf issues") with Workplace Employee Assistance Staff & Management, Local Government & Community Service Agencies and Independent Behavioral Health Practitioners will be discussed. Finally, an analysis of counseling staff characteristics that have resulted in interventions, which produced high participant satisfaction, will be shared.

F002 **Collaborations**

SIBLINGS OF CHILDREN WITH SERIOUS & TRAUMATIC MEDICAL ILLNESS: SIBSPLACE

Thomas P. Demaria, South Nassau Communities Hospital SIBSPlace; David Flomenhaft, South Nassau Communities Hospital

Siblings of children with serious and devastating medical illnesses including cancer, often face significant emotional trauma because of the medical challenges faced by their sick siblings and the loss of normal family functioning. Parental time is often consumed by the caretaking demands involved in dealing with a sick child. Subsequently, the developmental/emotional needs of the well-siblings are often not able to be fully addressed. The study will profile 10 children ages 5-12 involved in SIBSPlace, a community based preventative/support "drop-in" program designed to address the needs of these siblings. SIBSPlace, a program of South Nassau Communities Hospital on Long Island, is available for siblings on weekday afternoon/evenings and weekend mornings. This provides an opportunity for parents to focus on personal issues. Siblings have reported that SIBSPlace provides them with an opportunity to talk about their sick or deceased loved one, parents, abstract concepts (e.g., death, disease vulnerability) and medical treatments without the fear of upsetting other family members. Reports from school staff and other professionals involved in the siblings life, consistently note that these children have become noticeably less withdrawn since entering SIBSPlace. SIBSPlace provides siblings an opportunity to process their painful family experiences, receive special attention and enjoy a respite from the sadness that often dominates their families. The psychological benefits of guided "fun" play, activities therapy, animal assisted therapy, homework assistance and special "field trips" in addressing traumatic experiences in lives of these children will be discussed.

F003 **Collaborations**

COLLABORATING IN RESEARCH TO PLAN COMMUNITY-BASED INTERVENTIONS AIMED AT REDUCING THE IMPACT OF TRAUMA AND ENHANCING THE STRENGTHS OF WOMEN OF MEXICAN DESCENT IN THE U.S.

Mary Sue V. Heilemann, Kathryn A. Lee, UCSF School of Nursing; Felix S. Kury, San Francisco State University

To plan effective community-based interventions aimed at reducing the impact of traumatic exposure on low-income, urban women of Mexican descent, groundwork data was needed on trauma histories, symptoms of PTSD and depression, and intrinsic strength factors. Researchers teamed up with educators from a bilingual immersion school and staff from three community-based clinics to recruit a convenience sample of 315 women of Mexican descent when they came to school with their children and to the clinic for services. Survey data was collected in Spanish and English through questionnaires. Professional bilingual, bicultural translators from the community participated in a rigorous process of translation of the Trauma History Questionnaire (Green, 1996), the Impact of Event Scale-Revised (Weiss & Marmar, 1997), the Resilience Scale (Wagnild & Young, 1993), and the Mastery Scale (Pearlin & Schooler, 1978) into Spanish for the study. A previously published Spanish version of the CES-D was used to measure depressive symptoms. Results revealed that women who were exposed to the U.S. during their childhood years reported more past trauma and more symptoms of PTSD and depression than women who spent their entire childhood in Mexico. Mastery and resilience were significantly inversely related to PTSD and depressive symptoms. The researchers, educators, and clinic staff reunited after data analysis to discuss implications for appropriate community-based interventions and prevention related to access and economic issues, as well as language and cultural barriers for women of Mexican descent in this community.

F004 **Collaborations**

PATTERNS OF HEALTH SERVICE UTILIZATION: ADULTS WITH TRAUMA HISTORIES

Debra A. Fournier, Julian D. Ford, Kathie H. Moffitt, University of Connecticut Health Center

The correlates of trauma, PTSD and physical health have been increasingly explored in the literature over the last several years, reviewed by Schnurr and Jankowski (1999). With the continued controversy around managed health care spending caps and access to services by indigent populations, studies are now also exploring service utilization issues of different groups of users (New and Berliner, 2000). As part of a project designed to explore the prevalence of potentially traumatic events, and their sequelae, in an urban population of severely mentally adults, information regarding medical and mental health service utilization was collected (Ford, Fournier & Moffitt, 2000). The data presented here will examine patterns of service usage across various subgroups of the sample, (based on exposure to traumatic events, diagnosis of PTSD and complex PTSD, and mental health treatment goals), before and after their participation in the trauma-specific study interview.

F005 **Collaborations**

WOMEN AND CHILDREN VICTIMS OF THE 1994 RWANDA GENOCIDE: CURRENT MENTAL HEALTH SERVICE NEEDS

Richard S. Gakuba, Intern Doctor

In 1994, hundreds of thousands of Rwandans were killed and injured during the country's genocide and civil war that lasted for three months. Many more were victims of repeated and prolonged torture and witness to multiple scenes of horrific death, mutilation, rapes and many other inhuman acts. Women and children were more predisposed to all these inhuman acts and hundreds of thousands of them were brutally tortured and raped. As a result of this genocide and violence, Rwandan women and children continue to suffer high rates of chronic PTSD, life-threatening medical disorders(AIDS/HIV), homelessness, prostitution, unwanted births and many others. In addition, there is currently a shortage of medical and mental health services, as well as educational and occupational opportunities. Services that do exist include survivors and widows associations, UNHCR, National human rights commision and the National Psychosocial Center. However, these services are insufficient for meeting the very high prevalence of mental health problems encountered in Rwanda. This presentation will illustrate the mental health services that are currently available for victims of Rwanda genocide, as well as make recommendations for additional community based counseling, work and housing programs.

F006 **Collaborations**

FACTORS THAT CONTRIBUTE TO LEVELS OF PARENTAL PHYSICAL ABUSE AND NEGLECT IN POOR FAMILIES

Stephanie S. Bass, Ginny Sprang, University of Kentucky

Recent research in the area of child maltreatment has identified numerous biopsychosocial predictors of child abuse and neglect. However, research has not focused on factors that contribute to different severity levels of parental physical abuse and neglect in poor families. The role of factors such as parental trauma history and the parents' internal working models of their child on child maltreatment have not been empirically validated. This study draws from a sample of 120 physical abusing and neglecting parents who are below 200% of the poverty level and have been referred by their child protection workers to participate in a comprehensive assessment project. This community-based project consists of a multidisciplinary team who provide assessments and treatment for maltreated children and their families. The project also assists in training child protection workers. The study utilizes multivariate analyses to examine factors that contribute to levels of parental physical abuse and neglect in poor families. A group of adoptive families with higher socioeconomic status is used as a point of comparison to further isolate the effects of poverty. From the findings of this study, treatment implications are drawn for child protection workers and mental health professionals working with abused and neglected children and their families.

F007 **Collaborations**

PSYCHOSOCIAL INTERVENTION IN COMPLEX EMERGENCIES: TOWARDS A SHARED CONCEPTUALISATION

Alastair A. K. Ager, Alison Strang, Centre for International Health Studies

The field of psychosocial intervention in complex emergencies continues to be the focus of increasing public and professional attention. The field, however, remains characterised by divergent goals, discourse and methods. The emergence of evidence-based (rather than assumption-based) practice is increasingly discernable. Nonetheless, a prerequirement for the maturing of this field of work is the development of a shared framework for the conceptualisation of psychosocial need, and subsequent intervention. This poster summarises work emerging from the early work of the Psychosocial Working Group, a collaboration between humanitarian agencies (International Rescue Committee, Save the Children USA, Christian Children's Fund and Medecins sans Frontieres - Holland) and research institutions (Harvard Program on Refugee Trauma, Columbia's Migration and Health Program, the Refugee Studies Centre, Oxford and the Centre for International Health.

F008 **Collaborations**

POSTTRAUMATIC STRESS DISORDER SYMPTOMS AMONG RURAL WOMEN RECENTLY DIAGNOSED WITH PRIMARY BREAST CANCER

Xin-Hua Chen, Stanford University; Mary Anne Kreshka, Sierra College; Julie M. Turner Cobb, University of Kent at Canterbury; Patricia Donnelly, Sierra Nevada Breast Imaging Center; Karyn L. Angell, Oregon Research Institute; Rebecca McCoy; Sierra Nevada Cancer Center; Kathy Graddy, Graddy Graphic Design and Illustration; Cheryl Koopman, Stanford University School of Medicine

This study examined factors associated with symptoms of posttraumatic stress disorder (PTSD) among predominantly rural women who had been recently diagnosed with breast cancer. We recruited 100 women who had been recently diagnosed with primary breast cancer, primarily through the Sierra Nevada Memorial Cancer Center in

Grass Valley, CA (N=68), and also from several oncology and radiology groups in seven neighboring counties (N=32). Participants completed baseline assessments on their demographic characteristics, the Posttraumatic Stress Checklist (PCL), The Stanford Self-Efficacy Scale for Serious Illness (SSESSI), the COPE (to assess use of three dysfunctional coping strategies), and the Psychiatric Epidemiological Research Inventory (PERI). The multiple regression analysis (based on N=92 with complete data) showed that PCL scores were significantly and positively related to number of stressful life events experienced and to the use of behavioral and mental disengagement strategies for coping, and significantly and inversely related to self efficacy scores. This model accounted for half of the variance in PTSD scores. These results suggest that among rural women recently diagnosed with breast cancer, those with the greatest PTSD symptoms are more likely to be identified among those who have experienced more stressful life events and who use behavioral and mental disengagement and emotional venting strategies for coping with their cancer. Furthermore, these results suggest that interventions that enhance emotional self-efficacy for coping with cancer may help to alleviate PTSD symptoms.

F009 **Collaborations**

SELF-REFLECTION FOLLOWING PROLONGED PSYCHOLOGICAL TRAINING OF CARE PROVIDERS IN KOSOVO

Reuven Gal, Carmel Institute for Social Studies; Dean Ajdukovic, Marina Ajdukovic, Society for Psychological Assistance

During a period of a year, (September 1999–September 2000), a multi-phase/multi-subject training program was conducted in Kosovo for local social service care providers. This program was conducted jointly by a group of mental health professionals from Croatia, Bosnia-Herzegovina and Israel, some of whom (from the two first countries) had received similar training while their regions were at war several years ago. The participants were 26 professionals representing 10 different social work centers throughout Kosovo. These centers are very poorly equipped—some have been operating during this training period without telephones, with no cars for field visits, no computers and sometimes even had no paper to write on. Yet (or, rather, consequently), these individuals, many of whom were themselves traumatized, showed very high motivation and enthusiasm toward the training workshops and expressed deep appreciation throughout the three five-day training workshops. The trainees' appreciation, as well as a demonstration of the application and dissemination of the program contents in their Centers, were reflected during a follow-up visit conducted by the trainers at the participants' working places some six months after the last workshop. This program also had an impact on the trainers, who themselves (as mentioned earlier) had recently experienced similar war-related stresses. The reflections and perspectives of the trainers, both personal as well as professional, will be the focus of this workshop.

F100 **Intervention Research**

GROUP THERAPY REDUCES DISTRESS IN METASTATIC BREAST CANCER PATIENTS

Catherine C. Classen, Lisa D. Butler, Cheryl Koopman, Elaine Miller, Sue DiMiceli, Janine Giese Davis, Helena Kraemer; Stanford University School of Medicine; Patricia Fobair, Dept. of Radiation and Oncology, Stanford University School of Medicine; Robert W. Carlson, Dept. of Medicine/Oncology, Stanford University School of Medicine; David Spiegel, Dept. of Psychiatry, Stanford University School of Medicine

Studies have shown that a substantial minority of metastatic breast cancer patients suffer clinically significant anxiety, depression and traumatic stress symptoms. Supportive-expressive group psychotherapy was developed to help cancer patients face their existential concerns, express and manage disease-related emotions, increase social support, and improve symptom management. One hundred and twenty-five women with metastatic breast cancer were randomly assigned to an intervention or a control condition. Intervention participants were offered one year of weekly supportive-expressive group therapy and educational materials. Control participants received educational materials only. Participants were assessed at baseline and every four months during the first year. Data at baseline and from at least one assessment were collected from 102 participants. Primary analyses based on all available data indicated that participants in the treatment condition showed a significantly greater decline in traumatic stress symptoms on the IES compared to the control condition. When the final assessment occurring within a year of death was removed in a secondary analysis, there was a significantly greater decline in both mood disturbance and traumatic stress symptoms for the treatment condition compared to the control condition. These findings suggest that supportive-expressive group therapy can help reduce traumatic stress symptoms among metastatic breast cancer patients.

F101 **Intervention Research**

INTEGRATING SMOKING CESSATION INTO PRIMARY MENTAL HEALTH CARE FOR PTSD

Miles E. McFall, Kanter Evan, Ralph Richardson, Kristy Straits Troster, VA Puget Sound Health Care System (MIRECC); Thompson Charles, Bonnie Steele Saxon Andrew, VA Puget Sound Health Care System

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

F103 **Intervention Research**

CHILD ABUSE HISTORIES AND TREATMENT OUTCOME OF INCARCERATED SEX OFFENDERS

Anne M. Dietrich, University of British Columbia; W. Carson Smiley, Regional Health Care; Douglas O. Boer, Mountain Institution, Correctional Service of Canada; Claire Frederick, Cambridge Health Alliance, Victims of Violence Program

The Intensive Treatment Program for Sexual Offenders (ITPSO) at the Correctional Service of Canada (CSC) provides cognitive-behavioral group treatment to federally incarcerated sex offenders. Community follow-up data are presented for over 100 men who had been treated at the Regional Health Center in British Columbia, Canada. Data are presented on rates of general recidivism and violent/sexual recidivism over a 2- to 8-year follow-up period, on the child abuse histories of these men (where available), as well as diagnostic status in terms of psychopathy, utilizing Hare's Psychopathy Checklist-Revised (PCL-R) diagnostic cutoff scores. Results are presented in terms of recidivism rates as a function of sexual abuse history and Psychopathy, and are discussed in terms of whether the existing treatment program at CSC is sufficient for treating offenders with child abuse histories.

F104 **Intervention Research**

EVALUATION OF A CISM PROGRAM FOR SYSTEM-WIDE EFFECTIVENESS IN A LAW ENFORCEMENT AGENCY

James S. Herndon, Orange County Sheriff's Office

Process and outcome measures of a critical incident stress management (CISM) program in a law enforcement agency were analyzed to determine effectiveness. CISM Team demographics were captured, as were data pertinent to the number and nature of critical incidents dealt with over a five year period. Questionnaires were distributed to 1500 employees of the agency, and results were analyzed to assess program knowledge, program utilization, program efficiency, and program effectiveness.

Correlations were made for a five year period focusing on EAP utilization rates, job turnover rates, vehicle accidents, and other indices of agency health. Findings are discussed in terms of their implications for CISM in law enforcement. Future research suggestions are offered.

F105 **Intervention Research**

QUETIAPINE TREATMENT IN PTSD: AN OPEN TRIAL OF ADJUNCTIVE THERAPY

Mark B. Hamner, Sara E. Deitsch, Peter S. Brodrick, Jeffrey P. Lorberbaum, Medical University of South Carolina/VAMC, Charleston; Helen G. Ulmer, VA Medical Center, Charleston, SC

Combat veterans meeting DSM-IV criteria for PTSD (N=20) were treated with quetiapine in a 6-week open-label trial. Starting dose was 2.5 mg at bedtime with subsequent titration based on tolerability and clinical response. Prior medications were maintained at a constant dose for at least 4 weeks prior to and during the trial. Outcome was measured using the Clinician Administered PTSD scale (CAPS), Positive and Negative Symptom Scale (PANSS) and others. Safety evaluations included neurologic ratings, vital signs, and assessment of treatment-emergent side effects. Eighteen of 20 patients completed 6 weeks of open-label treatment. Results showed a significant decrease in PTSD and positive and negative symptoms from baseline to endpoint. The composite CAPS ratings declined from 89.8 (SD=15.7) to 76.5 (SD=21.0) ($t=4.863$, $df=18$, $p<0.005$) and the composite PANSS ratings declined from 76.2 (SD=8.5) to 67.1 (SD=14.1) ($t=3.148$, $df=18$, $p<0.006$). There were no serious adverse events and no significant changes in vital signs or neurologic ratings. Quetiapine dose ranged from 25 to 300 mg daily (Mean=100, SD=70). This preliminary open trial suggests that quetiapine is well-tolerated and may have efficacy in reducing PTSD symptoms in patients who have not had an adequate response to antidepressants.

F106 **Intervention Research**

ADJUNCTIVE RISPERIDONE TREATMENT FOR CHRONIC, COMBAT-RELATED PTSD

Daniella David, University of Miami, Dept of Psychiatry and the Miami VAMC; Ludmila DeFaria, Olga Lapeyra, Thomas A. Mellman, Dartmouth School of Medicine, Dept of Psychiatry

Neuroleptics have been prescribed for treatment-resistant, chronic PTSD with associated psychotic features and agitation, yet little is known about their efficacy in this population. The objectives of this study with the atypical neuroleptic risperidone are to preliminarily evaluate its efficacy and to determine its tolerability in refractory PTSD. This is a pilot, open-label, 12-week, flexible-dose trial of adjunctive risperidone in male combat veterans with a primary diagnosis of PTSD, free of alcohol and drugs and medically stable, who show only partial response to current psychotropics as evidenced by symptom persistence and functional impairment. Exclusion criteria: schizophrenia-spectrum disorder or mania by structured interview, current neuroleptic treatment. Structured interviews for PTSD (CAPS) and psychosis (PANSS), self-report sleep measures, EKG and routine blood tests are obtained at baseline, 6 and 12 weeks. Adverse events are assessed every 2 weeks. Medication efficacy is evaluated by comparing baseline ratings with 6- or 12-week ratings by paired t-tests. Eleven patients completed at least 6 weeks of the trial to date. Mean age was 53.5 +/- 4.6 years, 46% were White, 18% were Black and 36% were Hispanic. Mean baseline CAPS was 89.6 +/- 8.3 (range 77-100). Comorbidity with a depressive or anxiety disorder was common, and all patients were taking antidepressant, mood stabilizing and/or anxiolytic medications at stable doses. Ten patients exhibited psychotic symptoms, and mean baseline PANSS was 85.6 +/- 16.3 (range 58-115). There was no significant change in total CAPS score, though re-experiencing symptoms improved at a trend level ($t=2.16$, $df=10$, $p=.06$). PANSS score, and specifically the positive symptom scale, improved significantly ($t=2.5$, $df=10$, $p=.03$ and $t=2.9$, $df=10$, $p=.02$, respectively). Of the sleep variables, the number of nighttime awakenings decreased significantly ($t=2.8$, $df=9$, $p=.02$). No major adverse events occurred. Common side-effects were dry mouth, sedation and headaches. Preliminary results suggest that risperidone as adjunctive treatment in chronic PTSD may have mild to moderate beneficial effects in refractive cases, and is relatively well tolerated.

F107 **Intervention Research**

CASE STUDY: CLIENT TREATMENT PREFERENCE AND IMAGINAL EXPOSURE IN THREE COGNITIVE BEHAVIORAL PTSD TREATMENTS

Michelle Loris, Sacred Heart University; David R. Johnson, Hadar Lubin, Post Traumatic Stress Center

This case discussion will examine the intervention of EMDR (Shapiro, 1989), Prolonged Exposure (Foa, Rothbaum, Riggs & Murdock, 1990), and the Counting Method (Ochberg, 1996) on three adult female patients with PTSD symptoms. A recent treatment outcome study of 40 female trauma victims (Johnson and Lubin, 2001 in press) comparing these three treatments finds that the efficacy of the three treatments is supported and that the element of imaginal exposure may be the critical therapeutic factor. The presentation of these three cases focuses on the issue of client's treatment preference and client personality traits as factors which may interface with imaginal exposure in treatment efficacy.

F108 **Intervention Research**

INDIVIDUAL DIFFERENCES IN PREFERENCE FOR PTSD-RELATED TREATMENT

Norah C. Feeny, Case Western Reserve University; Lori A. Zoellner, University of Washington

Treatment outcome depends on both specific client characteristics and specific treatment characteristics. The idea of matching treatments to client-related characteristics is not new. Indeed, Cronbach and Snow (1977) suggested that client-treatment matching (ATIs; Aptitude X Treatment Interactions) may enhance treatment outcome. In the treatment of chronic PTSD, both Prolonged Exposure (PE) and Sertraline (Zoloft) have received substantial empirical support. Yet, these treatments couldn't be more different, and thus may appeal to different sorts of clients. In the present study, we examined individual factors related to choice between these treatment options. Women with varying degrees of trauma history and subsequent PTSD completed a series of self-report questionnaires. These questionnaires included measures of current depression, state and trait anxiety, and anxiety sensitivity. Participants were then presented with the option to choose among prolonged exposure, medication (zoloft), and no treatment. Logistic regression analyses were performed examining these individual difference factors and subsequent treatment choice. Individual difference factors predicting treatment choice will be discussed as well as clinical applicability of these factors.

F109 **Intervention Research**

DESCRIPTION OF TREATMENTS FOR CHRONIC PTSD: WHAT FACTORS ARE IMPORTANT?

Norah C. Feeny, Case Western Reserve University; Lori A. Zoellner, University of Washington

Prolonged Exposure (PE) and Sertraline (Zoloft) are both empirically supported treatments for PTSD, with efficacy shown in several well-controlled trials (e.g., Foa & Meadows, 1997; Brady et al., 2000). However, we know very little about what factors influence choice of treatment (therapy versus medication) and how choice may impact treatment completion or outcome. Preliminary investigations among those seeking treatment for depression suggest a match between treatment provided and client preference for treatment may be an important predictor of outcome (e.g., Addis & Carpenter, 1999). This study aims to gather preliminary data about women's preferences for treatment of trauma-related PTSD and what factors inform such preferences. Women with PTSD were presented with standardized treatment rationales (PE and Zoloft). After reading these rationales, participants reported the treatment (if any) they would hypothetically choose and what factors they considered in the choice. Factors that influence decision making will be identified and comparisons between treatments in regard to such variables will be made. This investigation will lay the groundwork for future, more in-depth investigations of decision making about PTSD treatments.

F110 **Intervention Research**

PREDICTIVE CORRELATES OF CRITICAL INCIDENT MENTAL HEALTH PERSONNEL

Teri L. Elliott, Jessie T. Kaster, Stefan E. Schulenberg, Disaster Mental Health Institute

Recently, the involvement of mental health personnel in the restoration of individual coping and social support after a crisis has flourished. Unfortunately, an understanding of how trauma-related work impacts mental health personnel's relationships and career satisfaction has not increased as dramatically. It was hypothesized that, in accordance with Bartholomew's attachment model, an individual's particular style will correlate with their trauma-related career satisfaction. In addition, there is a myth that people work in the field of trauma because they were traumatized. In order to study these concepts, a survey including the Traumatic Life Events Questionnaire (Kubany et al., 1998), the Relationship Questionnaire (Bartholomew & Horowitz, 1991), and the Field of Trauma Questionnaire (Elliott, designed for the current study) was mailed to the ISTSS membership (n = 2070). The relationship between an individual's history of traumatic events, their attachment style, and the impact of their trauma-related work on their relationships and career satisfaction was investigated. In addition, the types of training and interventions used by these personnel were collected. The results of this study have implications for the training, retention, and support of mental health providers who work in the area of trauma.

F111 **Intervention Research**

A PLACEBO-CONTROLLED STUDY OF NEFAZODONE FOR THE TREATMENT OF POSTTRAUMATIC STRESS DISORDER

Lori L. Davis, Sandra M. Ambrose, Brett English, Tuscaloosa VA Medical Center; Michele E. Dafoe, Birmingham VA Medical Center; Tuscaloosa VA Medical Center; Jason Farley, Johns Hopkins Medical Center; Al Bartolucci, University of Alabama at Birmingham; Frederick Petty, VA Medical Center

Based on the results of six open-label trials of nefazodone, including one from our group, we pursued further testing of its efficacy in the treatment of posttraumatic stress disorder (PTSD). Nefazodone is a unique serotonergic antidepressant that acts as both a presynaptic serotonin reuptake-inhibitor and a postsynaptic 5-hydroxytryptamine-2A receptor antagonist. Thirty-nine patients with chronic PTSD, predominantly veterans, were enrolled in a randomized, double-blind, placebo-controlled 12-week trial of nefazodone. The primary outcome measure was the Clinician Administered PTSD Scale (CAPS). Fourteen patients were randomized to placebo and 25 were randomized to nefazodone. In a repeated measures ANOVA with last observation carried forward, patients on nefazodone showed a significant improvement in the percent change of CAPS score from baseline compared to those on placebo (p=0.04; effect size of 0.6). Sample size was not powered to test group differences in the CAPS criterion B, C, or D. However, the criterion D subscale showed significant improvement in patients treated with nefazodone compared to those treated with placebo (p=0.02). For those completing 12-weeks, the nefazodone group also reported a significant improvement on the PTSD Checklist (self-report scale; p=0.035). This study supports the efficacy of nefazodone for the treatment of PTSD. Larger placebo-controlled studies are warranted.

F112 **Intervention Research**

PERCEIVED QUALITY OF LIFE IN RAPE SURVIVORS BEFORE AND AFTER CBT TREATMENT

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

Several cognitive-behavioral treatments (CBT) including prolonged exposure, cognitive processing therapy, stress inoculation training, and eye movement desensitization and reprocessing therapy have been demonstrated to reduce symptoms of PTSD and related symptoms in trauma survivors. Despite this, change in overall quality of life after treatment has not been examined. The purpose of this study was to explore changes in perceived quality of life at post-treatment and six month followup in rape survivors receiving 9 sessions of CBT. Thirty women were administered the Quality of Life Inventory (Frisch, 1992) in addition to measures of PTSD and depression at pre-treatment, post-treatment, and six-month followup. The QOLI measures perceived satisfaction across a variety of life domains including health, work, love relationships, friendships, money, creativity, play, goals and values, learning, and helping others. The composite score takes into consideration the importance the individual places on each component. Preliminary data analyses suggest that rape survivors report significantly higher overall quality of life at post-treatment than at pre treatment. Furthermore, these gains appear to be maintained at six-month followup. Specific aspects of quality of life which change over the course of treatment will be discussed as well.

F113 **Intervention Research**

A COMMUNITY-BASED PROGRAM FOR REFUGEE CHILDREN

Carol J. Joseph, Student, New York University

The program was developed for refugee children living in the United States. The focus of the poster will be on complex issues that surround the phenomenon of refugee children being reunited with their families after many years of separation. Coping with the acute trauma of loss, separation from parents, and arrival to a totally foreign context, these children experience deep inroads into the trajectory of their developmental experiences. The program looks at coping skills not only at home but in the school environment. Grief, individual and group therapy for the adolescent and play therapy for younger children.

F114 **Intervention Research**

TRAUMA-INFORMED TREATMENT FOR INCARCERATED JUVENILES: A CONTROLLED STUDY

Ricky Greenwald, Mount Sinai School of Medicine; Maurice S. Satin, Roger Borgen, Adisa A. A. Azubuike, NY Office of Children and Family Services

This study evaluates a trauma-informed multi-component treatment for antisocial youth. The treatment protocol makes sequential use of existing empirically validated interventions to (1) enhance the youth's motivation to change, and thus to engage in treatment, (2) increase the youth's skills in self-regulation, (3) assist the youth in resolution of trauma memories and associated symptoms, and (4) increase the youth's skills in maintaining gains in pro-social conduct. Interventions include motivational interviewing, cognitive-behavioral training, eye movement desensitization and reprocessing, and relapse prevention/harm reduction. Over 200 juvenile delinquents ages 13-17 sentenced to at least 6 months of incarceration in 3 NY state facilities (2 male, 1 female) were randomized to standard-care only or standard-care plus the experimental treatment. Treatment was provided by 9 Master's level (or higher) therapists (3 at each site). Treatment adherence was supported with a manual, training and supervision, and evaluated by independent raters. The hypotheses are that compared to participants receiving standard-care only, participants also receiving the experimental treatment will show (1) reduced post-traumatic stress and related symptoms (anxiety, depression, dissociation, anger) at pre-release, according to standardized self-report measures; (2) more rapid attainment of readiness for release, according to behaviorally anchored staff ratings; and (3) lower recidivism at 1 year post-release, according to official records. The data for Hypothesis (3) will not be available for this presentation.

F115 **Intervention Research**

TREATMENT OF CHRONIC POSTTRAUMATIC STRESS DISORDER WITH CITALOPRAM: AN OPEN TRIAL

Brett A. English, Lori L. Davis, Sandra M. Ambrose, Veterans Affairs Medical Center; Lelland C. Tolbert, University of Alabama at Birmingham Dept. of Psychiatry

Posttraumatic stress disorder (PTSD) is a serious mental illness which exhibits significant impairment of psychosocial and occupational function. At present, serotonin reuptake inhibitors (SRIs) show therapeutic promise for the treatment of PTSD. However, results in the veteran population have been less robust or often negative. In this study, a relatively new and the most selective SRI, citalopram, was evaluated for the treatment of PTSD. Veterans with chronic PTSD (N = 13) were enrolled in an 8-

week open trial of citalopram after providing written informed consent. The primary outcome measures were the Clinician-Administered PTSD Scale (CAPS), Hamilton Rating Scale for Anxiety (HAM-A) and the Clinical Global Impression Scale (CGI). Twelve patients completed the 8-week trial. During treatment, there was a marginal response with 31% of patients demonstrating a ≥ 30% reduction in total CAPS score. Comparable results were demonstrated in both HAM-A and CGI rating scales. In a repeated measures analysis of variance, there was no significant reduction in the CAPS for the total group over time. Change over time from baseline to week-8 for HAM-A and CGI demonstrated a trend in improvement ($p = 0.088$ and $p = 0.06$ respectively), with a significance difference comparing baseline with week-8 scores ($p = 0.009$ and $p = 0.004$ respectively). These pilot results do not show a robust effect of citalopram in the treatment of combat-induced PTSD. However, the sample size is small and patient population is limited to veterans with combat-induced PTSD. Further study in a larger and more diverse patient sample is warranted prior to final conclusions on efficacy of citalopram for the treatment of PTSD.

F116 **Intervention Research**

THE ROLE OF SCHEMAS AMONG VICTIMS OF DOMESTIC VIOLENCE

Anouk L. Grubaugh, Jennifer A. Bennice, Patricia A. Resick, Center for Trauma Recovery

In the past several years, researchers have examined the role of trauma-related schemas in the development and maintenance of post-trauma symptomatology. The Young Schema Questionnaire (YSQ) has been found to identify core beliefs in a variety of samples, including eating disordered and depressed outpatients. Unlike prior research that has examined the impact of domestic violence on trauma-specific schemas, the YSQ will be used to assess more global maladaptive beliefs among battered women. The present study will examine several variables that may be related to the formation or maintenance of maladaptive schemas with a sample of 375 acutely battered women. Assessment measures include the PTSD Diagnostic Scale, the Modified Conflict Tactics Scale, and the YSQ. This poster will present the findings of a MANOVA in which differences between PTSD and non-PTSD groups of battered women were examined for each of the 16 subscales of the YSQ after controlling for the effects of violence chronicity and severity. The relationship between the YSQ and PTSD severity will also be discussed based on multiple regression analyses. Possible applications of these findings will be explored.

F117 **Intervention Research**

PREDICTORS OF GUILT AMONG FEMALE RAPE VICTIMS

Jennifer A. Bennice, Anouk L. Grubaugh, Patricia A. Resick, Center for Trauma Recovery

Trauma-related guilt has been found to be a common reaction among victims of a variety of traumas, including rape, childhood sexual abuse (CSA), battered women, combat veterans. Several studies have found a significant and positive relationship between guilt and post-trauma symptomatology. However, few studies have examined the role of pre-trauma or within-trauma variables in the development of post-trauma guilt. The present study, with a sample of 250 treatment-seeking female sexual assault survivors, examined the predictive nature of prior sexual assault (including CSA) and within-trauma reactions (e.g., dissociation, resistance) with guilt. Assessment measures included a trauma interview, the Peritraumatic Dissociative Experiences Questionnaire (PDEQ) and the Guilt Cognition subscale from the Trauma-Related Guilt Inventory (TRGI). Hierarchical regression analyses did not find prior sexual assault to be a significant predictor of guilt cognitions. However, peritraumatic dissociation significantly predicted post-trauma guilt, and there was a trend in the expected direction for resistance. Further discussion of these findings, their potential implications and recommendations for future research in this area will be discussed.

F200 **Epidemiology**

EVERYDAY SEXISM AND PTSD: A CORRELATIONAL STUDY

Susan H. Berg, Private Practice

This study examined the effects of everyday nonviolent sexism upon the development of trauma symptoms in women. Everyday sexism includes acts of disrespect, discrimination, and unfairness due to gender, as well as structural inequities. Female respondents (n82) completed a survey that included a subjective measurement of the experience of sexism (Schedule of Sexist Events, Klonoff & Landrine, 1995), a checklist of gender-based stressors, including acts of violence (Gender-related Stressors); a measurement of post-traumatic stress disorder (Trauma Symptom Inventory, Briere, 1995); and a demographic questionnaire, which included a question on feminist identity. The SSE assessed the experience of sexism within four domains-close relationships, distant relationships, workplace and society (sexist degradation and its consequences)-along two dimensions: lifetime and recent, i.e., within the previous year. The GRS included instances of gender role burdens and gender-based abuse throughout one's life. The TSI measured PTSD symptoms as defined in the DSM-IV.Scores on the SSE were significantly positively correlated with TSI scores, indicating a moderately strong relationship between the experience of daily nonviolent sexism and PTSD.This finding expands the definition of traumatagenic events to include nonviolent everyday sexist acts toward women.

F201 **Epidemiology**

FIRST REPORT OF PTSD IN DISTURBED KASHMIR: CHARACTERISTICS OF A TREATMENT-SEEKING SAMPLE

Zaffar Ali, Mushtaq A. Margoob, Mohammed M. Dar, Arshid Hussain, Government Hospital for Psychiatric Disease, India

Post Traumatic stress disorder (PTSD) can be a chronic and disabling condition that has not been studied much against a background of 12 years of armed militant uprising in Kashmir Valley. We present here the first such report of a treatment seeking sample. A total of 167 cases of PTSD were recruited from an out patient population and assessed using the CAPS, the Impact of Events Scale and a Quality of Life Scale. The patients in this sample were mostly illiterate, from a lower socio-economic status and more than half were married; the illness tended to be chronic and severe with a mean duration of 40 months. 20% had been tortured, 35% had had close relatives being killed violently in front of them and another 30% had been injured in shootouts, grenade explosions and the like. Men tended to have a more chronic course and levels of co morbid depression and anxiety were high as measured by the MADRS and the HARS. Quality of life was poorer than for a group of depressed patients. There is a great need to recognize PTSD early and develop effective therapeutic modalities suitable to our culture for what may be a disorder of epidemic proportions in the Valley.

F202 **Epidemiology**

INVESTIGATING THE RELATIONSHIP BETWEEN PERITRAUMATIC DISSOCIATION, ATTACHMENT, AND POSTTRAUMATIC SYMPTOMATOLOGY

Christopher R. Erbes, Jennie A. Leskela, Michael E. Dieperink, Minneapolis Veterans Affairs Medical Center

Previous retrospective and prospective research has established a link between peritraumatic dissociative experiences and the later development of PTSD. However, relatively few studies have examined factors that may lead to increased vulnerability for peritraumatic dissociation. Attachment theory and research suggest that early attachment experiences may predispose individuals to utilize dissociative responses when dealing with stressors. Further, recent research has implicated the importance of attachment styles in predicting PTSD severity. Thus, it is possible that attachment style can predispose one to have dissociative reactions during a trauma and, perhaps as a result, to develop more severe PTSD symptoms. The current study uses self-report questionnaires to examine attachment styles, peritraumatic dissociative reactions, PTSD symptoms, and level of combat exposure in a sample of Vietnam combat veterans enrolled in a VAMC Post-Traumatic Stress Recovery clinic. Data collection is

currently underway with a target N of 100. Regression techniques will be used to examine the relative contributions of attachment, peritraumatic dissociation, and level of combat exposure in predicting the level of current PTSD symptoms. It is hypothesized that attachment style will predict both level of peritraumatic dissociative experiences and current PTSD symptomatology and that peritraumatic dissociation will mediate the relationship between attachment and PTSD.

F203 **Epidemiology**

THE GOLDEN AGE? NOT FOR CHILD HOLOCAUST SURVIVORS

Marianne Amir, Department of Social Work, Ben Gurion University; Rachel Lev Wiesel, Netta Rom, Dept. of Social Work, Ben Gurion University, Israel

The aim of study was to examine quality of life, self identity and psychological symptoms of distress in a community sample of Israeli Jews who were children during the World War II in occupied Europe. Forty-three non clinical child Holocaust survivors were compared to 43 matched (age, gender and education)individuals who were in Europe during that period. The measures included the WHOQOL-Bref to measure quality of life, Self identity scale, and SCL-90-R to measure psychological symptoms of distress. The results showed that the child Holocaust survivors reported significantly lower well-being than the comparison group. This was discussed within the framework of early childhood traumas impact in adulthood in a normal functioning non-clinical population.

F205 **Epidemiology**

PTSD SYMPTOMS, QUALITY OF LIFE, AND FUNCTIONAL STATUS IN ADULTS TREATED FOR CANCER

Jeffrey I. Gold, Marilyn K. Douglas, Mary L. Thomas, Janette Elliott, VA Palo Alto Health Care System; Stephen Rao, UCSF School of Medicine Division of Psychosocial Medicine; Christine Miaskowski, UCSF Department of Physiological Nursing

Posttraumatic Stress Disorder (PTSD) has been modified to include life-threatening illnesses such as cancer. Current studies have focused on three groups: children cancer survivors, parents of pediatric survivors, and adult cancer survivors, particularly women with breast cancer. While results have been mixed, in general, investigators have found low rates of PTSD as a result of being diagnosed with cancer, increased PTSD symptoms associated with cancer treatment, and inconclusive data regarding long-term PTSD consequences. This investigation examines the prevalence of PTSD symptoms, quality of life, and functional status in a general out-patient adult population of patients treated for cancer. As part of a multisite investigation of cancer pain management, 46 subjects (85% males, 15% females) with a mean age of 58.3 (range 27 to 86) were recruited from four oncology clinics. PTSD was measured using the PTSD Checklist-Civilian Version (PCL-C), which consists of 17-items that corresponds to the DSM-IV symptoms. Quality of life and functional status were measured using the SF-36 and the Functional Assessment of Chronic Illness Therapy - General Form 4 (FACT-G). Subjects had a mean total PTSD symptom score of 39.1 (range 17 to 69), reexperiencing symptoms (mean = 10.7; range 5 to 25), avoidance/numbing symptoms (mean = 16.8; range 7 to 30), and hyperarousal symptoms (mean = 11.7; range 5 to 21). Subjects' scores of functional status and quality of life were significantly below their norm-based comparison groups. Twenty-six percent of these patients being treated for cancer endorsed PTSD symptoms above a cutoff score of 50, which would suggest a PTSD diagnosis. Patients receiving treatment in a general out-patient oncology setting are at increased risk for developing PTSD symptoms, which may further compromise their quality of life and their ability to optimally function.

F206 **Epidemiology**

CAUSAL ATTRIBUTIONS, SELF-EFFICACY, SHAME, GUILT AND PTSD AMONG RAPE VICTIMS

Pascale Brillon, Hôpital du Sacré-Cœur de Montréal; André Marchand, Département de Psychologie, Université du Québec à Montréal

Recent theoretical models have considered cognitive factors as of potential importance in the development and severity of PTSD. This study examined the relationship between those cognitive variables and PTSD symptoms among 33 rape victims. PTSD symptoms were measured by the Impact of Event Scale and the SCID while cognitive factors were measured by an attribution list and the Personal Feelings Questionnaire. Results indicated that internal attributions were significantly associated with PTSD, since victims who attributed their rape to themselves, their behavior or their personality presented more PTSD symptoms. Lack of self-efficacy was also significantly related to PTSD as well as shame and guilt. Regression analyses showed that cognitive factors accounted more for the variance of PTSD than did rape characteristics. Clinical implications will be discussed in conclusion.

F207 **Epidemiology**

HIDDEN VIOLENCE: WHAT TEENAGERS REPORT ABOUT HATE

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Violence and crime motivated by hate continues to plague our communities and schools. Such racially motivated violence no longer exists solely in disadvantaged and at risk neighborhoods, but has become a frightening reality in our suburban communities and schools. Following a series of school shootings and community violence sparked by racial or ethnic hatred, much focus has been placed on ways in which to combat bigotry among today's youth. Many efforts have been made to develop and implement prevention and intervention programs which address these important social concerns. Although a variety of programs are in use, prejudice, hate crimes, and school violence continues to occur. Some have suggested that we must first understand what types of hate and prejudice our youth encounter in order to maximize our prevention and intervention efforts. The current study evaluated the types of bigotry and prejudice that 149 high school students encountered in the last 2 years. Additionally, participants were asked to identify factors that may have impacted their willingness to stand up to such intolerance. Frequency data will be presented related to students' observed or encountered bigotry as well as individual perceptions of conditions limiting their willingness to intervene. Greater understanding of the types of racism our youth encounter and what factors may inhibit their action against intolerance may assist in the establishment of more effective and impactful hate crime and violence prevention and intervention programs.

F208 **Epidemiology**

PROLONGED DISASTER AND THE EFFECTS OF UNCERTAINTY: THE MONTANA WILDFIRES

Ellen M. Crouse, Jennifer Waltz, Alison Cobb, Linda Frey, Sarah Miller, Monica Hagestad, University of Montana

In contrast to the majority of disaster research, which has focused primarily on relatively acute events, the present study examines the effects of a natural disaster with a protracted period of threat, namely, the wildfires that swept rural communities in western Montana for several weeks late in the summer of 2000. The unpredictable course of the fires meant that a large number of individuals were threatened with evacuation and/or property loss for extended periods. This study examines the impact of the degree of uncertainty experienced on psychological symptomatology. Data were collected from approximately 60 subjects in three different groups: 1) those evacuated due to the threat of fire, 2) those living in affected areas but not evacuated, 3) those living in more distal areas. Subjects were interviewed using the PTSD portion of the

SCID, then completed a series of questionnaires assessing uncertainty, disaster-related experiences, and trauma symptoms. The impact of uncertainty, proximity, and property loss on PTSD symptoms will be examined.

F209 **Epidemiology**

THE RELATIONSHIP BETWEEN TRAUMA EXPOSURE, PTSD SYMPTOMS, AND ADJUSTMENT TO COLLEGE

Bethany Brand, Jonathan Mattanah, Anne Krajewski, Matthew Whitehead, Heather Woods, Towson University

Research has established links between trauma exposure and the development of posttraumatic stress disorder (PTSD) symptoms. However, little is known about the role that trauma and PTSD symptoms have in the social and academic adjustment of students to college. Using self-report questionnaires, the relation between trauma exposure (Traumatic Events Questionnaire), PTSD symptoms (Purdue Posttraumatic Stress Disorder scale), dissociation (Dissociative Experiences Scale), and college adjustment (Student Adjustment to College Questionnaire and Beck Depression Inventory)were examined in a sample of 232 college students (75% women and 25% men). Trauma and PTSD symptoms were common in the sample; 81.6% had experienced at least one traumatic event and 15.9% met diagnostic criteria for PTSD. Trauma exposure correlated with greater PTSD and depressive symptoms, and worse academic adjustment. PTSD symptoms correlated with greater dissociation and depression symptoms, and worse emotional adjustment. Results varied as a function of type of trauma experienced. Students experiencing interpersonal traumas reported significantly worse PTSD symptoms and greater depression than student experiencing only non-interpersonal trauma.

F210 **Epidemiology**

PERSONALITY DISORDERS IN VETERANS WITH PTSD AND DEPRESSION

Nancy Jo Dunn, Jeanne Schillaci, Sofia P. Simotas, Joseph D. Hamilton, Houston VA Medical Center; Elisia Yanasak, Lynn P. Rehm, University of Houston; Julianne Souchek, Terri Menke, Carol Ashton, Houston HSR&D Center of Excellence, Houston VA Medical Center

Despite the clinical interest in chronic PTSD and co-morbid conditions, little is known about the prevalence of the full-range of personality disorders in outpatients with concurrent PTSD and depression, a common and frequently treatment-resistant combination seen in clinical practice. In a large VA Health Services Research and Development funded group therapy outcome study, we assessed Axis I and II diagnoses with the Structured Clinical Interview for DSM-IV (SCID I and II) and the Clinician-Administered PTSD Scale (CAPS) to select male combat veterans with concomitant PTSD and depressive disorder. Of the 85 participants (mean age 54) who have entered therapy to date, most are Vietnam veterans. Besides their PTSD and depressive disorder, the veterans' other frequent current or lifetime Axis I diagnoses include alcohol abuse or dependence (75%), drug abuse or dependence (34%), and another anxiety disorder (49%). In this sample, 52% were also diagnosed with one or more personality disorders, the most common of which are paranoid (20.0%), obsessive-compulsive (15.3%), avoidant (14.1%), and borderline (10.6%). Despite our sample's considerable Axis I psychopathology, the rates of personality disorders are lower than those documented in the limited number of previous studies in the area. We will discuss potential reasons for these differences.

F211 **Epidemiology**

SHORT-TERM PSYCHOLOGICAL REACTIONS FOLLOWING AN EARTHQUAKE

Guliz Elal, Zeynep Armay, Bahar Tanyas, Bogazici University

Acute patterns of reactions to traumatic experiences are thought to influence the longitudinal course of trauma related psychopathology, yet data in this area is scanty. 151 adults who had experienced an earthquake (magnitude 5.8. on the Richter scale) in Afyon, Turkey in December 2000, were examined 5-7 days after the event. This population had been sensitised to the fears of an earthquake following a destructive earthquake in the same region in 1995 and a devastating one in another part of the country in 1999. Participants were recruited on a convenience basis. Self-report questionnaires, including measures of dissociation (PDEQ, SDQ-20 and DES), peritraumatic distress (IES, PDI), depression (BDI) and anxiety (STAI) were administered. Past trauma history and severity of exposure were also assessed. Results indicate that immediate responses of different types of distress are common following a natural disaster. The measures employed are moderately to strongly correlated with each other. How well these measures predict long-term trauma-related distress will be investigated in follow-up assessments of the participants. Childhood traumas and sociodemographic variables (very low level of education and income, not working and being female) are associated with higher levels of distress.

F212 **Epidemiology**

PTSD SYMPTOMS IN KENYAN CHILDREN FOLLOWING A TERRORIST BOMBING

Debby E. Doughty, Betty J. Pfefferbaum, University of Oklahoma Health Sciences Center; Carol S. North, Washington University School of Medicine; Carol Fullerton, Uniformed Services University of the Health Sciences; Jane Kyula, Neema Counseling & Training Centre

The 1998 bombing of the U.S. Embassy in Nairobi, Kenya resulted in over 200 deaths and 5000 injuries. Disaster is not new to East Africans, where accidents, crime, floods, and drought routinely claim victims. With the goal of documenting the effects of this incident, we surveyed a sample of 793 middle school children to determine the extent of exposure and emotional distress and to place this disaster in the context of prior trauma. Participants completed survey items addressing physical and interpersonal exposure; physiologic arousal and fear at the time of the bombing; posttraumatic stress symptomatology (PTSS) related to the bombing; PTSS related to prior traumatic experiences; grief; anxiety and depressive symptoms; coping behaviors; mental health treatment; and functioning at the time of the assessment. Two hundred-thirty (29%) reported a family member or close relative injured; 110 (14%) reported a family member or close relative killed. The mean number of traumas experienced prior to the bombing was 5. PTSS from prior trauma was significantly associated with initial fear and arousal, grief symptoms, and bomb-related PTSS. Number of prior traumas predicted greater functional difficulty and more use of counseling and medications after the bombing. The majority of counseling participants reported counseling helped.

F213 **Epidemiology**

CHILD ABUSE AT JAPANESE SCHOOLS

Yuichi Hattori, Yuichi Hattori, Sayama Psychotherapy Services and Science University of Tokyo

The poster session introduces a history of physical and emotional abuse at Japanese schools in the past quarter centuries. Strict discipline and corporal punishment are part of the educational tradition in Japan and persist despite media efforts and civil movements. Based on media reports and interviews, the presenter focus on two famous cases of violence at the teachers_f hands. One case is the homicide by a teacher in 1986. A class teacher beat to death a 16-year-old high school boy who violated the school rules by bringing a hair dryer during a school trip. The other case is about a 30 year-old woman who developed PTSD symptoms at age 13 when she was beaten up repeatedly by a group of teachers. Her punishment was due to her sin of riding a little Honda twice around the neighborhood during the summer vacation 1984. After 17 years from the incident, she has never recovered from the trauma, still suffering chronic hyper arousal and alienating herself from society. Using media reports, the poster session discloses to foreign professionals a variety of school trauma and the agonies of Japanese children and adolescents as the undeserved population victimized by repetitive and cumulative abuses of power.

F214 **Epidemiology**

SEXUAL ABUSE: GENDER DIFFERENCES IN PSYCHOLOGICAL ADJUSTMENT AND COPING STRATEGIES

Jimmy D. Hurley, Nancy Romero, Angela Scarpa, Virginia Polytechnic Institute and State University

[The current abstract represents data from a sample size of 18; however, this study is ongoing, and as such, it is anticipated the poster presented will present data from a sample size of 45. The following data represents the preliminary results] This study investigated differences in coping strategies and psychological adjustment to sexual abuse between males and females, and also general differences between abused and non-abused males. Six adult male sexual abuse victims (MAV) were age-matched with six non-abused males (NAM) and with six female sexual abuse victims (FAV). All subjects completed the following questionnaires: Survey of Exposure to Community Violence - Self-Report Version, Lifetime exposure to trauma, Vrana and Lauterbach Events Scale, Trait Version of the State Trait Anxiety Inventory, Aggression Questionnaire, Purdue Posttraumatic Stress Disorder Scale, Cope Questionnaire, Masculine Gender Roles Stress Scale, and the Self Efficacy Scale. MAVs scored significantly higher than NAMs on the following items: Trait Anxiety and Hostility, and on the following Coping strategies and PTSD symptoms: Feeling Distant from People, Experiencing Emotional Numbing, Being Less Optimistic About Their Future, Trouble Sleeping, Irritability and Increased Anger, Trouble Concentrating, and Hypervigilance. The Masculine Gender Role Stress Scale revealed a non-significant trend in which MAVs tended to score higher on two subscales in particular: "Performance Failure," which measures fears related to potential failures regarding work and sex, and "Subordination to Women." Compared to FAVs, MAVs reported significantly greater Trait Anxiety and lower Social Self-Efficacy. Regarding Coping strategies, MAVs reported less Seeking of Emotional Support, less Venting of Emotions, and a non-significant trend towards greater Behavioral Disengagement and lower self-perceived Friend Support. Increased understanding of gender-specific coping and adjustment may lead to more efficient interventions, particularly with the vastly underrepresented male sexual abuse victims.

F215 **Epidemiology**

PREDICTORS OF ACUTE REACTIONS TO COMMUNITY VIOLENCE RESULTING IN INJURY

Lisa H. Jaycox, Grant N. Marshall, Maria Orlando, RAND; Howard Belzberg, Los Angeles County & University of So. California Med Center; David W. Foy, Pepperdine University Graduate School of Education and Psychology

Little is known about the mental health consequences of severe community violence. We conducted interviews with 269 English-speaking young adults who were hospitalized in a large urban trauma center after being victimized via community violence. Participants were mostly Latino (72%) and male (91%), and were interviewed within a week of the injury. We used bi-variate correlations to examine the relationship between pre-assault (e.g., prior gang involvement, prior victimization, life stress), personal (e.g. neuroticism), and assault variables (e.g., injury severity) and our outcome variables: peri-traumatic dissociation (PTD), PTSD symptoms, and anxiety / depressive symptoms (A-D). Based on the magnitude of these correlations, we entered 11 variables into a path analysis, specifying PTD as an interim variable and PTSD and A-D symptoms as dependent variables, and then systematically removing non-significant predictor variables. The resulting model fit the data extremely well (c2(4) = .863, p=.93; NNFI=1; CFI=1). We found that PTD was predicted by injury severity and neuroticism. PTSD symptoms were predicted by PTD, and independently by injury severity and A-D symptoms. A-D symptoms were predicted by PTD and independently by neuroticism and a past history of Dysthymia. The implications of these results for targeted interventions will be discussed.

F216 **Epidemiology**

DISCLOSURE OF SEXUAL ABUSE DURING CHILDHOOD AND ADULT SYMPTOMATOLOGY

Carrie D. Gottlieb, Mindy Pardoll, Steven N. Gold, Kari M. Schlessinger, Nova Southeastern University

The purpose of this study was to explore the relationship between disclosure of sexual abuse during childhood and adult symptomatology. Participants of this study included 337 females who sought outpatient therapy in a program for adult survivors of childhood sexual abuse at a university based community mental health center. All participants were administered a structured clinical interview, the Beck Depression Inventory (BDI), and the Symptom Checklist-90-Revised (SCL-90-R) upon intake into this program. Of the 337 participants, 225 (66.8%) reported that they did not disclose the sexual abuse while it was occurring, while 112 (33.2%) participants did disclose the abuse during childhood. Disclosure resulted in cessation of the abuse in only 19 (17%) of the 112 cases. Preliminary findings suggest that those participants who disclosed the abuse during childhood exhibit higher levels of symptomatology in adulthood as demonstrated by scores on the (BDI) and 8 of the 14 subscales of the (SCL-90-R). Alternate explanations for these findings are proposed and implications for clinical practice, social policy, and future research are considered.

F217 **Epidemiology**

SECONDARY TRAUMATIZATION IN DUTCH COUPLES OF WORLD WAR II SURVIVORS

Inge Bramsen, Henk M. Ploeg, Jos W.R. Twisk, VU Medical Center

This study examined whether signs of secondary traumatic stress (STS) are present in a community sample of couples who experienced world war II. We hypothesized that symptoms of post-traumatic stress disorder (PTSD) in either spouse may be predicted by the own war experiences, but also by the war experiences and post-traumatic symptoms of their partner. 444 couples from a community sample of elderly Dutch citizens answered a questionnaire approximately 50 years after the end of world war II. A multilevel regression analysis was performed with symptoms of PTSD as the dependent variable. The most important predictors of PTSD symptoms were the own number of reported war events and the current level of PTSD symptoms of the spouse. The results lend empirical support to the notion that post-traumatic stress reactions of both members of a couple are not independent from each other. Several explanations for the findings are discussed.

F218 **Epidemiology**

PERITRAUMATIC DISSOCIATION DOES NOT PROTECT AGAINST PERITRAUMATIC DISTRESS

Alain Brunet, McGill University & Douglas Hosp. Res. Ctr; Daniel S. Weiss, U. of Calif., San Francisco (UCSF) & VAMC; Thomas J. Metzler, Suzanne R. Best, VA Medical Center; Thomas C. Neylan, Charles R. Marmar; UCSF and VA Medical Center

It has been proposed that dissociation at the time of trauma exposure (peritraumatic dissociation) occurs to protect the individual against experiencing peritraumatic distress (and possibly PTSD). Thus far, this hypothesis has been difficult to test due to the paucity of instruments assessing peritraumatic distress. We examined the relationship between recalled peritraumatic dissociation and peritraumatic distress in two cross-sectional samples using the newly developed Peritraumatic Distress Inventory (PDI). The first sample included 702 police officers exposed to a variety of work-related traumatic events while the second sample was comprised of 301 peer-nominated trauma-exposed participants from the general population. Police officers experiencing significant dissociation at the time of the trauma also experienced peritraumatic distress. However, only a subset of the officers who experienced peritraumatic distress reported significant peritraumatic dissociation. Those results were replicated in the sample recruited from the general population. Peritraumatic dissociation in the absence of distress may not be commonplace. Instead it is proposed that peritraumatic dissociation occurs in the context of elevated, unbearable

trauma-related distress. The relationship between peritraumatic distress and peritraumatic dissociation should be further examined according to trauma type, age, and gender using a prospective design.

F219 **Epidemiology**

THE PREVALENCE OF TRAUMATIC EXPOSURE AND POST-TRAUMATIC STRESS IN OLDER NURSING HOME VETERANS

Joan M. Cook, Josef I. Ruzek, VA Palo Alto Health Care System - National Center for PTSD; Javaid I. Sheikh, Erin L. Cassidy, VAPAHCS and Stanford University; Gagan D. Ram, VAPAHCS Geropsychiatry Department; VAPAHCS and Stanford University

Estimates of PTSD in older combat soldiers and ex-prisoners of war, from medical or psychiatric inpatients settings, are high. However, the prevalence of PTSD in older adult veterans living in nursing homes is not known. In addition, our current knowledge base lacks information on the co-morbidity of and/or interaction between dementia and PTSD. Case studies of combat and other non-military related traumas suggest that unresolved trauma may interact negatively with illness, hospitalization or institutionalization to maintain or re-awaken psychological distress in later life. The current study examined the relationship between history of traumatic experiences and psychological functioning in a sample of nursing home veterans. Out of the 51 patients screened, only 35 were cognitively able to complete the interview. Over half this sample experienced two or more traumatic events in their lifetime. Though few patients met diagnostic criteria for PTSD, a significant number had sub-threshold PTSD and depression symptoms. PTSD symptoms were related to trauma exposure ($r = .35$, $p < .05$), and depression ($r = .37$, $p < .05$). Clinical implications and recommendations for mental health professionals will be discussed.

F220 **Epidemiology**

AN EXAMINATION OF SELF-HARM: THE ROLE OF AFFECT AND EXPERIENTIAL AVOIDANCE

Julie C. Etzel, Terri L.Weaver, Saint Louis University

Research that has investigated self-harm behaviors have found that several unhealthy behaviors frequently co-occur, including self-injurious behaviors (e.g., biting nails, hair-pulling, cutting self, etc.), alcohol abuse and binge eating. One of the most salient characteristics of persons who engage in SIB involves affect lability, or difficulty in regulating one's affective states. One emerging construct that might help explain the relationship between affect lability and self-harm behaviors is experiential avoidance, which is the idea that people will cope with intolerable emotional states by trying to avoid painful thoughts, emotions, memories, etc. The feature common to all of these behaviors is that they produce emotional escape or relief from negative arousal. The present study examined the potential relationship between affect lability and self-harm behaviors, testing two empirical hypotheses. Specifically, experiential avoidance was explored as a potential mediator or moderator for the relationship between affect lability and self-harm. A total of 165 female undergraduate students completed self-report measures on affect lability, experiential avoidance, binge eating, alcohol abuse, and self-injurious behaviors. Examination of these relationships through regression analyses will permit exploration of the mediator/moderator hypotheses.

F221 **Epidemiology**

THE QUALITY OF INTIMATE DYADIC RELATIONSHIPS BETWEEN PRISONERS OF WAR AND THEIR PARTNERS

Joan M. Cook, VA Palo Alto Health Care System—National Center for PTSD; Richard Thompson, University of Pennsylvania Health System—Psychiatry Dept.; Javaid I. Sheikh, VAPAHCS and Stanford University

Although there is a large body of research regarding the effects of the Prisoners of War (POW) experience upon psychological distress including Posttraumatic Stress Disorder (PTSD) symptoms, little is known about the relations of distress and PTSD symptoms with the quality of intimate relationships in this population. In a cross sectional survey of 614 POWs, the relationships among aspects of the intimate dyadic relationship (i.e., relationship quality, intimacy, communication, and self-disclosure), PTSD and depression symptoms were examined. Of the initial survey of 614, 557 (90.7%) were currently married or living with a domestic partner and were sent a second survey on dyadic relationship and psychological distress. Three hundred and eight-three (68.8%) POWs responded. All intimate relationship variables examined were significantly correlated with PTSD and depression symptoms (p's. < .05). In a step-wise multiple regression model predicting PTSD symptoms, verbal aggression, intimacy, and constructive communication accounted for 30 percent of the variance. In a similar multiple regression model predicting depressive symptoms, verbal aggression, social and sexual intimacy, and violence accounted for 38 percent of the variance. Implications for couples counseling include enhancing these aspects of the relationship and possibly decreasing psychological distress among POWs.

F222 **Epidemiology**

WARTIME STRESSORS IN MILITARY AND NON-MILITARY AMERICAN WOMEN IN VIETNAM

Margaret Kelaher, Tracy Weber, Jeanne M. Stellman, Health Policy & Management Mailman School of Public Health, Columbia University; Karestan C. Koenen, Psychiatric Epidemiology Training Program; Steven D. Stellman, Epidemiology Mailman School of Public Health

The participation of women in wartime activities has been inadequately recognized. Women are exposed to different wartime stressors than men because they have different roles and are subjected to sex-specific stressors. We incorporated gender-sensitive measures of war stressors based on existing instruments and developed new items with the collaboration of the Vietnam Women's Memorial Project, Inc. (VWMPI). A group of women were randomly selected from the VWMPI mailing list to complete a draft survey and participate in a focus group discussion about their experiences and how well the instrument captured them. Following the focus group items concerning sex discrimination and sexual harassment were added. The revised surveys were mailed out by the VWMPI in order to protect confidentiality. The response rate was 70%. The Vietnam service sample comprised 1401 women who served in the military (N=1098), Red Cross (N=226) or special services (N=77). The majority were nurses (N=1021). Stressors were factor analyzed and five factors were identified. They include: 'severity of casualties' (alpha=0.90), 'lack of appropriate skills/resources' (alpha=0.83), 'volume of casualties' and 'sexual harassment' (both alphas=0.85) and 'war zone stressors' (alpha=0.75). All factors, with the exception of 'volume of casualties,' were significantly associated with higher rates of post-traumatic stress disorder.

F223 **Epidemiology**

TRAUMA HISTORY, SYMPTOMS, & SOCIAL SUPPORT ACROSS GENDER, RACE AND SES

Rebekah G. Bradley, Angela N. Heiligenthal, Maureen M. O'Connell, Southern Illinois University

Research has suggested that traumatic experiences may be disproportionately high among women, racial/ethnic minorities and individuals from low SES groups. However, there has been a paucity of research specifically addressing differential rates and types of traumatic experiences, related symptoms, and mediating variables across gender, race and socioeconomic status. This lack of research likely contributes to a related lack of research and theory on intervention and prevention approaches for diverse populations. In particular, research and theory have suggested that relationships, with immediate and extended family and with friends, may play a differential role in mediating the impact of traumatic experiences across gender, race, and social class. Data on traumatic experiences, psychological and physical symptoms, and social support were gathered in a sample of 175 undergraduate students (approximately 55% European American, 40% African American, and 5% Latino). Data were analyzed across gender, race and socioeconomic status. Female participants, participants from lower SES backgrounds and African American/Latino participants reported higher rates of traumatic experiences (in both childhood and young adulthood). Differential symptom patterns and the roles of social/family relationships as mediating variables will be presented. Implications for further research and suggestions for clinical and community-based intervention and prevention programs are presented.

F224 **Epidemiology**

CONFIRMATORY FACTOR ANALYSIS OF THE SECONDARY TRAUMATIC STRESS SCALE

Brian E. Bride, The University of Georgia

Although there is a wealth of instruments designed to measure the psychological effects of traumatic events experienced directly, there is a paucity of instruments designed to measure the psychological impact of indirect exposure to traumatic events. The Secondary Traumatic Stress Scale (STSS), a 17-item Likert-type scale, was developed to address the need for such instruments. The items of the STSS are designed to assess the 17 DSM-IV PTSD symptoms, and are hypothesized to comprise three subscales representing the DSM-IV symptoms clusters of intrusion, avoidance, and arousal. The purpose of the present study was to investigate the factorial validity of the STSS. Six hundred licensed social workers were surveyed and asked to complete the STSS as part of a validation study. A total of 287 usable responses were received, resulting in a 48% response rate. A confirmatory factor analysis using LISREL 8.3 was conducted to test the hypothesized factor structure of the STSS. Results indicate that each of the 17 items of the STSS loaded significantly on its intended factor, supporting the factorial validity of the STSS.

F225 **Epidemiology**

TRAUMATIC BEREAVEMENT IN MEXICO: EXPOSURE AND ITS EFFECTS

Chad A. Buck, Fran H. Norris, Georgia State University

Few data exist on the frequency and impact of losing a loved one to homicide, suicide, or accident on people living in developing countries. As part of a four-city epidemiologic study of trauma, data on exposure to traumatic bereavement and various mental health outcomes were collected. A preliminary analysis of 1289 randomly selected adults aged 18-92 (M= 38) residing in Oaxaca, Oaxaca or Guadalajara, Jalisco was conducted. Response rates were 79% in Oaxaca and 82% in Guadalajara. Interviews were conducted in the respondents' homes using the Composite International Diagnostic Interview for DSM-IV. These preliminary results reveal that 37% of the sample experienced traumatic bereavement in their lifetime. Of those who experienced traumatic bereavement, 28% experienced it more than once. No differences were found between those who experienced one traumatic loss and those who experienced more than one loss on measures of psychological and physical functioning. A series of hierarchical multiple regression analyzes reveal that exposure to traumatic bereavement during one's lifetime has a significant relation to PTSD and anxiety symptoms, depressive symptomatology, and physical health. Implications for research and intervention will be discussed.

F226 **Epidemiology**

DOMESTIC VIOLENCE: A DEVELOPMENTAL AND INTERGENERATIONAL PERSPECTIVE

Molly G. Keehn, Daniel W. King, Lynda A. King, National Center for PTSD, VA Boston Healthcare System; David W. Foy, Graduate School of Education and Psychology, Pepperdine University; Heidi S. Resnick, Medical University of South Carolina

A multivariate model was tested to gain a better understanding of risk factors associated with male-perpetrated domestic violence and accompanying family distress. The model represented a network of relationships commencing with the perpetrator's accounts of violence within the family of origin and terminating with reports of child behavior problems in the family of procreation. Data from 254 male veteran-female partner dyads drawn from the National Vietnam Veterans Readjustment Study were analyzed and the structural model of best fit [S-B÷2 (43, N = 254) = 56.89, p = .08; RMSEA = .036; CFI = .98; GFI = .96] revealed a "chaining" of variables depicting pathways by which a man's adverse childhood experiences are linked to difficulties in his subsequent marital and family life. Specifically, the veteran's family background characteristics contributed to early acting out behaviors, which were then influential in terms of exposure to high levels of combat. This trauma exposure was linked to postwar PTSD and alcohol abuse, both influential factors in predicting violence, partner distress, and, finally, negative child behavior. The findings lend support to the idea of intergenerational transmission of family violence in the presence of pivotal mediators such as exposure to highly stressful life events.

F227 **Epidemiology**

UNIQUE STRESSORS FOR WOMEN IN THE GULF WAR

Molly G. Keehn, Erika R. Stone, Dawne S. Vogt, Clifford D. Evans, Daniel W. King, Lynda A. King; Jeffrey A. Knight, National Center for PTSD, VA Boston Healthcare System; David W. Foy, Graduate School of Education, Pepperdine University

Recent years have seen an increase in the number of women in the military as well as a change in their role in the war zone. As a result, interest has grown in examining the unique stressors women experience when they go to war and the impact that these stressors have on physical and mental health. In the current study, we sought to investigate unique war-zone stressors for women using data from a larger risk and resilience study that consisted of a national stratified (by gender) sample of 357 Gulf War veterans. Specifically, we examined gender differences in exposure to combat, aftermath of battle, war-zone social support, and experiences of sexual and non-sexual harassment in the war zone. While women were exposed to lower levels of the traditional stressors of combat and aftermath of battle, they reported experiencing higher levels of interpersonal stressors including less war-zone social support and more sexual and non-sexual harassment compared with men. These findings suggest that gender is an important consideration in understanding war-zone stressors. Future research should focus on the way in which the unique stressors faced by women in the military impact their health and well-being.

F228 **Epidemiology**

MULTIPLE DIMENSIONS OF STRESS IN TWO COHORTS OF GULF WAR PERSONNEL

Clifford D. Evans, Dawne S. Vogt, Erika R. Stone, Molly G. Keehn, Jeffrey A. Knight, Lynda A. King; Daniel W. King, National Center for PTSD; David W. Foy, Grad. School of Education & Psychology, Pepperdine University

Since the conclusion of the Gulf War, many veterans of that conflict have become a vocal minority, claiming that the government, medical community, and American public have largely ignored their reports of physical problems. While conclusions have yet to be reached regarding the etiology of so-called Gulf War Illnesses, there is an emerging consensus that exposure to psychological stressors may be a contributing factor. As a part of a larger risk and resilience study, a national stratified sample of 357 female and male Gulf War veterans provided data on exposure to five war-zone stressor dimensions: combat, aftermath of battle, malevolent environment, anticipatory fear, and feelings of preparedness for the war. Comparisons were made between regular active duty and reserve/National Guard personnel on each of these dimensions and intercorrelations among the dimensions were calculated separately for each group. Regular active duty personnel endorsed more exposure to combat, perceptions of a malevolent environment, and anticipatory fear than did reserve/National Guard personnel. Combat was more strongly associated with the perception of a malevolent environment for reserve/National Guard than for regular active duty personnel. For both groups, anticipatory fear decreased with war-zone preparedness and increased with the perception of a malevolent environment.

F229 **Epidemiology**

COMMUNITY VIOLENCE EXPOSURE: PSYCHOLOGICAL AND PHYSIOLOGICAL OUTCOMES

Deniz Fikretoglu, Jimmy D. Hurley, Elizabeth Van Voorhees, Angela Scarpa, Virginia Polytechnic Institute and State University

The purpose of this study is to investigate the relationship between community violence experienced by university students in their lifetime and their psychological and physiological functioning. Approximately 300 students will be screened for exposure to community violence during the first phase of the study and equal numbers of males and females who fall in the high and low exposure groups (total 96) will be invited back for the second phase. During the second phase, students will be interviewed using the

SCID for the presence of Antisocial Personality Disorder, Posttraumatic Stress Disorder, Depression and Dysthymic Disorder. Students will also be asked to recall a stressful and a neutral experience and to discuss those with the experimenter. Physiological responses of heart rate, respiration, skin conductance, blood pressure, and cortisol will be collected throughout the recall tasks. This study is currently ongoing. Preliminary results for the females in the low exposure group indicate that the females with low community violence exposure did not meet criteria for Antisocial Personality Disorder, Posttraumatic Stress Disorder, Depression or Dysthymic Disorder. Even though those females in the low exposure group reported at least one traumatic event in their lifetime, they did not report many clinically significant symptoms.

F230 **Epidemiology**

EXPOSURE TO LIFETIME TRAUMA IN UNIVERSITY STUDENTS

Deniz Fikretoglu, Angela Scarpa, Virginia Polytechnic Institute and State University

516 university students were screened for lifetime exposure to trauma. The earliest age of trauma reported ranged from 2-25. 10% of the student reported being exposed to some type of trauma before the age 10. The highest level of threat experienced at the time of the trauma ranged from not at al threatening to extremely threatening. Approximately 8% of students reported experiencing some type of extremely threatening trauma. The level of traumatization at the time of the event ranged from none at all to extremely traumatic. Approximately 22% of the students reported experiencing the event as extremely traumatizing at the time. The highest level of current traumatization ranged from not at all traumatizing to extremely traumatizing. Approximately 4% od students reported still being extremely traumatized by the event. The total number of reexperiencing symptoms rated as clinically significant ranged from 0-5, with 22.4% reporting 3 or more symptoms. The total number of avoidance symptoms rated as clinically significant ranged from 0-7, with 22 % reporting 3 or more symptoms. The total number of arousal symptoms rated as clinically significant ranged from 0-5, with 21.6 % reporting 3 or more symptoms. 13.7 % met criteria for a diagnosis of PTSD.

F231 **Epidemiology**

THE RELATIONSHIP BETWEEN DSM-IV CRITERION A AND SUBSEQUENT PTSD SYMPTOMATOLOGY

Elaine S. McMillan, Dept of Psychology, Yonit Schorr, Lizabeth Roemer, University of Massachusetts at Boston

DSM-IV diagnostic criteria for Posttraumatic Stress Disorder require that a person experience or witness threat to life or limb and feel intense fear, horror, or helplessness at the time of the traumatic event. However, limited empirical data exist to support the relationship between these criteria and the subsequent development of PTSD (Roemer et al, 1998). We hypothesized that having these experiences at the time of the traumatic incident would significantly predict later symptomatology. Participants were seventy-eight individuals who reported exposure to potentially traumatic events in the context of a larger questionnaire study. Participants completed the Posttraumatic Stress Disorder Scale (Foa et al., 1993) which assessed retrospective subjective experiences at the time of the event and current symptomatology. Analyses revealed that feeling terrified, helpless, and perceiving their lives in danger, were significant predictors of subsequent PTSD symptoms. However, perception that another's life was in danger did not significantly predict symptomatology. For sexual assault survivors, none of the experiences at the time of the assault were significantly predictive of subsequent PTSD symptoms. Results suggest that more empirical support is needed for current DSM-IV criteria and that current criteria may not adequately capture the experience of victims of all types of traumatic events.

F232 **Epidemiology**

EXPOSURE TO LIFETIME TRAUMA IN UNIVERSITY STUDENTS: COPING AND PSYCHOLOGICAL ADJUSTMENT

Deniz Fikretoglu, Angela Scarpa, Virginia Polytechnic Institute and State University

516 university students were screened for lifetime exposure to trauma. 13.7% met criteria for a diagnosis of PTSD. The PTSD and the Non-PTSD groups differed in a number of ways in their general coping styles. The PTSD group used mental disengagement, denial, and behavioral disengagement significantly more than the Non-PTSD group. Further, there was a trend for significance between the PTSD and Non-PTSD groups in focusing on venting of emotions and substance use, with the PTSD group using these strategies more than the Non-PTSD group. Finally, the PTSD group used the coping strategy of seeking instrumental social support significantly less than the Non-PTSD group. The two groups also differed on psychological adjustment measures. The PTSD group reported significantly higher total aggression, trait anger, trait anxiety, and depression than the Non-PTSD group. Further, the PTSD group reported significantly higher physical aggression, anger, and hostility. Overall, problems in psychological adjustment after exposure to some type of trauma were associated with the use of negative coping strategies and the lack of use of positive coping strategies.

F233 **Epidemiology**

EXPOSURE TO LIFETIME TRAUMA IN UNIVERSITY STUDENTS: THOUGHT CONTROL STRATEGIES AND PSYCHOLOGICAL ADJUSTMENT

Deniz Fikretoglu, Angela Scarpa, Virginia Polytechnic Institute and State University

516 university students were screened for lifetime exposure to trauma. 13.7% met criteria for a diagnosis of PTSD. The PTSD and the Non-PTSD groups differed in the strategies they used to control unwanted, distressing thoughts. The PTSD group used punishment and worry significantly more than the Non-PTSD group. The two groups also differed on measures of psychological adjustment. The PTSD group reported significantly higher total aggression, trait anger, trait anxiety, and depression than the Non-PTSD group. Further, the PTSD group reported significantly higher physical aggression, anger, and hostility. Overall, problems in psychological adjustment after exposure to some type of trauma were associated with the use of negative thought control strategies.

F234 **Epidemiology**

EXPOSURE TO LIFETIME TRAUMA IN UNIVERSITY STUDENTS: SOCIAL SUPPORT AND PSYCHOLOGICAL ADJUSTMENT

Deniz Fikretoglu, Angela Scarpa, Virginia Polytechnic Institute and State University

516 university students were screened for lifetime exposure to trauma. 13.7% met criteria for a diagnosis of PTSD. The PTSD and the Non-PTSD groups reported different levels of perceived social support. The PTSD group reported significantly lower perceived family support than the Non-PTSD group. The two groups also differed on measures of psychological adjustment. The PTSD group reported significantly higher total aggression, trait anger, trait anxiety, and depression than the Non-PTSD group. Further, the PTSD group reported significantly higher physical aggression, anger, and hostility. Overall, problems in psychological adjustment after exposure to some type of trauma were associated with low perceived family support.

F235 **Epidemiology**

TRAUMA EXPOSURE AND CORRELATES IN A SAMPLE OF INCARCERATED JUVENILES

Ricky Greenwald, Mount Sinai School of Medicine; Maurice S. Satin, NY Office of Children and Family Services

Trauma exposure and post-traumatic stress symptoms have been linked to antisocial behavior in previous studies. The present study will test the hypotheses that a sample of incarcerated youths' trauma exposure will be positively correlated with a) post-traumatic stress and related symptoms; b) severity of incarceration-related charges; c) age of onset and versatility of antisocial behaviors; and d) that both trauma exposure and post-traumatic symptoms will predict treatment non-compliance. At program entry, over 200 juvenile delinquents ages 13-17 sentenced to at least 6 months of incarceration in 3 NY state facilities (2 male, 1 female) completed several paper-and-pencil instruments assessing history of exposure to adverse events, as well as post-traumatic stress, related symptoms (anxiety, depression, dissociation, anger), and history of antisocial behaviors.

F236 **Epidemiology**

TRAUMA EXPOSURE IN SOUTHEAST ASIAN HUMANITARIAN AID WORKERS

Cynthia B. Eriksson, Tony Culnane, Valla Walker, The Headington Program, Fuller Grad. School of Psych; John Fawcett, World Vision International; June Cunningham, The Green Gate Centre; Denise Badaruddin, Fuller Graduate School of Psychology; David W. Foy, GSEP, Pepperdine University, Fuller Theological Seminary

The success of humanitarian aid programs around the world often depends upon local participation and management. In a country that has experienced mass violence, local staff members work in challenging environments, and they have their own history of trauma exposure. A nongovernmental aid organization in Southeast Asia assessed the occupational stress and exposure to trauma in their local staff. Ninety-two randomly selected staff completed a survey that included the Harvard Trauma Questionnaire, the Hopkins Symptom Checklists for Anxiety and Depression, and questions regarding current exposure to traumatic events and environmental stressors. Participants reported considerable historical trauma, e.g., 31% reported the murder of a family member or friend and 24% reported experiencing torture. In addition, 70% of participants reported feeling that their life has been in danger in the years since the conflict. Reported symptoms levels were high for this "non-clinical" sample: 54% reported significant depression symptoms; 63% reported significant anxiety; and 34% reported significant levels of posttraumatic stress symptoms. Additional analyses investigated the possible interctive relationship between historical trauma exposure and current stressors. The results raise important questions regarding how to best support staff working in stressful conditions who have experienced the same trauma as the communities they serve.

F237 **Epidemiology**

EXAMINATION OF FIVE RISK FACTORS ASSOCIATED WITH SEXUAL VICTIMIZATION

Linda Frey, Jennifer Waltz, Ellen M. Crouse, University of Montana

Sexual victimization among college women in the U.S. is estimated at three times the rate in the general population. A number of factors have been identified that may contribute to heightened risk for sexual assault. The majority of the research, however, is cross-sectional. This study employs a prospective design to examine whether specific factors are predisposing to heightened risk or changes that occur subsequent to sexual victimization. Five factors examined include: history of childhood sexual abuse (CSA), dissociation, alexithymia, alcohol use, and loneliness. Both CSA and alcohol use have previously been found to increase risk, the other three factors were examined prospectively for the first time. Participants were 338 female university students. At Time 1, each completed a modified version of the Traumatic Events Survey, Dissociative Experiences Survey (DES), UCLA Loneliness Scale (Version 3) (UCLA-LS), Toronto Alexithymia Scale (TAS), and an alcohol use measure. After a nine-week interval, participants completed the DES, TAS, UCLA-LS, alcohol use measure, and the Sexual Experiences Survey. Thirty-five (10.8%) of the participants reported they had experienced some form of sexual victimization during the semester; 92 (27.5%) endorsed a history of CSA. As reported previously, both CSA and alexithymia were significant predictors of sexual victimization. We focus here on a detailed analysis of changes in predictor variables over the nine weeks, as well as differences between CSA and nonCSA groups.

F238 **Epidemiology**

VIOLENT VICTIMIZATION AND NEUROCOGNITIVE FUNCTIONING IN WOMEN WITH SCHIZOPHRENIA

Jean S. Gearon, University of Maryland and the VA Capitol Health Care MIRECC; Stacey I. Kaltman, Shannon M. Thomas-Lohrman, VA Capitol Health Care Network MIRECC; Seth A. Brown, University of Maryland

Negative outcomes linked with substance abuse in women combined with the neurocognitive impairments characteristic of schizophrenia, may make women with schizophrenia and co-occurring substance use disorders particularly vulnerable to interpersonal violence. Schizophrenia can be differentiated from other serious mental illnesses by profound deficits in attention, memory, and higher cognitive functioning (including problem solving and abstract thinking). These deficits may make it difficult for women with schizophrenia to focus on important environmental cues, encode interpersonal semantics, and to integrate environmental context or previous experience into their current situations thus potentially interfering with their ability to effectively identify dangerous situations. Substance abuse can only further exacerbate the problem. The purpose of this presentation is to examine the relationship between neurocognitive functioning and interpersonal victimization among substance abusing women with schizophrenia. To determine if neurocognitive deficits unique to schizophrenia elevate the risk of these women to victimization, parallel data from two demographically matched comparison groups will be presented as well: substance abusing women with major affective disorders and substance abusing women with no history of serious mental illness. The neurocognitive measures assessed in the study include long- and short-term verbal memory, attention, working memory, estimated IQ, and executive and abstract reasoning.

F239 **Epidemiology**

TRAUMA AND HARM WITHIN THE PSYCHIATRIC SETTING: A PILOT STUDY

Karen J. Cusack, Sandy Bennett, Thomas G. Hiers, South Carolina Department of Mental Health William S. Hall Psychiatric Institute; B. Christopher Frueh, VAMC

The prevalence of experiencing a traumatic event (e.g., sexual/physical assault) is known to be quite high in the general population, and even higher among psychiatric patients. In addition to the growing recognition of the high rates of trauma and posttraumatic stress disorder (PTSD) among this population, recent attention has been paid to the potential for the psychiatric setting itself to induce trauma and PTSD, either directly or indirectly. Although both mental health organizations and mental health consumer groups have begun to acknowledge this as a problem, very little empirical work has been done regarding this issue. Data from an initial survey indicate that most respondents experienced events in the hospital that were frightening, dangerous, and humiliating (mean=13.95 harmful events). The present study will assess the experiences of 60 former psychiatric patients from four public mental health clinics regarding events defined as both traumatic (DSM-IV criteria) and otherwise harmful (e.g., restraints). Subjects will complete several self-report measures regarding experiences in the psychiatric setting. Patient perceptions will be assessed, as well as clinical outcomes (e.g., PTSD symptoms) and process outcomes (e.g., treatment compliance). Results will be discussed in terms of future research and public policy regarding potentially harmful practices in psychiatric settings.

F240 **Epidemiology**

TRAUMA EXPOSURE AND TREATMENT RETENTION AMONG ADOLESCENT DRUG ABUSERS

Lisa H. Jaycox, Patricia Ebener, Kirsten Becker, RAND; Leslie D. Litsky, Phoenix House Foundation

Research on adults finds trauma experience and related symptoms of anxiety and depression interfere with clients' adherence to and benefit from drug treatment. Whether these findings hold true for adolescents is unknown. We examined trauma exposure, PTSD symptoms, and psychosocial functioning among 212 adolescents within a week of admission to a long-term residential drug treatment program. We followed adolescents for 6 months and examined retention in treatment as a function of these factors. The majority of adolescents reported lifetime trauma exposure (71%), as defined in DSM-IV. Among those traumatized, 29% reported symptoms consistent with a diagnosis of PTSD on the Children's PTSD Inventory (Saigh et al., 2000). Traumatized adolescents reported more internalizing and externalizing behavioral problems and those with PTSD reported more internalizing behavior problems. We divided the sample into three groups: no trauma history (21%), trauma history but no PTSD (59%), and trauma history with probable PTSD (20%). Survival analysis revealed that the traumatized group without PTSD left treatment sooner than the non-traumatized group, but there were no differences between the group with probable PTSD and the other two groups. This finding was contrary to expectations; possible interpretations and avenues for future research will be presented.

F241 **Epidemiology**

PARENT AND CHILD REPORTS OF CHILD SYMPTOMS FOLLOWING RESIDENTIAL FIRE

Christina M. Kephart, Yanping Wang Wang, Russell T. Jones, Thomas H. Ollendick, Virginia Tech

In this study, parents and their children were interviewed one to five months after experiencing a residential fire. Children and parents completed a diagnostic interview (DICA-IV-R) to assess for the child's symptoms of depression and posttraumatic stress disorder. Parents were also assessed for PTSD symptoms they, themselves, might be experiencing. Lastly, parents completed a behavior checklist to assess for internalizing and externalizing problems in their children. Results indicated that, while parent and child reports of major depressive symptoms were significantly correlated ($r = .332$, $p = .002$), parent and child reports of the child's posttraumatic stress symptomatology were not associated. In addition, parents' reports of their own symptomatology were not related to their reports of their children's symptomatology on any measures. One hypothesis suggested by these results is that following a trauma, parents may notice that a child is in distress but may not attribute the symptoms to the traumatic event itself. Another question raised is that of the parents' ability to recognize that their children are in distress if they themselves are experiencing posttraumatic stress symptomatology. These results emphasize the importance of assessing the child directly, as opposed to relying on parental reports of children's symptoms, following a trauma.

F242 **Epidemiology**

PERSONALITY VARIABLES AND THE INTERGENERATIONAL TRANSMISSION OF VIOLENCE

Catherine M. Coppolillo, Mary L. Wandrei, Marquette University

Research in the area of intimate partner violence has convincingly established a link between childhood exposure to parental violence and adult involvement with violence (either as perpetrator or as victim) in one's own intimate relationships. In order to explain how the use of violence is transmitted from parents to some children but not others, the current study investigates the potential mediating or moderating role of the personality traits of openness to experience and neuroticism. A projected 130 undergraduate students enrolled at a medium-sized, Midwestern Catholic university will participate in the study. Participants will complete the NEO-PI-R and measures of violent behavior for both parental and current dating relationships. Preliminary data from 65 participants indicates that both openness to experience and neuroticism act to moderate the link between childhood exposure to violence and violence enacted in one's adult intimate relationships. These results indicate a need for further inquiry into the role of personality variables in the intergenerational transmission of violence.

F243 **Epidemiology**

TRAUMA-RELATED DISTRESS AND COPING SELF-EFFICACY FOLLOWING MOTOR VEHICLE ACCIDENTS

Lesley E. Johnson, Charles C. Benight, Ivan R. Molton, Daria K. Boeninger, Alexandra S. Harding, Karen Stiles, Yvonne Sletta, Claire Thomas, University of Colorado at Colorado Springs

Trauma Coping Self-Efficacy (CSE) is the perceived capability for managing posttraumatic recovery demands. Previous research has shown CSE to be related to psychological outcomes following hurricanes, floods, military combat, and terrorist bombings. This study extends past research by examining what factors serve as predictors of CSE perceptions within a sample of motor vehicle accident (MVA) survivors. Seventy-six participants with a mean age of 36 (SD = 15) were sampled within 10 days post-MVA. Participants completed a questionnaire packet including measures of CSE perceptions, peritraumatic dissociation,acute trauma-related distress (Impact of Events Scale-Revised), and demographic variables. Stepwise multiple regression analysis demonstrated that intrusive thoughts (Beta = -.39, $p = .001$), avoidant behavior (Beta = -.25, $p = .02$) and peritraumatic dissociation (Beta = -.22, $p = .03$) were significant predictors of CSE perceptions. Hyperarousal, age, gender, and education were not significant. Implications of these findings for post-MVA interventions will be addressed.

F244 **Epidemiology**

TRAUMA EXPERIENCES AND PTSD AMONG HOMELESS ADOLESCENTS

Dan R. Hoyt, Les B. Whitbeck, Iowa State University

This paper presents findings from a study of 350 homeless adolescents. Youth aged 16 to 19 were recruited on the streets and in shelters across seven cities in the midwestern United States. Youth reported high levels of personal victimization and abuse experiences both in their homes prior to leaving and on the street. Lifetime prevelence of PTSD, estimated using the Composite International Diagnostic Interview, was 36%. Epidemilogical risk factors and co-morbidity with other disorders are examined. Youth who were sexually victimized had higher rates for PTSD than those experiencing other types of trauma. Comorbiity with PTSD was relatively common for substance problems (20%) and conduct disorder (26%).

F245 **Epidemiology**

FACTORS AFFECTING THE RELATIONSHIP BETWEEN TRAUMA AND ILLNESS BEHAVIOR

Helena K. Chandler, George A. Clum, Virginia Polytechnic Institute and State University

Numerous studies have demonstrated a relationship between traumatic experiences and negative health outcomes, including increased health complaints and medical utilization. PTSD symptoms have been found to mediate this relationship. The current investigation seeks to evaluate two competing hypotheses: 1) increased negative health behaviors in trauma victims mediate the trauma-health relationship; 2) a learning history that reinforced reporting symptoms (both medical and psychological), mediates the trauma-health relationship. Three hundred college students were evaluated for trauma history, PTSD symptoms, health behaviors, and learning history for reporting symptoms. Health complaints, functional health status, self-report of medical utilization, and medical utilization records were used as outcome measures. Pilot work with this population has replicated findings that traumatic experience is positively associated with health complaints (btrauma=.21, $p<.05$) and that PTSD symptoms mediate this relationship (btrauma=.044, n.s; bPTSD=.634, $p<.01$) making it an appropriate population which to test the current hypotheses. Path analytic methods evaluated the competing mediational models and the effects of each variable are presented. The role of health behaviors and reinforcement for symptom reporting are

considered as risk factors for increased health complaints and PTSD symptomatology. Further, theoretical implications regarding the process by which trauma victims manifest health complaints and increased utilization are discussed.

F246 **Epidemiology**

THE SUN ALWAYS COMES OUT AFTER IT RAINS: EXPLORING THE EXPERIENCE OF AIDS CARERS

Susan A. Cadell, Wilfrid Laurier University

This research was designed to explore the growth of people who have cared for or about someone who has died of Acquired Immune Deficiency Syndrome (AIDS)-related illnesses or complications related to Human Immunodeficiency Virus (HIV) disease. It consists of a cross-sectional study of 176 bereaved carers of people with HIV disease, some of whom themselves are HIV-positive. Measures were selected to assess demographics, spirituality, social support, depression, traumatic symptomatology and posttraumatic growth. A research model was tested which examined the relationship of psychosocial resources and stressors to the post-traumatic growth of the bereaved participants. This study provides a portrait of bereaved HIV carers in Canada and the realities associated with that situation. The findings confirm the literature that suggests that, in contrast to carers of people with other diseases, HIV caregivers are younger, more often male, not necessarily a family member and are often HIV-positive themselves. The knowledge of factors that can play a role in post-traumatic growth can contribute to the practice of those working with trauma at any level of intervention.

F247 **Epidemiology**

PTSD AND COMORBID ANTISOCIAL PERSONALITY DISORDER: TRAUMA HISTORY AND SYMPTOM PROFILES

Claudia L. Baker, National Center for PTSD; Dean Lauterbach, Northwestern State University

PTSD and Antisocial Personality Disorder (ASP) frequently coexist, particularly in male populations. We conducted secondary analysis from a sub-group of data from the National Comorbidity Survey to determine possible similarities and differences for psychiatric symptoms, trauma history, substance abuse and behavioral correlates between two groups: PTSD (n=239) and combined PTSD/ASP (n=28). Using analysis of proportions, we found that 50% of the combined PTSD/ASP group reported a history of physical abuse as a child compared to 22% for PTSD only. Also, the combined PTSD/ASP group exhibited significantly higher incidences of specific PTSD symptoms compared to the PTSD only group, such as irritability, numbing, and startle. No symptoms were found to be more prevalent in the PTSD only group. Gender differences and rates of substance abuse and problematic behavior were also examined. The results of this series of analysis indicate that, compared to PTSD, the combined ASP/PTSD group reported higher levels of childhood physical abuse and specific PTSD symptoms. A clinical picture emerges of this combined group characterized by increased PTSD symptoms, higher levels of substance abuse, legal problems and interpersonal conflict.

F248 **Epidemiology**

FIREARM COLLECTION AND USE AMONG PTSD COMBAT VETERANS

Edrick H. Dorian, Jennifer L. Sherker, David W. Foy, Pepperdine University; Josef I. Ruzek, Kent D. Drescher, Menlo Park Veterans Hospital/National Center for PTSD; Matthew T. Huss, Creighton University

Posttraumatic stress disorder (PTSD) combat veterans represent an excellent research group in which to study the interactions of firearms usage, suicidal behavior, substance abuse, and psychopathology. The present study reports the results of initial efforts in surveying gun collection and keeping habits of 57 participants presenting for a 70-day, structured psychiatric rehabilitation program for combat veterans diagnosed with PTSD at the Menlo Park Veterans Hospital in Northern California. A Firearm Inventory Survey administered upon intake found that 41% of the sample currently owns firearms (23 out of 56, with 1 participant not reporting); 77% (17 out of 22, with 1 participant not reporting) of current firearm owners have made attempts or expressed the desire to suicide in the past, with 64% of those being in the past year; and 70% of current firearm owners (16 out of 23) have made attempts or expressed the desire to kill others in the past; with 44% of those being in the past year. The results of this survey underscore the need to fully assess PTSD combat veteran patients regarding their collection and use of firearms.

F249 **Epidemiology**

NURSING HURT CHILDREN HURTS: VICARIOUS TRAUMATIZATION OF PEDIATRIC STAFF

Christine M. Dunning, University of Wisconsin-Milwaukee; Florence Selder, University of Wisconsin-Milwaukee; Mary Kachoyeanos, Private Practice

It is difficult to imagine having to come into contact with children who are hurting from life's accidents, disasters, and violence. Nobody wants to bear the sorrow and pain of experiencing their suffering even second hand. Yet many choose occupations that not only expose them to such children daily, but also places them in a position of having to add to the child's trauma performing life-saving medical interventions. This poster presents data on compassion fatigue and vicarious traumatization of pediatric nursing staff. Instruments included the Stressful Life Events Inventory, the TSI Belief Scale, Impact of Events-Revised, and the Compassion Fatigue Test. Comparison to demographic data shows a significant change in self-perception and commitment to pediatric nursing occurring at two points in pediatric nursing careers that serve to either inure the nurse to children's pain or cause them to choose other career paths. Vicarious traumatization plays a significant role not only in quality of care to children but in the availability of caregivers at all. To work with hurting children hurts.

F250 **Epidemiology**

CASE STUDIES OF VICTIMS OF INTIMATE PARTNER VIOLENCE

Lisa R. Engel, Robin J. Belamaric, Mai Y. El Khoury, George Washington University; Megan Murphy, Mary Ann Dutton, Georgetown University; Lisa Goodman, Boston College

Even though stereotypes abound, there is no single profile of a victim of intimate partner violence (IPV). Battered women's experience varies across many dimensions that can be described using a nested ecological context, developed originally by Bronfenbrenner (1979), and later adapted to understanding battered women by Dutton (1996). This poster will illustrate the complexity of each of 10 case studies of battered women's lives along several dimensions: 1) economic and social context of the woman's life, 2) extent of exposure to IPV in a recent or ongoing intimate relationship, 3) history of prior adult- and childhood violence and abuse exposure, 4) emotional well-being, 5) strategies used to deal IPV, 6) institutional systems' response to IPV situation, 7) strategies used to cope with the effects of IPV, 8) appraisal of current IPV-related risks, 9) exposure to IPV in a subsequent relationship, and 10) prospective escalation or de-escalating pattern of IPV. These case studies are taken from a large longitudinal study of 400 battered women seeking help in a civil protection order court, specialized domestic violence criminal court, or shelter. Specific cases were selected to illustrate the variation in and complexity of low-income battered women's experience.

F251 **Epidemiology**

A PROSPECTIVE STUDY OF VICTIMIZATION HISTORY, SOCIAL SUPPORT, AND PTSD IN RECENT FEMALE ASSAULT VICTIMS

Gretchen A. Clum, Christine D. Scher, Anita Bazile, Patricia A. Resick, Priscilla Schulz, University of Missouri-St. Louis

Social support has been linked to psychological adjustment after a traumatic event. Previous victimization history has also been associated with poor adjustment after trauma. Social support may be one mechanism by which victimization history is related to psychopathology. Additionally, the reactions of others have been shown to affect outcomes. While previous victimization may be related to less social support seeking, the initial reactions of close others may additionally influence the likelihood of seeking social support. We hypothesized that initial reactions of close others would moderate the relationship between victimization history and support seeking. We also hypothesized that social support seeking would mediate between victimization history

and symptoms of posttraumatic stress disorder (PTSD). Using a prospective design, 120 female assault victims (both rape and physical assault) were interviewed at 2 weeks and 3 months post-assault. Information on victimization history and social support was collected at 2 weeks. PTSD symptoms were assessed at 3 months. Results support the hypothesis that initial negative reactions of close others are associated with less support seeking behavior. Furthermore, the relationship between victimization history and PTSD symptoms is mediated by less social support seeking. Implications for early intervention are discussed.

F252 **Epidemiology**

TRAUMA AND PSYCHOPATHOLOGY IN RURAL MISSISSIPPI

Maurice Preter, Sabinae Preter, University of Mississippi

We describe exposure to traumatic experiences in a poor rural county near the Mississippi Delta. The first 138 consecutive patients presenting to a new neuropsychiatry and child psychiatry satellite of the University of Mississippi received a comprehensive psychiatric evaluation that included an extensive trauma history. There were 45 female and 32 male adult patients from age 18 to 84 (M = 33.1, SD = 10.1,). 61% had experienced psychologically devastating traumatic events. There were 28 girls and 43 boys age 1 to 18 (M = 9.2, SD = 3.1); 66% were traumatized. Experiencing a traumatic event was the presenting complaint in less than 5% of traumatized patients. Events elicited included: Witnessing of suicides, homicides and fatal car accidents; sexual abuse, and in young children, abandonment and neglect. Only 10% of the total sample had full PTSD. Partial PTSD, chronic adjustment disorders, depression with chronic suicidality, and conduct disorder were prevalent. Results are presented separately for children. Major trauma and loss, though rarely the presenting complaint were highly prevalent and were associated in this sample with high levels of psychopathology and dysfunction. We discuss possible explanations for these results. PTSD diagnostic criteria may significantly underestimate community rates of trauma.

F253 **Epidemiology**

A STUDY TO INVESTIGATE LEVELS OF PSYCHOLOGICAL MORBIDITY IN SOLDIERS FOLLOWING AN EMERGENCY OPERATIONAL DEPLOYMENT

J.G.H. Hacker Hughes, B.H. Campion, F. Cameron, Colchester Garrison, Department of Community Psychiatry

Several studies have been conducted over the past 10 years to investigate the levels of psychological morbidity (in particular of PTSD) in British soldiers returning from operational commitments overseas. Three of these studies, conducted on Falklands War and Gulf War veterans found approximately 50% of soldiers to show symptoms of PTSD following their return from deployment. However, a more recent study found a comparatively very low level of morbidity in a group of British soldiers returning from peacekeeping duties in the former Republic of Yugoslavia and proposed that an Operational Stress Training Package delivered prior to deployment might have contributed to this. A deployment of British forces was made in May 2000 to Sierra Leone in order to support the evacuation of British citizens. Due to the requirements for an extremely rapid force projection, no formal pre-operational stress management training was delivered on this occasion. Soldiers from two units involved in this operation were screened on their return for any psychological morbidity in order to plan and deliver any necessary mental health interventions. This allowed a survey to be conducted with three aims: to establish the levels of psychological symptomatology of personnel involved; to compare this group with another group from the same units who were not deployed; and to follow both groups up over a one year period. The results of this study will be presented and discussed.

F254 **Epidemiology**

TRAUMA SEVERITY AND INITIAL REACTIONS IN THE PREDICTION OF PTSD IN THE NATURAL DISASTER SAMPLE

Pakize Çervatou Geyran, Psychiatrist

This is the investigation of the severity of acute symptoms occurring the early period after the event, peritraumatic responses occurring during the event and the severity of the event (earthquake) in the prediction of PTSD. Total 121 participants, selected from 3 different sampling groups in regions where they experienced the 17/August earthquake, exhibit different characteristics.The total earthquake severity mean of Group II who experienced the earthquake in 100 % periphery was statistically different and higher than the other two groups. Similarly, the added stressors severity after earthquake of Group II was different and higher than Group I and III. When the PTSD diagnosed and non-diagnosed ones were compared with regard to trauma severity variables; PTSD diagnosed ones perceived more subjective severity. Group I and II was different with regard to Acute GAB. The severity of acute posttraumatic symptoms of PTSD diagnosed and non-diagnosed ones were different in advanced degree. It was found that there was statistically significant difference between the PTSD diagnosed /non-diagnosed ones with regard to peritraumatic physiological reaction severity (higher in PTSD ones). The PTSD diagnosed ones were different from the other group with regard to peritraumatic dissociative symptom. Additional analyses will be presented.

F255 **Epidemiology**

CHILDREN'S REACTIONS TO THE 1999 TAIWAN EARTHQUAKE: PTSD SYMPTOM SEVERITY, AGE, GENDER, AND EARTHQUAKE EXPERIENCE

Chia-Chen Chao, Department of Occupational Therapy, Chang Gung University; YuYu Wu, Chang Gung Children's Hospital; Li Wei Lee, Chang Gung University, Taiwan

On September 21, 1999, an earthquake measuring 7.3 on the Richter Scale shook central Taiwan. Four months after the earthquake, 1,279 3rd to 6th grade children (53% boys and 47% girls) from one of the most devastated earthquake areas were screened to examine the frequency and severity of posttraumatic stress symptoms as well as associated risk factors. Self-reports of PTSD symptoms and earthquake experience were obtained at school by using the Post-Earthquake Questionnaire for Student (PEQS) that consists of 20 statements of PTSD symptoms and six questions of earthquake experience. Results showed that about 14% of the children scored above the cutoff point (11/12) for PTSD severity. During or after the earthquake 22% of the children had family members or relatives injured, 20% had stayed in a shelter, 14% had witnessed death scenes, 12% had family members or relatives died, 11% were themselves injured, and 4% had been trapped in a collapsed building. Logistic regression analysis revealed that younger age, female sex, entrapment, witnessing death scenes, and injury of self all contributed to the prediction of PTSD symptoms in the children. The limitations of this study and the role of screening for PTSD in planning further psychosocial interventions are discussed.

F256 **Epidemiology**

TRAUMA ATTRIBUTION AND MEANING MAKING IN ADOLESCENTS POST CHI-CHI EARTHQUAKE IN TAIWAN

Sue-Huei Chen, Yee Huei Lin, Department of Psychology, National Taiwan University

Earthquake victims vary differently in their appraisals of such objectively similar traumatic experience and may then result in different extents of post-traumatic stress symptoms. It may be more salient for adolescents because they are at the developmental stage of searching meanings for life and the World. The present paper reports primarily the attributional patterns of damage and loss caused by the Earthquake and meaning making 10 months after the trauma. One hundred and sixty two students from middle high schools in the epicenter of the Earthquake were assessed by a semi-structured Story Completion Task that was designed to tackle the attributions of the damages and loss caused by the earthquake and meaning making

after the trauma, Chinese Version of UCLA PTSD Index for DSM-IV (Pynoos, Rodriguez, Steinberg, Stuber, 1998), Exposure Index Scale (Chen et al., 2000), and Background Information Questionnaire. Preliminary data show that: 1) about 50% of subjects used internal attribution and blamed on one's traits and behaviors for causing the damage and loss; 2) about 50% perceived controllability to avoid injury from earthquake in the future; 3) about 43% of subjects assigned negative meanings to the experience, while about 28% assigned positive meanings and the rest have not yet reached a conclusion; and 4) those who broke justice world beliefs two times outnumbered those who kept faith in justice world hypothesis. The results are discussed in terms of the relationships of trauma attribution, meaning making, perceived future controllability, and post-traumatic stress symptoms in youths. Further investigations are then suggested.

F257 **Epidemiology**

PAROXETINE IN THE TREATMENT OF POST-TRAUMATIC STRESS DISORDER (PTSD)

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AIMS. The efficacy, safety and tolerability of paroxetine were evaluated in three 12-week, multicenter, randomized, double-blind, placebo-controlled clinical studies in 1180 patients with a DSM IV diagnosis of PTSD. METHODS. Data from three studies were pooled: Study 651 was a fixed dose study of paroxetine 20 and 40mg/day vs placebo whereas Study 648 and Study 627 assessed paroxetine 20-50mg/day vs placebo. The mean ages for paroxetine- (n = 676) and placebo-treated (n = 504) patients were 41 (SD 11.48) and 40 (SD 11.87) years, respectively, and the proportions of female patients in each group were 65% and 62%, respectively. The primary efficacy parameters were the change from baseline in CAPS-2 total score and the proportion of responders (CGI improvement of 1 [very much improved] or 2 [much improved]). Secondary efficacy parameters included changes from baseline in TOP-8 scale, Davidson Trauma Scale (DTS) and Sheehan Disability Scale (SDS). Primary and secondary efficacy variables were analysed on an LOCF basis at the week 12 endpoint for the intention-to-treat (ITT) population by ANOVA. RESULTS. Patients' demographic characteristics were well balanced across the treatment groups in each individual study. Consistent with the published literature there was a higher proportion of females in all three study populations. A similar range of trauma types was observed across each individual study, with trauma due to physical/sexual assault accounting for approximately 50% of cases. Statistically significant improvements from baseline were observed for paroxetine when compared with placebo, respectively, in: CAPS-2 total scores (-34.6 vs -24.2); CAPS-2 re-experiencing symptom cluster (-9.9 vs -6.9); CAPS-2 avoidance symptom cluster (-14.3 vs -10.0); and CAPS-2 hyperarousal symptom cluster (-9.1 vs -6.1) (all $p<0.001$ vs placebo). A significantly greater proportion of patients on paroxetine (57%) were defined as responders in terms of CGI-global improvement when compared with placebo (39%; $p<0.001$). The beneficial effects of paroxetine treatment on CAPS-2 and CGI global improvement were achieved consistently across both male and female patients and all trauma types. In addition, mean reductions from baseline in DTS total scores, DTS re-experiencing/intrusion cluster, DTS avoidance/numbing cluster and DTS hyperarousal cluster, at end point in all three studies were also statistically significantly greater with paroxetine vs placebo ($p<0.05$ to <0.001). Statistically significant improvements ($p<0.05$ vs placebo) in the disability associated with PTSD, measured by the mean reduction of SDS total score, were observed in Studies 651 (both doses) and 648. Paroxetine was well tolerated and the adverse events most commonly reported were generally mild to moderate in severity and led to few patients stopping therapy. CONCLUSIONS. These data demonstrate the beneficial effects of paroxetine in the treatment of PTSD in both male and female patients. Overall, the tolerability profile of paroxetine in patients with PTSD was comparable to that previously reported in patients with depression or other anxiety disorders.

F300 **Research to Practice**

SUBTYPES OF MMPI-2 SYMPTOM PATTERNS IN COMBAT VETERANS WITH PTSD

Jon D. Elhai, B. Christopher Frueh, Mark B. Hamner, Medical University of South Carolina/VAMC, Charleston, SC; Joanne A. Davis, National Crime Victims Research and Treatment Center

For nearly twenty years, the Minnesota Multiphasic Personality Inventory (MMPI) and MMPI-2 have been used in assessing the long-term effects of posttraumatic stress disorder (PTSD) among combat veterans. While studies have revealed the 8-2 codetype as most common, no previous investigations have attempted to empirically explore subtypes of MMPI-2 profiles among veterans. The present study cluster analyzed the MMPI-2 clinical and validity scales of combat veterans diagnosed with PTSD in order to investigate subtypes of symptom presentations. Participants were 126 male combat veterans seeking outpatient treatment for combat-related PTSD at a Veterans Affairs Medical Center. An agglomerative hierarchical cluster analysis was conducted, and two well-fitting MMPI-2 cluster solutions were evaluated by examining the cluster analysis agglomeration schedule, scree plot, and multivariate classification results. A 4-cluster solution was determined to best fit the data. Follow-up analyses further demonstrated the distinctiveness of clusters, evidenced by significant between-cluster differences on several MMPI-2 fake bad scales and content scales, as well as on the Beck Depression Inventory, Dissociative Experiences Scale, and Mississippi Combat PTSD scale. Clusters were also different in terms of disability-seeking status. Implications were considered for research and clinical practice using the MMPI-2 with combat veterans presenting with PTSD.

F301 **Research to Practice**

MOTHER-CHILD ATTACHMENT AND NARCISSISTIC INJURY PATTERNS IN TRAUMATIZED FAMILIES

Mary W. Armsworth, University of Houston; Karin Stronck, Loyola University, Chicago

This study examined relational aspects of attachment and narcissistic injury across two generations involving mothers with histories of incest and their adult children. Participants were 28 women who had self-reported incest, 12 of whom had an adult child (18 or older) who was willing to examine perceptions of the effect of the mother's abuse on aspects of relating. All subjects completed the Relationship Scales Questionnaire [RSC](Bartholomew & Horowitz, 1991) that classifies attachment as Secure, Preoccupied, Dismissing, or Fearful, the Narcissistic Injury Scale (Slyter, 1991) that yields a measure of damage to the self, and a 4 generation genogram. Of the 28 women, 24 reported insecure attachment patterns with their own mothers (4 detached, 4 preoccupied, 24 fearful), and 17 remained insecurely attached as adults. Analysis of the 12 adult children of these participants indicated 6 securely attached, 5 detached and 1 fearful attachment. Highest narcissitic injury was found in the fearfully attached group; of the children with high narcissistic injury, all had mothers who reported to be highly preoccupied or fearfully attached. Preoccupation and fear both function as distance regulators interpersonally and intrapersonally. Results discuss prevention and intervention, and relevence of further research on intergenerational aspects of trauma and parenting.

F302 **Research to Practice**

NARRATIVES OF DEHUMANIZATION: COPING WITH SEVERE CHILDHOOD ABUSE AND NEGLECT

Mary W. Armsworth, Diane L. Elmore, University of Houston

A Cognitive Narrative Perspective [CNP](Meichenbaum, 1994) is used to frame reports of severe and prolonged abuse experienced as children and reported in adulthood by praticipants in this study. Forty-four women participated in 2-4 hour semi-structured interviews examining relational dynamics in abusing families. Analysis of interviews, genograms, and psychosocial questionnaires indicated that a sub-set of participants (n=14) had experienced extreme abuse while in a state of total dependency and helplessness, and generally without social support, factors that parallel conditions of torture (Vesti & Kastrup, 1995) by breaking down humanity and personhood. Extreme

abuse included repeated electric shock, attempts at suffocation, repeated brutal rape, strangulation, and fractured bones. The CNP focuses on the accounts individuals use to describe and make meaning of their lives, using metaphor analysis and examination of patterns in reports.The focus of this study examined how the individuals with extreme abuse and neglect coped with the abuse at the time it was happening, and how they have integrated those experiences.

F303 **Research to Practice**

THE ROLE OF THE SELF IN RECOLLECTIONS OF A SEXUAL ASSAULT EXPERIENCE

Christina A. Byrne, Kaia L. Scott, Ira E. Hyman, Jennifer Logan, Meghan Pierce, Western Washington University

The present study explored the role of the self versus the role of others in narratives of a sexual assault and positive life experience. A sample of 55 female undergraduate students reporting an experience of sexual assault completed narratives for the sexual assault and a positive life event. In addition, participants completed ratings regarding memory characteristics for the two events and measures of psychological functioning. Analyses of the narratives indicated that the dominance of the self was dependent on event type and the content being recalled. Also, narratives of sexual assault contained more desperate thoughts, disorganized thoughts, negative feelings, and verbalizations attributed to the self and more actions and verbalizations attributed to other individuals. In contrast, positive narratives were characterized by more positive feelings and organized thoughts attributed to the self. There was no clear relationship between the content categories for narratives of sexual assault and positive life events and the measures of psychological functioning. Clinical implications for treatment of sexual assault survivors will be discussed.

F304 **Research to Practice**

BODY AWARENESS, COUNTERTRANSFERENCE, AND VICARIOUS TRAUMATIZATION

Cress A. Forester, California Institute for Integral Studies

A presentation of doctoral research that explored the use of body awareness and body awareness practices by clinicians, as an aspect of counter-transference management. Ninety six therapists in community mental health in San Francisco completed questionnaires that assessed vicarious traumatization, body awareness, frequency of practice of body awareness, number of years in therapy, number of years in supervision/consultation, and frequency of supervision/consultation. Hierarchical multiple regression was used to assess which of these factors made the greatest inverse contribution to scores for vicarious traumatization. Frequency of practice of body awareness was the only factor that made a significant contribution to variance, and the effect size for this factor was far greater than that for the other factors combined. These results are discussed in terms of current theories of the mechanism for vicarious traumatization. A further mechanism is proposed that relates to the roles of dissociation and somatic empathy in the transmission of traumatization. The implications of these findings are discussed in terms of the need for a) training in the management of somatic countertransference and body awareness; and b) supervision and consultation that addresses these somatic aspects of experience.

F305 **Research to Practice**

AUTOBIOGRAPHCIAL MEMORY DEFICITS & PTSD: A PARADIGM SPECIFIC EFFECT?

Joseph I. Constans, Jennifer J. Vasterling, Stephanie Muller, Kevin Brailey, VAMC New Orleans

A number of studies have found that individuals with PTSD are more likely to produce "overgeneral" memories when asked to recall a specific event in response to a cue word. In other words, when presented with a cue word (e.g., candles), an individual with PTSD might be more likely to respond with a class of events (e.g., birthday parties) rather than a specific incident (e.g., my 8th birthday party when...). To assess whether this finding is paradigm specific and whether the putative bias includes personal semantic as well as episodic information, the Autobiographical Memory Interview was administered to a group of combat veterans with (n=30) and without (n=17) PTSD. Results of this study showed that while PTSD veterans had lower scores on a measure of verbal functioning (WAIS III vocabulary), group differences failed to emerge in overall autobiographical memory functioning. Specific sub-analyses were conducted separately for age of recall (childhood, adolescence, early adulthood, recent events) and type of autobiographical information (personal semantic, episodic) but again no group differences were found. These results might suggest overgeneral memory biases found in previous research might be dependent on the word-cue paradigm.

F306 **Research to Practice**

WHEN COUGHS ARE MUCH MORE: REVIEWING SOMATIC SYMPTOMS IN MALTREATED CHILDREN

Christine M. Dunning, Joan M. Jones, University of Wisconsin-Milwaukee

Developmentally, children present stress symptoms in unique manifestations that are not as prevalent or noticeable in adults. Specifically, regression and somatic sequelae such as stress-related illnesses are the hallmark of childhood presentation. Yet, most professionals who work with maltreated children tend to overlook what they perceive to be minor childhood complaints as important markers in child distress. Illnesses reflecting compromised immune response, pulmonary problems, asthma, and dysphagia are common in abused children. This retrospective study examines medical records of children under the care of a medical clinic for clients of Child Welfare to understand the link of somatization and childhood abuse reflected in common childhood illnesses. The researchers attempted to determine if somatic markers might serve to detect child abuse psychological trauma.

F307 **Research to Practice**

A PROSPECTIVE STUDY OF 'INTRUSION-BASED REASONING' AND POSTTRAUMATIC STRESS DISORDER AFTER EXPOSURE TO A TRAIN DISASTER

Iris M. Engelhard, Marcel A. van den Hout, Arnoud Arntz, Maastricht University; Richard J. McNally, Harvard University

We previously found that the tendency to interpret distressing intrusions themselves as evidence that danger is impending: 'intrusion-based reasoning' (IR; Engelhard, Macklin, McNally, van den Hout, & Arntz, 2001) relates to chronic PTSD. In the present study we attempted to replicate these findings in an acutely traumatized sample and to elucidate the causal status of these relations. Twenty-nine acutely traumatized community residents exposed to a train crash were assessed for IR and PTSD symptoms at three weeks and were re-assessed for PTSD at three and a half months. Fourteen control residents were also tested for IR. Whereas controls inferred danger from objective stimulus information, acutely traumatized individuals also inferred danger from the presence of intrusions. This early tendency was strongly related to acute and chronic PTSD symptoms. It did not significantly predict chronic PTSD symptoms after controlling for acute PTSD symptoms, although the partial correlation ($r = .26$, $p = .09$) was in the expected direction. The findings suggest that IR is both involved in the onset of PTSD symptoms and in their maintenance, but more clarity about causality awaits future larger and experimental studies.

F400 **Basic Research**

EVALUATING THE DIAGNOSTIC COMPONENTS OF PTSD IN PSYCHIATRIC OUTPATIENTS

Laurel Franklin, Mark Zimmerman, Brown University

The most commonly used diagnostic interview is the Structured Clinical Interview for DSM-IV (SCID). The SCID's module to assess posttraumatic stress disorder (PTSD) begins with a screening question for lifetime trauma history. Individuals reporting a trauma history are asked about diagnostic criteria within 4 criterion sets. The assessment terminates once a patient fails to meet the symptom threshold of any criterion. The Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) project utilized the SCID, but suspended these skip outs. That is, specific traumatic events were examined in patients answering no to the trauma screening question, and in those patients with a trauma history, all PTSD symptom questions

were asked. This allowed for three questions to be examined. First, the sensitivity of the SCID's screening question for the detection of trauma history and diagnosis of PTSD was examined. Second, the number of patients failing to meet criterion A, who nonetheless met all other PTSD criteria was examined. The demographic and clinical characteristics of these patients were compared to patients meeting full PTSD criteria. Finally, the number of patients not meeting criterion B, who met A, C, and D and were given a diagnosis of anxiety disorder NOS-subthreshold PTSD was determined.

F401 **Basic Research**

DIFFERENTIATING OVERREPORTING AND EXTREME DISTRESS WITH THE MMPI-2

Laurel Franklin, Brown University; Stephanie A. Repasky, Karin E. Thompson, Madeline Uddo, New Orleans VAMC

This study's purpose was to examine overreporting on MMPI-2 in compensation seeking veterans with PTSD. A sample of veterans tested during a VA hospital compensation and pension exam (C&P) were given the MMPI-2 and measures of PTSD, depression, combat exposure. Veteran's MMPI-2s were only included in the analyses if their profile was extremely exaggerated, as measured by an F scale T-score above 80, did not elevate the MMPI-2 VRIN and TRIN scales, and had a primary diagnosis of PTSD (n 8). Using the Infrequency-Psychopathology [F(p)] scale, for distinguishing overreporting from distress, it was found that 99 veterans elevated profiles due to distress, while 29 elevated due to overreporting (F(p) below and above 7, respectively). Differences between groups on MMPI-2 clinical scales and the other measures were assessed. Implications of these findings for assessing veteran response style and use of the MMPI-2 with PTSD patients are discussed.

F402 **Basic Research**

PTSD & MDD: THE ROLE OF OVERLAPPING SYMPTOMS IN DIAGNOSTIC COMORBIDITY

Laurel Franklin, Mark Zimmerman, Brown University

Studies of posttraumatic stress disorder (PTSD) have found high levels of comorbid major depressive disorder (MDD). One reason suggested for the comorbidity is the symptom overlap (contaminated symptoms) between the disorders. The present study investigated the contribution of contaminated symptoms (anhedonia, concentration and sleep problems) to the comorbidity of PTSD and MDD. PTSD symptoms were subdivided into two groups: the contaminated symptoms and the 14 "unique" symptoms. It was speculated that if the contaminated symptoms are responsible for the comorbidity, then they will show less specificity than the unique symptoms, will be less highly correlated with a PTSD symptom total count, and be more frequently endorsed in PTSD patients with than without MDD. These hypotheses were tested in a sample (N = 1300) of psychiatric outpatients, 260 of whom had lifetime PTSD. None of the hypotheses were supported, thereby suggesting that the comorbidity between PTSD and MDD is not an artifact of symptom overlap.

F403 **Basic Research**

CELL PHONE USE IN LONGITUDINAL DATA COLLECTION

Maria L. Dittrich, The George Washington University; Mary Ann Dutton, Georgetown University Medical Center; Lisa A. Goodman, Boston College

Longitudinal data collection involving the use of cellular (mobile) phones is a recent phenomenon, and the existing literature provides very little guidance on the issues unique to this methodology. This poster details the use of cell phones in an ongoing longitudinal study of over 400 women involved to varying degrees with domestic violence settings. Benefits of cell phone use with this sample include mobility of the interviewer, flexibility in interview schedules, increased candor of participant response, and decreased interview time length. Specific guidelines for using cellular phones in longitudinal research are discussed as well as the specific needs of this sometimes difficult-to-follow population. Recent concerns regarding risks associated with prolonged use of cell phones are addressed and recommendations specific to this concern are given. The authors conclude that cell phone use in longitudinal data collection is indeed a workable, efficient and cost-effective methodology.

F404 **Basic Research**

THE ROLE OF CHILD ABUSE, PTSD AND ASSOCIATED FEATURES IN ADULT VIOLENCE

Anne M. Dietrich, University of British Columbia

The Intensive Treatment Program for Sexual Offenders (ITPSO) at the Correctional Service of Canada (CSC) provides cognitive-behavioral group treatment to federally incarcerated sex offenders. Community follow-up data are presented for over 100 men who had been treated at the Regional Health Center in British Columbia. Data include rates of general recidivism and violent/sexual recidivism over a 2- to 8-year follow-up period. In addition, data are presented on the child abuse histories of these men (where available), as well as diagnostic status in terms of psychopathy, utilizing Hare's Psychopathy Checklist-Revised (PCL-R) diagnostic cutoff scores. Results are presented in terms of recidivism rates as a function of sexual abuse history and Psychopathy, and are discussed in terms of whether the existing treatment program at CSC is sufficient for treating offenders with child abuse histories.

F405 **Basic Research**

NEW DEVELOPMENTS IN BASIC PROCESSES OF NICOTINE AND TRAUMA

Jean C. Beckham, Duke University and Durham VA Medical Centers; John A. Fairbank, Duke University Medical Center; Susannah L. Mozley

Smokers with PTSD and smokers with trauma exposure and no PTSD participated in a series of laboratory sessions in which individualized scipts (trauma-related, general stress and neutral) were presented. Following script presentations, nicotine or placebo was administered through a smoking apparatus. HR, BP, PTSD symptoms, mood and smoking craving were measured at baseline, pre-and post-script presentation and pre- and post-smoking. Across script conditions, administration of nicotine resulted in maintenance of PTSD,negative affect and state anxiety symptom report whereas placebo administration resulted in a significant decrease in symptom report. Urges to smoke were significantly decreased in both nicotine and placebo administration, with a significantly greater reduction in the nicotine condition. Nicotine reduced arousal more than placebo following neutral and stressful scripts, but nicotine significantly increased arousal compared to placebo following trauma-related scripts. In general, vividness of images faded over time with the exception that vividness of the image increased following nicotine in the trauma script condition. Psychophysiological responses generally paralleled these results. The pattern of results was similar for smokers with trauma exposure and no PTSD, but at a significantly lower response magnitude. Overall, these results suggest that nicotine maintained PTSD and related symptoms, particularly following trauma script presentation, whereas the nonspecific effects of smoking (placebo smoke) had a calming effect on mood and trauma-related symptoms.

THE INFLUENCE OF SMOKING ON PSYCHOPHYSIOLOGICAL ASSESSMENT OF PTSD SUBJECTS

Nancy C. Bernardy, John E. Jalowiec, Matthew J. Friedman, Paula P. Schnurr, Annmarie S. McDonagh-Coyle, National Center for PTSD; Gregory J. McHugo, Dartmouth College

Numerous PTSD studies have reported increased psychophysiological reactivity to trauma-related stimuli with elevated heart rate, skin conductance and facial electromyogram responses noted. Studies of PTSD neuroendocrine levels have also been studied extensively but have yielded varying results. Researchers have shown a link between PTSD and smoking in populations with various trauma histories. However, it is currently not known if the findings of psychophysiological hyperreactivity or neuroendocrine levels are associated to smoking. This study involves an examination of the influence of smoking on psychophysiological and neuroendocrine assessment in a sample of 74 women with PTSD who experienced childhood sexual abuse. 19 women were current smokers. There were no other significant differences between the women with PTSD who smoked and nonsmokers on demographic variables. Women with PTSD who smoked had significantly higher baseline resting

heart rates, shorter intervals between heart beats, and a trend toward an exaggerated pre-ejection period measure compared to nonsmoking women with PTSD in the assessment using impedance cardiography. Women smokers with PTSD also showed a significantly elevated epinephrine level and a trend for increased cortisol at baseline. These findings suggest that abnormalities associated with PTSD may be related to nicotine use. Future studies should consider smoking status of the clinical population and control for smoking in the design as well as interpretation.

EARLY INTERVENTION TO PREVENT POST-RAPE PSYCHOPATHOLOGY AND SA

Heidi S. Resnick, Ron Acierno, Dean G. Kilpatrick, MUSC-Psychiatry

Rape victims who report the crime to police are routinely seen for forensic medical care within 72 hours post-assault. This early care provides a unique opportunity to implement and evaluate an early intervention that might reduce development of drug and alcohol abuse, posttraumatic stress disorder (PTSD) and major depression. Data are presented from an ongoing NIDA funded randomized controlled trial of an early intervention that is delivered via video prior to conducting the emergency post-rape medical exam. The video intervention is designed to reduce acute distress during post-rape medical care as well as to provide education and instruction in strategies to cope adaptively with post-rape fear and distress. Comparison group women receive treatment as usual. Follow-up assessment of drug and alcohol abuse, PTSD and major depression is conducted at 6 weeks, 3 months, and 6 months post-rape. Preliminary data from a sample of 117 women who have completed 6 week follow-up assessment (57 video, 60 non-video) indicate that current alcohol or drug abuse was lower in the group that participated in the video condition (12%) than the group exposed to treatment as usual (25%), $x2=3.10$, $p<.10$. Analyses will be conducted to evaluate effects of the intervention as a function of prior history of assault, and reported use of drugs or alcohol during assault. Descriptive data will also be presented on nicotine use.

F406 — Basic Research

RELATIONS AMONG PARENTS' DISSOCIATION, HARSH AND INCONSISTENT PARENTING, AND CHILDREN'S EXTERNALIZING BEHAVIOR

Kathryn A. Becker, Jennifer J. Freyd, University of Oregon; Katherine C. Pears, Oregon Social Learning Center

The link between harsh and inconsistent parenting and children's externalizing behavior has been well established. The present study used a developmental traumatology perspective to test the hypothesis that parents' trauma symptoms were related to harsh/inconsistent parenting in a sample of traumatized and non-traumatized 4- to 5-year-olds. Results revealed moderately high correlations between parents' Dissociative Experiences Scale scores and self-reported harsh/inconsistent parenting. Parents' dissociation was also moderately related to children's externalizing behavior, and this relation was mediated by parents' use of harsh/inconsistent parenting. Correlations between children's externalizing scores and post-traumatic stress symptom scores were moderately high. These results suggest that dissociation may interfere with parents' ability to use warm and consistent parenting, and that the role of trauma and trauma symptoms should be considered when researching and treating families characterized by harsh/inconsistent parenting and child externalizing behavior.

F407 — Basic Research

EMOTION REGULATION AND COPING SELF-EFFICACY FOLLOWING MOTOR VEHICLE ACCIDENT

Charles C. Benight, Lesley E. Johnson, Ivan R. Molton, Daria K. Boeninger, Karen Stiles, Yvonne Sletta, Alexandra S. Harding, Claire Thomas, University of Colorado at Colorado Springs

Coping self-efficacy (CSE) for traumatic recovery is predictive of psychological outcomes involving a variety of traumas (e.g., hurricanes, fire/floods, military combat, and terrorist bombings). This study extends past research by looking at the emotional reactivity related to posttraumatic re-exposure as a predictor of future CSE perceptions. Twenty-three participants mean age of 43 (SD = 16) were sampled at 1 & 3-months post motor vehicle accident (MVA). Participants completed a provocation trauma script protocol at one month including responding to the Profile of Mood States before and after listening to a tape of their accident. Three months later participants completed a questionnaire packet including CSE perceptions. Results showed that change scores for confusion, depression, fatigue, and vigor were significantly correlated with 3-month CSE perceptions (r's = -.46, -.49,-.52, and .68, respectively). Change in anxiety was close to significant ($r = -.41$, $p = .058$) and anger failed to reach significance ($r = -.28$, $p = .20$). These findings provide greater insight into the role of emotion regulation and its effect on perceptions of one's ability to manage post-traumatic recovery demands. Clinical and theoretical implications will be addressed.

F408 — Basic Research

DISCOVERING LOSS: LATE-ONSET STRESS SYMPTOMATOLOGY IN AGING COMBAT VETERANS

Meghan E. Rooney, Peter S. Bachrach, National Center for PTSD; Daniel W. King, Lynda A. King, Eve H. Davison, Clifford D. Evans; National Center for PTSD; Avron Spiro, Boston VA Healthcare System

LOSS, late-onset stress symptomatology, is conceptualized as a condition among older veterans who were exposed to difficult combat conditions in their early years, have functioned successfully since, but begin to register combat-related complaints 30, 40, or even 50 years later. These complaints appear to manifest after a significant later-life stressor (e.g., loss of spouse or physical illness). The present study used a focus group methodology to explore LOSS among 47 World War II, Korean Conflict, and Vietnam veterans. Focus groups involved moderator-facilitated discussions intended to allow veterans to more easily disclose their current medical and psychological health issues. The data revealed symptoms such as intrusive memories, nightmares, and rumination among the participants and pointed toward factors relevant to LOSS such as attributional style, perceptions of control, mastery, and maintenance of an active lifestyle. As expected, the older World War II and Korean Conflict veterans reported more LOSS-related content than did the younger Vietnam veterans. Our long-term goal is to further identify the symptoms and triggers of LOSS and ultimately suggest possible coping strategies for younger veterans as they enter into later life.

F409 — Basic Research

"TRAUMA" - "NO TRAUMA": WHAT'S IN A NAME?

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

Typically, when completing screening measures assessing trauma exposure persons are asked to indicate whether they have experienced a variety of 'traumatic' events. Persons who have not experienced any events are asked to describe the worst thing to happen to them and are placed in a 'no trauma' comparison group. The purpose of this paper was to determine the effect of these latter events on intensity of PTSD symptoms and level of dissociation. The participants were 566 undergraduates enrolled in either a psychology course or a university-wide orientation course. Participants completed the PTSD Checklist, the Dissociative Experiences Scale (DES), and the Traumatic Events Questionnaire. The majority of the sample (85.1%, n = 482) reported experiencing at least one traumatic event. As expected, when comparing those who had and those who had not experienced a 'traumatic' event, there were significant differences in severity of PTSD symptoms and dissociation. However, among the 84 persons reporting 'no event,' six obtained scores of 50 or more on the PTSD Checklist, a value typically used as a cutoff score for clinical levels of PTSD severity. Similarly, seven persons had DES scores in excess of 30, reflecting severe dissociative symptoms. Methodological and clinical implications will be discussed.

F410 — Basic Research

MEN'S FEAR OF EMOTION AND ITS ROLE IN RELATIONSHIP VIOLENCE

Matthew C. Jakupcak, Lizabeth Roemer, University of Massachusetts at Boston

Violence may be a behavioral expression used by individuals who lack alternatives for securing outcomes or terminating humiliation (Bandura, 1978). Given that males are less emotionally expressive (Brody, 1985) and expect negative responses to emotional expressions (Fuchs & Thelen, 1988), aggression might function to express negative

affect, allowing men to avoid demonstrating vulnerable emotions (Gilligan, 1996). To test this, 156 males attending an urban university were sampled. Stress experienced when violating male norms, or masculine gender role stress, (MGRS; Eisler & Skidmore, 1987) has been found to predict men's reports of relationship violence (RV) (Jakupcak, Lisak & Roemer, 2001). The Affect Control Scale (ACS, Williams, Chambless & Ahrens, 1997) assessed men's fear of emotions. The Conflict Tactics Scale (Straus, 1979) assessed men's RV. A hierarchical regression was used to determine if fear of emotion predicted RS beyond what was accounted for by MGRS. Results indicated that the overall model was significant $F(3,156) = 6.40$, $p<.01$. After accounting for income (Beta = -.31, R2Change = .009, $p > .24$) and MGRS (Beta = .20, R2Change = .07, $p < .01$, the ACS predicted a significant portion of variance in men's RV, Beta = .20, R2 change = .04, $p < .05$.

F411 **Basic Research**

PHYSIOLOGICAL CORRELATES OF PERITRAUMATIC DISSOCIATION

Douglas L. Delahanty, Doreen Royer, Kent State University; Eileen Spoonster, Summa Health System; Jay Raimonde, Summa Health System

High levels of peritraumatic dissociation increase one's risk of developing PTSD. In addition, peritraumatic dissociation has been associated with blunted autonomic reactivity during recall of a traumatic event. To determine whether dissociation was associated with lower autonomic hormone levels in the immediate aftermath of a trauma, the present study examined the relationship between peritraumatic dissociation and initial urinary hormone levels in 84 motor vehicle accident (MVA) victims admitted to a nearby trauma unit. Upon admittance to the trauma unit patients were catheterized, and 15-hour urine samples were collected to measure levels of catecholamines and cortisol. The Peritraumatic Dissociative Experiences Questionnaire (PDEQ: Marmar et al., 1997) was completed, on average, 32 hours after admittance, and the Impact of Event Scale (IES: Horowitz et al., 1979) was completed one month after the accident. Results revealed that peritraumatic dissociation was positively correlated with symptoms of intrusive and avoidant thoughts and behaviors ($r=.483$, $p<.001$) and negatively correlated with urinary norepinephrine ($r=-.278$, $p=.01$). High dissociators (>1SD above the mean) excreted lower levels of urinary epinephrine, $F(1,30)=4.3$, $p<.05$, and norepinephrine, $F(1,30)=4.5$, $p<.05$, than low dissociators (>1SD below the mean). These results suggest that peritraumatic dissociation is associated with lower autonomic activity in the immediate aftermath of a traumatic event.

F412 **Basic Research**

VIOLENCE AND PTSD: FINDINGS FROM A SOUTH AFRICAN TOWNSHIP

B. Ann Dinan, University of Missouri-St. Louis; Diana M. Gibson, University of Western Cape

Recent research on violence in South African townships has been focused on political violence, however, our study gives attention to a more insidious and ongoing form of violence, i.e. community violence. We examined the incidence of community violence and PTSD with a population that had experienced community violence. Ninety women were interviewed; the average age was 35, most reported low educational attainment levels, the majority were married, most were Black or Coloured, and they reported an average of two children each. This study design is cross-sectional and non-probability sampling was employed. The women were referred by the staff at the New World Foundation, an agency that provides counseling and support to trauma victims in the Lavender Hill area of Cape Town. Our findings indicate that nearly 2/3 reported at least one traumatic expereince outside of the home in the past year; 51% reported witnessing a murder or serious injury. The majority of respondents reported at least one clinical PTSD symptom with 96% meeting criterion B and 48% meeting all criteria for PTSD diagnosis. Thus, this form of violence clearly needs the attention of researchers and supports need to be provided for these women who are demonstrating mental health impairment.

COMMUNITY VIOLENCE AND PTSD: FINDINGS FROM A SOUTH AFRICAN TOWNSHIP

B. Ann Dinan, University of Missouri-St. Louis

Recent research on violence in South African townships has been focused on political violence, however, our study gives attention to a more insidious and ongoing form of violence, i.e., community violence. We examined the incidence of community violence and PTSD with a population that had experienced community violence. Ninety women were interviewed; the average age was 35, most reported low educational attainment levels, the majority were married, most were Black or Coloured, and they reported an average of two children each. This study design is cross-sectional and non-probability sampling was employed. The women were referred by the staff at the New World Foundation, an agency that provides counseling and support to trauma victims in the Lavender Hill area of Cape Town. Our findings indicate that nearly 2/3 reported at least one traumatic expereince outside of the home in the past year; 51% reported witnessing a murder or serious injury. The majority of respondents reported at least one clinical PTSD symptom with 96% meeting criterion B and 48% meeting all criteria for PTSD diagnosis. Thus, this form of violence clearly needs the attention of researchers and supports need to be provided for these women who are demonstrating mental health impairment.

DOMESTIC VIOLENCE AND PTSD: FINDINGS FROM A SOUTH AFRICAN TOWNSHIP

George J. McCall, University of Missouri-St. Louis

Recent research on violence in South African townships has been focused on political violence, however, our study gives attention to a more insidious and ongoing form of violence, i.e. domestic violence. We examined the incidence of domestic violence and PTSD with a population that had experienced domestic violence. Ninety women were interviewed; the average age was 35, most reported low educational attainment levels, the majority were married, most were Black or Coloured, and they reported an average of two children each. This study design is cross-sectional and non-probability sampling was employed. The women were referred by staff at the New World Foundation, an agency that provides counseling and support to trauma victims in the Lavender Hill area of Cape Town. Our findings indicate that nearly 3/4 reported at least one traumatic experience inside the home in the past year; 49% reported being kicked out of their home. The majority of respondents reported at least one clinical PTSD symptom with 92% meeting Criterion B and 43% meeting all criteria for PTSD diagnosis. Thus, this form of violence clearly needs the attention of researchers and supports need to be provided for these women who are demonstrating mental health impairment.

F413 **Basic Research**

TRAUMA AND EMOTION REGULATION

Linda Frey, Molly Millwood, Ellen M. Crouse, Sarah Miller, Alison Cobb, Jennifer Waltz, University of Montana

Emotion regulation has been described as the use of behaviors and thoughts to influence the recognition, selection, timing, experiencing and expression of affect. A number of studies have examined correlations between emotion regulation and cognitive processing, memory, impulse control, and other aspects of behavior. Few studies have taken into account the potential relationship between trauma history and emotion regulation, although anecdotal evidence in the clinical literature supports the relationship. The current study addresses the need for empirical support by examining the relationship between reported trauma history, PTSD, and emotion regulation strategies. Data will be collected from approximately 300 college students, male and female, using the following measures: the Toronto Alexithymia Scale (TAS-20) and the Affective Avoidance Questionnaire, both measures of emotional avoidance; the Negative Mood Regulation scale, a measure of confidence in the ability to cope with negative affect; and the Affective Control Scale, a measure of anxiety regarding emotions and confidence in one's ability to control affect. Additionally, all participants will complete the Posttraumatic Diagnostic Scale developed by Foa and colleagues to assess prior trauma history and PTSD symptomatology. Results are expected to have implications for our understanding of the role of trauma in emotion regulation disturbances.

F414 **Basic Research**

HEALTH AMONG VIETNAM-ERA RPOWS: DEMOGRAPHICS AND CAPTIVITY STRESSORS

Peter S. Bachrach, Clifford D. Evans, Dawn M. Salgado, Meghan E. Rooney, Daniel W. King, Lynda A. King, Danny G. Kaloupek, Terence M. Keane, National Center for PTSD

This study is part of a larger project documenting multivariate influences on long-term health and adjustment of Vietnam-era repatriated prisoners of war (RPOWs) using data housed at the R.E. Mitchell Center, Pensacola, FL. Hierarchical moderated multiple regression was used to predict physical and psychological health at repatriation from precaptivity demographics, general captivity environment, physical stressors during captivity, and their interactions. It was hypothesized that certain precaptivity demographic characteristics (e.g., rank) may uniquely predict health at repatriation above and beyond dimensions of the captivity experience, and that these characteristics may also buffer the effects of the captivity experience on health at repatriation. Bivariate correlations revealed that ratio of time spent in captivity in South Vietnam was a consistent predictor of poor health at repatriation. Multiple regression analyses indicated that 46% of the variance in PTSD scores was accounted for by a composite of demographics, physical stressors (e.g., weight change, nutrition, injuries), and the interactions between rank and these stressors while 45% of the variance in a negativity scale was explained by the same composite set. Also, the findings indicate that RPOWs of higher military rank at capture fared better on most of the health outcomes than did RPOWs of lower rank.

F415 **Basic Research**

THE LIFETIME INVOLVEMENT IN VIOLENT EVENTS SCALE (LIVES): PSYCHOMETRIC PROPERTIES

Emily S. Davidson, Krista Benson, Emily S. Davidson, Department of Psychology, Texas A&M University; Anita L. McGruder-Johnson, Michael Reese Hospital

In previous research, trauma has frequently been defined by the research participant. Events which are traumatic to one person may not be considered traumatic by another. It thus becomes difficult to determine whether particular events are traumatic or how frequently. In addition, research participants are often asked only about their direct experiences, although witnessing or hearing about an event may also meet the criteria for a traumatic event. The Lifetime Involvement in Violent Events Survey (LIVES) is a 43-item survey assessing frequency of directly experiencing, witnessing, or hearing about 9 physically violent events and 4 sexually violent events, as well as military experience and witnessing or being told about murder. Undergraduate students(initial N=284) were administered a questionnaire which included the LIVES, a measure of PTSD symptoms, a measure of sexual adjustment, and a measure of drug and alcohol abuse. A subset of 124 students returned in two weeks and repeated the questionnaire. An additional subset of 114 students returned in one month and also retook the questionnaire. Data regarding reliability (test-retest) and validity (predictive of PTSD symptoms and drug use) will be presented.

F416 **Basic Research**

SELECTIVE NUMBING OF EMOTIONAL AROUSAL TO PLEASANT IMAGES IN FEMALE BOSNIAN SUBJECTS WITH PTSD

Edward J. Neafsey, Loyola University Medical Center; Aida Spahic-Mihajlovic, John Crayton, Hines VA Hospital

Emotional responses were compared between 11 female Bosnian refugees diagnosed with PTSD (ages 30-65) and 10 female Bosnian control subjects without a diagnosis of PTSD (ages 30-80). Emotion was assessed using Lang's "Looking at Pictures" test (Psychophysiology 30:261-273, 1993) in which subjects view a series of 21 pictures and then rate each one for its subjective emotional valence (pleasant or unpleasant) and its subjective emotional arousal (high or low) using separate cartoon figure scales for valence and arousal. All subjects were also administered the PTSD Symptom Scale (PTSDSS) and the Hamilton Depression Scale. Our hypothesis was that female PTSD subjects would display the same "selective numbing" of emotional arousal for pleasant pictures that we had previously reported for male Bosnian PTSD subjects (Abstracts International Society Traumatic Stress Studies, 1999). Our findings supported our hypothesis in that women with PTSD, like men, rated all pleasant pictures as less arousing than control subjects, with the differences on 4/7 pleasant pictures reaching statistical significance (Wilcoxon rank sum tests (WRS), $p<.05$). In contrast to men with PTSD, however, women with PTSD consistently rated all pictures as less pleasant than controls, and for 10/21 pictures this difference was significant ($p <.05$, WRS). In fact, the picture valence ratings of female PTSD subjects were consistently less than those of males PTSD subjects, with 10/21 pictures reaching statistical significance. This additional picture valence abnormality may be related to the greater severity of PTSD symptoms in our female subjects, as measured by the PTSDSS (Median Total Scores of 48.5 in females vs. 29.5 in males with PTSD, $p < .0007$, WRS). Such differences may reflect differences in the original trauma precipitating the PTSD. Lastly, all of the female subjects with PTSD also displayed many symptoms of co-morbid depression as measured by the Hamilton scale, similar to what we have previously seen in men with PTSD. In conclusion, loss of emotional arousal for pleasant images ("selective numbing") is found in both female and male subjects with PTSD. In addition, our female PTSD subjects also showed abnormal picture valence ratings that were not seen in males and may be related to the greater severity of PTSD symptoms in our female subjects.

F417 **Basic Research**

WORKING MEMORY MARKERS OF POSTTRAUMATIC STRESS DISORDER AND DISSOCIATIVE IDENTITY DISORDER

Martin J. Dorahy, Harvey J. Irwin, School of Psychology, University of New England; Warwick Middleton, Cannan Institute, Belmont Hospital

Memory dysfunction is a primary diagnostic criterion of dissociative identity disorder and a phenomenological feature of posttraumatic stress disorder. Much of the research related to memory in DID and PTSD has related to recall deficits for autobiographical knowledge. Less emphasis has been given to studying working memory in these conditions. Some work has found greater interference effects in non-clinical high-dissociators and PTSD patients exposed to trauma-related words when using the Stroop task (DePrince & Freyd, 1999; Foa et al., 1991; McNally et al., 1990). The current study used a methodologically different task to assess aspects of working memory, including inhibition, facilitation and interference, in DID, PTSD, depressed, schizophrenic and general population control samples ($n = 10$). With the exception of the schizophrenic group, all samples showed significant inhibition effects. Interference effects as assessed through an 'attend-ignore' task only reached significance in the PTSD sample. Compared to the other groups only the DID and PTSD samples showed significant facilitation effects. Finally, traditional interference effects were evident in all samples, however the DID cohort showed significantly more interference than the schizophrenic sample. This study identifies some of the specific working memory markers of PTSD and DID.

F418 **Basic Research**

NONLINEAR MEASURES OF PSYCHOLOGICAL AND BEHAVIORAL PROCESSES IN INCARCERATED YOUTH WITH ALTERED RESPONSES TO STRESS

Susan Mirow, Div. of Youth Corrections, Dept. of Psychiatry U of Utah Med; Robert J. Porter, Directions for Mental Health

New data analysis and system-modeling tools, drawn from nonlinear dynamics or "chaos" theroy, promise to provide a detailed picture of the way the mind and body respond to stress, as well as how the altered reactivity states change with treatment. Use of these new techniques requires specialized computer hardware and software as well as opportunities to obstain physiological and behavioral measures over relatively long periods of time (24 hours or more). We examine the usefulness of several measures of this type, and present the results of our pilot project working with incarcerated youth with altered responses to stress. The vast majority of these youth have histories of early childhood trauma, having been victims of abuse and/or neglect

and/or witnesses to violence. They have been found to be either overreactive or underreactive to stress using standard linear measures. We show the usefullness of non-linear measures in characterizing the responses of these troubled youth.

F419 **Basic Research**

THE "DISSOCIATIVE SUBTYPE" IN COMBAT-RELATED PTSD

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

Numerous studies have shown that, as a group, individuals with PTSD score significantly higher on the DES than those without PTSD. However, Putnam et al. (1996) suggest there may be a distinct "dissociative subtype" of individuals with PTSD responsible for elevating PTSD-group mean DES scores across studies. This study investigates whether Putnam's typological model of dissociation in PTSD is consistent with data collected from a sample of Vietnam veterans with combat-related PTSD. Participants (N=22) completed measures of PTSD (CAPS, MISS), dissociation (DES), depression (BDI), anxiety (BAI), combat exposure (CES), and child abuse history (CTQ). Using a DES cutoff score of 20, participants with PTSD were categorized into low dissociator (N=10; DES X=11.9) and high dissociator (HD; N=12; DES X=34.1) groups. Planned t-tests revealed that, as compared to participants in the low dissociator group, participants in the high dissociator group had significantly higher CAPS total (p=.04), CAPS hyperarousal cluster (p=.05) total, and BAI (p=.009) total scores, and showed a trend towards greater severity on the MISS (p=.06). High dissociators also reported significantly higher scores on the emotional abuse subscale of the CTQ (p= .05). Results support Putnam's model predicting a dissociative subtype in PTSD that presents in a fundamentally different manner.

F420 **Basic Research**

THE 28-ITEM CHILDHOOD TRAUMA QUESTIONNAIRE: PSYCHOMETRIC PROPERTIES IN A SAMPLE OF VIETNAM VETERANS WITH COMBAT-RELATED PTSD

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

This study investigated the psychometric characteristics of the newly shortened (cut from 70 to 28 items) Childhood Trauma Questionnaire (CTQ, Bernstein & Fink, 1998) in a population of Vietnam veterans with a history of combat trauma. Cronbach's alpha for the CTQ's five subscales (physical abuse, physical neglect, emotional abuse, emotional neglect, and sexual abuse) ranged from .77 to .94, thereby indicating high internal consistency. Four of the subscales showed good convergent validity, as they significantly correlated with self-report measures of trauma-related psychopathology: PTSD, anxiety, depression, and dissociation. Using clinical cutoff scores derived by Bernstein and Fink (1998), between group comparisons showed that participants in the PTSD group reported higher rates of moderate to severe emotional and physical abuse (emotional 29.6%, physical 51.8%) than those in the Non-PTSD group (emotional 6.7%, physical 0%). The PTSD group also reported higher rates of moderate to severe emotional and physical neglect (emotional 44.4%, physical 29.6%) as compared to the Non-PTSD group (emotional 13.4%, physical 0%). These findings demonstrate that the revised version of the CTQ possesses good psychometric properties in a sample of traumatized combat veterans. Furthermore, they suggest that there may be a relationship between childhood abuse history and PTSD in this population.

F421 **Basic Research**

ARE HIPPOCAMPAL ABNORMALITIES ASSOCIATED WITH DECLARATIVE MEMORY PERFORMANCE IN PTSD?

Maryann Lenoci, Thomas C. Neylan, Clare M. Henn-Haase, Charles R. Marmar, San Francisco VAMC; Norbert Schuff, Michael W. Weiner, University of California, San Francisco

A few but not all studies have found a correlation between hippocampal atrophy and explicit memory performance in participants with Posttraumatic Stress Disorder. We have shown that hippocampal N-acetyl aspartate (NAA, a neuron marker) is diminished in PTSD in the absence of hippocampal volume changes. The focus of this ongoing study is to examine whether hippocampal volume and levels of N-acetyl aspartate are associated with declarative memory performance in participants with Posttraumatic Stress Disorder (PTSD). All participants are medically healthy veterans diagnosed with PTSD. Verbal and visual declarative memory functioning are measured with a variety of standardized tests. Hippocampal volume and levels of NAA are obtained using Magnetic Resonance Imaging (MRI) and Proton Magnetic Resonance Spectroscopic Imaging (MRSI). The results of the study and the relevance of these findings will be discussed.

F422 **Basic Research**

MANIPULATED AND DELIBERATE EXPRESSIONS AND EMOTIONAL FEELINGS IN PTSD

William F. Flack, Bucknell University; Brett T. Litz, Boston VA Medical Center; Sherry A. Beaudreau, Washington University; James D. Laird, Clark University

The purpose of this study was to examine the relationship between emotional expression and emotional experience in posttraumatic stress disorder (PTSD). A self-perception approach was used in which facial expressions were manipulated, followed by self-assessments of changes in emotional feelings. Subjects were all male Vietnam combat veterans, 21 of whom were diagnosed with PTSD and 19 who had no psychiatric disorder. Facial expressions of anger, sadness, fear, happiness, disgust, and surprise were adopted via either muscle-by-muscle instruction or deliberate request. Each expression was manipulated under two auditory conditions, one consisting of white noise, and the other combat sounds. Subjects were asked to make ratings of changes in eight different feelings (corresponding to the six expressions, plus guilt and interest) following each expression manipulation. The results of multivariate analyses and planned comparisons revealed both normal and abnormal patterns in self-rated feelings in both groups. The results of correlational analyses indicated that self-rated feelings produced by both sets of expression types were related positively and more strongly in both groups during the combat sounds condition, as compared with the white noise condition. The implications of these results for future research will be elaborated in the proposed poster.

F423 **Basic Research**

PAST TRAUMA AND CARDIOVASCULAR RESPONSE TO STRESSFUL TASKS

T. Mark Morey, Brooks B. Gump, Laura Simpson, SUNY-Oswego

Research has suggested an association between past psychological trauma and cardiovascular responses to current acutely stressful events. In this study, volunteer college students' self-reported most-stressful events were assessed using a variety of scales, and their cardiac reactivity was measured in response to stressful laboratory tasks and to memory of the past most-stressful stressful event itself. The extent to which the most stressful event was perceived as traumatic was significantly correlated with cardiovascular reactivity in response to both the stressful laboratory tasks and to memory of the past traumatic event. This study suggests important links between theories and practice in the trauma field and processes relevant to cardiovascular health and health psychology. It also demonstrates the potential usefullness of a paradigm for the study of traumatic stress, factors relevant to cardiac health, and interventions aimed at prevention and treatment of traumatic stress.

F424 **Basic Research**

DISSOCIATION SUBFACTORS AND MEMORY FUNCTIONING IN PTSD VETERANS AND CONTROLS

Clare M. Henn-Haase, Johannes Rothlind, Thomas C. Neylan, Maryann Lenoci, Thomas J. Metzler, Charles R. Marmar, San Francisco VAMC

Many descriptive studies noted an an association of dissociative symptoms and memory impairment. However it is less clear whether self-reported dissociative symptoms are reliably associated with deficits in performance on standardized tests of cognitive functioning. Dissociation is multifaceted yet is often assessed using one measure, namely, the Dissociative Experiences Questionnaire. Furthermore, few studies have explored whether there are subfactors of dissociation associated with memory

deficits. Goldberg identified three subfactors of dissociation, (Amnesia, Absorption, Depersonalization) in a normal sample, but to our knowledge this has not been studied in a PTSD population. Veterans exposed to traumatic events are susceptible to PTSD symptoms including dissociative experiences. This study will examine the relationship between subcategories of dissociation (DES) and memory in a sample of veterans with PTSD and controls. Verbal memory will be assessed using the CVLT and WMS-III subscales; visual memory will be assessed using the Rey-Osterrieth and WMS-III subscales; attention and working memory will be assessed using WMS-III and WAIS-III subscales. The DES will be used to assess dissociative experiences and subjective reports of memory failures in everyday life. The relationship of the subfactors of dissociation to performance on standardized tests of memory after correcting for IQ (WAIS-III) will be examined.

F425 **Basic Research**

AN EXAMINATION OF THE PSYCHOMETRIC PROPERTIES OF THE LIFE EVENTS CHECKLIST

Matt J. Gray, Brett T. Litz, National Center for PTSD; Thomas W. Lombardo, University of Mississippi; Julie Wang, National Center for PTSD Behavioral Sciences

Paper-and-pencil checklists of potentially traumatic events (PTEs) can be very useful clinically because they allow the clinician to screen for a variety of traumas over the lifespan in an efficient manner. Unfortunately, data bearing on the psychometric soundness of such measures are often lacking. For example the Life Events Checklist (LEC) was developed concurrently with the Clinician Administered PTSD Scale to assess exposure to PTEs. While the CAPS has been extensively evaluated and has been found to be very sound psychometrically (e.g, Weathers et al., 1992; Keane et al., 1998), the psychometric properties of the LEC have never been formally assessed. Because the LEC is widely used due to its frequent concurrent administration with the CAPS, an examination of its psychometric properties is an imperative. The present investigation was designed to evaluate temporal consistency of the LEC by administering this inventory to a large sample of undergraduate students on two occasions approximately 1-2 weeks apart. Data bearing on the validity of the LEC will be obtained by also administering another PTE checklist (the Traumatic Life Events Questionnaire; Kubany et al., 2000) as well as a paper-and-pencil measure of PTSD symptomatology (the PTSD Checklist; Weathers et al., 1991). Additionally, clinical validation will be obtained by examining associations between the LEC and measures of PTSD and general psychopathology in a separate database consisting of measures completed by over 100 combat-veterans that have presented for treatment at the National Center for PTSD.

F426 **Basic Research**

MEMORIES OF LEARNING OF THE O.J. SIMPSON MURDER TRIAL VERDICT

Lisa D. Butler, Cheryl Koopman, Christopher Daley, Stanford University School of Medicine

Previous research has described some memories for significant public events as flashbulb memories that are characterized by clarity, vividness, and personal significance. In a sample of 102 adults (84% Caucasian and 16% non-Caucasian) surveyed one year following the O.J. Simpson criminal trial verdict, 71% reported clearly remembering the circumstances in which they learned the verdict and only 10% did not know how or where they learned of it. Memory clarity/vividness were significantly and positively correlated with remembering the circumstances of learning the verdict, with the feeling of social significance of the verdict, and with amount of discussion of the verdict and memories of learning of it. Additionally, those who reported high personal significance of the event and those who believed Simpson was guilty, reported significantly higher levels of surprise, anger, upset, and disappointment upon learning of the acquittal. Memory clarity/vividness was not associated with the level of personal significance in this sample, although the latter was positively associated with discussing the memories of learning of the verdict. These findings indicate that a highly controversial public event, even when anticipated, may produce clear, long-lasting, flashbulb-like memories.

F500 **Human Rights**

PREPARATORY/ADVISORY PROGRAMME AIDING VICTIMS OF TERRORISM IN SPAIN TO FACE COURT SESSIONS INVOLVING THEIR AGGRESSORS

Maria Luisa Cabanas Arrate, Juan Antonio Corredor Perez, Alicia Morales Rodriguez, Spanish Association of Victims of Terrorist Attacks; Enrique Baca Baldomero, Dept. of Psychiatric, Autonomous University Madrid

Victims of terrorism in Spain are authorized to attend court cases against terrorists in the open seats to observe the case in which they were directly involved. This kind of experience tends to add extra psychological strain on the victim - reconstruction of the events, face to face meetings with the aggressors, slow judicial procedure, sharing the same area in the court with relatives of the aggresor, etc. This is an example of what is called "Secondary Victimization" which in our experience, generally leads to the worsening even to a chronic level serious psycho-traumatic after effects of the terrorist attacks. Due to a previous lack of aid in this area and consequently a general feeling of indefensiveness and abandon on the part of victims, the Department of Psychology of Spanish Association of Victims of Terrorist Attacks iniciated this programme in 1996. 122 cases have participated in this programme. The main objectives were and are to neutralize the effects of secondary victimization to reestablish the victims self-control over the situation and give them a sense of support, by providing them with maximum information and personal care and assistance during the trials. Feedback from the programme participants was adquired throught a questionnaire, resulting in a very positive valoration of it.

F600 **Ethics**

METHODOLOGICAL AND ETHICAL ISSUES IN CHILD ABUSE RESEARCH: A REVIEW OF REPORTED RESEARCH PROCEDURES IN JOURNAL ARTICLES PUBLISHED 1984–2000

Kathryn A. Becker, University of Oregon

Questions regarding the most ethical and scientific methods for studying child abuse have been debated for decades, yet seem far from resolution. This study compares the pros and cons of various samples of abused children and various methods of collecting abuse histories from participants. A review of the child abuse literature published in well-regarded developmental journals from 1984 to 2000 reveals that most studies are based on samples of children referred to children's services, and the most use children's service records as the measure of abuse history. Method sections of child abuse reports often fail to include complete information about human subjects issues, such as who gave informed consent for participation. This study suggests that most of our knowledge about abused children (that does not rely on retrospective reports from adults) comes from samples of referred children. There is a need to develop ethical methods for studying abused children who have not been referred to children's services in order to develop information that is generalizable to a wider population. Such methods are also necessary to allow comparison of findings between studies using adult samples, which are usually not restricted to samples of people who were referred as children, and studies using child samples.

F601 **Ethics**

REACTIONS BY SMI ADULTS TO PARTICIPATING IN A TRAUMA ASSESSMENT STUDY

Debra A. Fournier, Julian D. Ford, Kathie H. Moffitt, University of Connecticut Health Center

The effects of participating in trauma-related research continues to be of great concern within clinical and research settings. Only a handful of studies have empirically explored the question of how mental health surveys impact their participants, and fewer involve trauma studies (Jorm et al. 1994; Parslow et al., 2000; Ruzek & Zatzick, 2000;Walker et al., 1997). This study addresses the reaction of adults in community mental health services for severe mental illness who participated in a detailed trauma interview study (Ford, Fournier & Moffitt, 2000). Male and female clients at an urban community mental health center completed a structured interview for trauma history,

PTSD, DESNOS, Axis I and II psychiatric diagnoses or symptoms, physical health status, and utilization of health care. Steps taken to ensure participants' comfort and safety during and after the study are described. After their research interview, regardless of their experience or their completion status, participants were asked to rate their experience of the study on items derived from prior psychometric research on reactions to participation in trauma studies. Both positive and negative reactions are described, and the relationship of participant reactions to trauma history and symptoms are discussed.

F700 **Clinical Theory/Clinical Practice**

CAPACITAR: POPULAR HOLISTIC EDUCATION FOR TRAUMA HEALING WITH INTERNATIONAL COMMUNITIES

Patricia Ann Cane, Joan R. Condon, Capacitar, Inc.

Since 1988 Capacitar, an international community-based project, has used popular education methods to teach body-mind-spirit practices to promote self-help healing among people affected by traumatic stress due to political violence and natural disasters in Mexico, Central and South America. In 1999 after Hurricane Mitch in Honduras and Nicaragua, and after the January, 2001 earthquake in El Salvador, Capacitar trainers worked with grassroots communities teaching simple energy-based practices that people could easily use to alleviate symptoms related to PTSD. In 2001 Capacitar offered trainings with communities in Chiapas, Guatemala, El Salvador, Nicaragua, Belize, Bolivia, Chile, Colombia, East Timor, and Papua New Guinea, as well as in San Diego/Tijuana and El Paso/Ciudad Juarez. Capacitar's outreach to international communities included work with over 5,000 persons with results showing a lessening of major symptoms related to traumatic stress with the regular use of holistic practices in over 60% of participants. Holistic practices, such as Tai Chi, acupressure, massage and polarity directly lessened presenting symptoms during workshops, and if practiced on a regular basis, improved the overall mental and physical health and well-being of trainers, participants and communities. A popular education holistic approach has been shown to be effective in areas where there are few resources especially when it can complement cultural practices, existing mental health programs and community approaches to trauma.

F701 **Clinical Theory/Clinical Practice**

SUICIDE RISK, TRAUMA TYPE AND POSTTRAUMATIC STRESS DISORDER

Yoram Ben Ya'acov, Marianne Amir, Ben Gurion University of the Negev, Israel

The general objective of the present study is to broaden knowledge about military and civilian traumatic events, posttraumatic stress disorder (PTSD) symptoms and suicide risk—including its predictors—in a non-clinical population. The research population included a non-clinical sample of 103 men aged 25-45. They were administered the 'Traumatic Event Questionnaire', 'PTSD Scale' and 'Suicide Risk Scale' (SRS). Findings suggest that single man with high levels of arousal and low levels of avoidance are at high risk of suicide. These findings may serve mental health professionals to relate such people as high-risk patients, taking into consideration the typical clinical picture resulting from exposure to traumatic events.

F702 **Clinical Theory/Clinical Practice**

TRAUMA RESOLUTION IN WAR TORN COMMUNITIES

Warren L. Dale, The Center for Changing Systems

The people of Bosnia (1991) and Kosovo (1999) faced exposure to many traumatic incidents of war. Exposure included deprivation, displacement, combat, torture, and rape. This project was designed to provide a practical trauma resolution program for utilization by paraprofessionals, with a high probability for lowering symptoms and low probability of doing harm. A strategy was developed to find natural groups through whom trauma resolution services could be delivered. A module for training self-help group leaders was developed for rape victims, widows, and returning civilians. The module included facilitation, gatekeeping, trauma resolution, and single topic discussions (parenting). A second module was developed for professionals treating the highest level of trauma and a third module for school teachers/pedagogues using discussion, art, and drama. All modules included a sensory debriefing model (Mitchell, 1982), the "Narrative" method (White, Epston, 1990), and methods for retraining the body to today's stimuli (Schultz, 1984). Women's groups reported positive results in using the self-help group model. Schools reported reduction in symptoms. Schools in Kosovo reported reduced symptoms and improved social and academic skills (167 students in 18 schools). This project is being repeated in El Salvador.

F703 **Clinical Theory/Clinical Practice**

THE PHANTOM SELF IN PTSD

Linda M. Gantt, Louis W. Tinnin, Trauma Recovery Institute

This presentation illustrates a clinical phenomenon that is usually not evident but retards recovery. A series of case vignettes presenting the subjective experience of a phantom self is described along with the procedures used to relieve the symptom. This group of individuals with post-traumatic stress disorder experienced the phantom self as a fixed duality of existence in which there is a second external self. Some could view the world from either the phantom or real body locations. One person felt he could not "fit back" in his body after brain surgery three years earlier. Others experienced the phantom self as a constant external presence. The duration of the symptom ranged from five years to forty years. Despite the chronicity of the symptom it was quite responsive to treatment once it was identified. Three treatment procedures proved effective. A hypnotic narration of the traumatic event paired with a fusion exercise was effective, as was an art therapy graphic narration depicting the traumatic freeze, altered state, and final self-repair. A video dialogue with the phantom self was also effective. The case presentations will include drawings of the phantom selves and video clips to explain the treatment methods.

F704 **Clinical Theory/Clinical Practice**

THE HIDDEN TRAUMA EXPERIENCE FOR ADULTS WITH SMI—HELPING COMMUNITY-BASED PROGRAMS MEET THEIR NEEDS

Veronica O. Bowlan, MCP Hahnemann University; Carol A. Boylan, Hahnemann University Hospital

Increase in symptoms in adults with serious mental illness usually are viewed as related to psychotic and/or substance abuse episodes. Clinical observations at a partial day program raised the question of how trauma was a factor in the symptom changes and identified the need to reevaluate the treatment process. By clinicians moving away from judgements and preconceived ideas of the meaning of symptoms, this allowed for the consumer to use their own language to explore and understand the trauma experience in their current lives. To successfully meet the needs of trauma integrated services at IMPACT, three levels of intervention were identified. First, staff training was designed to develop an awareness of trauma history and impact on symptoms. Secondly, identification of trauma assessment instruments to use as part of the initial evaluation, diagnosis and treatment planning were established. Data collection for a six-month period for program evaluation is based on the Traumatic Antecedents Questionnaire, Modified PTSD Symptom Scale and the Brief Symptom Inventory. Thirdly, integration of skills into practice enabled clinicians to bring trauma awareness into their practice and gives consumers an opportunity to understand and manage trauma-related symptoms. This workshop will present case histories, outcome data and program designs.

F705 **Clinical Theory/Clinical Practice**

TRAUMA IN HIV INFECTED AND AT-RISK WOMEN: FINDINGS OF A PSYCHOEDUCATIONAL GROUP INTERVENTION

Sally E. Dodds, Catherine L. Waltz, Tamonlyn Hodge, University of Miami

Women at risk of, and living with, HIV infection, are a disenfranchised group that demonstrates high rates of trauma events, substance abuse, and mental health problems. This workshop will present the rationale, methods, and preliminary findings

of a brief group intervention that addresses the synergistic effects of these co-occurring conditions. "Safe Connections" is a 10-week, structured, psychoeducational group intervention co-facilitated by a peer counselor and a professional clinician. The non-pathologizing approach frames mental health problems, substance abuse, HIV risk behaviors, and inappropriate service utilization as adaptation to traumatic stressor events. Content is structured around the areas of Knowledge (understanding trauma and its effects; connecting trauma with unsafe behaviors); Safety (recognizing dangerous situations; creating healthy relationships); Coping (identifying stressors and triggers); and Parenting (trauma effects on parenting; parenting and HIV). Between sessions, intensive follow-ups by the peer counselor facilitate connection and support. Forty women, primarily African-American, participated in the pilot study. All had HIV/AIDS or were at risk for HIV infection. All had experienced physical/sexual abuse, met DSM-IV criteria for both substance-related disorders and mental disorder/personality disorder, and had at least two recent service episodes. Outcomes have included increase in knowledge, reduction in distress, and improvement in service utilization and adherence.

F706 **Clinical Theory/Clinical Practice**

ALTERNATIVE GROUP TREATMENT FOR INDIAN COMBAT VETERANS WITH PTSD

Donna M. Finicle, Satellite VA Mental Health Clinic, Colorado

An alternative PTSD group was established in 1996 at the VA Satellite Mental Health Clinic with the idea of providing a more culturally sensitive way of helping Indian veterans heal from the effects of combat. Other combat veterans interested in this approach also attended this group which was called the Mtn. Warrior Society. Indian Spiritual leaders and elders did ceremonies, talking circles and sweat lodges with the veterans. They also taught the veterans about their history and how to make things, such as shields, rattles, leatherwork and beadwork. The VA counselor's role was as a facilitator, helping to arrange meetings and locating Indian people to do the ceremonies and sweat lodges. Benefits from participating in this alternative group have been: increasing and improving interpersonal relationships between them, their families and the comunity, learning ways to calm and center themselves and decreasing emotional numbness, isolation and alienation. In addition many of the veterans have regained connections with their Indian heritage and pride about that. In conclusion it appears that this kind of group has been helpful to Indian veterans and other veterans and their families, reducing some of the problems related to PTSD and giving them more ways to help themselves.

F707 **Clinical Theory/Clinical Practice**

MENTAL HEALTH RESPONSE IN RURAL COMMUNITY DISASTERS: A CASE EXAMPLE OF A COMMUNITY PSYCHOLOGY APPROACH

Kimberly A. Douchis, Gilbert Reyes, Randal Quevillon, University of South Dakota, Disaster Mental Health Institute

The mental health needs of rural residents are chronically underserved. Barriers to the delivery of services include a general lack and inaccessibility of facilities, underutilization of available services, and difficulty in recruiting and retaining mental health professionals. These barriers are further compounded when disasters occur. The present poster highlights the unique challenges of meeting the mental health needs of rural communities following disasters. The American Red Cross response to a school explosion in a small Midwest town serves as a case example. Attempts to serve rural communities through traditional "clinical" approaches (e.g., relying on self-referrals, having a central location) are met with limited success in disaster situations. To more effectively meet the needs of the affected community, the responding disaster mental health services team employed a community psychology approach. Examples and recommendations based on the approach utilized by the disaster mental health services team in response to the school explosion include community outreach, networking, uniting with the community through participation in community activities, around the clock availability, collaborating with local resources, and providing interventions in informal settings. Challenges, recommendations, and future directions including follow-up will be detailed in the presentation.

F708 **Clinical Theory/Clinical Practice**

TRAUMATIZED WOMEN IN COMMUNITY MENTAL HEALTH: A COMPREHENSIVE TREATMENT PROGRAM

Nicole D. Chaikin, Widener University

This presentation will propose a model for the intensive treatment of trauma for women in a community mental health center (CMHC). This program will incorporate ongoing, process-oriented therapy (individual and group) with psychoeducation, as well as utilize the resources of the community-based agency. These resources include, but are not limited to: mental health and substance abuse treatment; case management; housing; and vocational rehabilitation. Despite increasing sensitivity to the prevalence of trauma histories in women with serious mental illnesses, adequate treatment packages are not readily available. These women require comprehensive programs to holistically attend to their multiple levels of need. One recommendation in the literature is a more flexible, integrative approach to treating the complicated cases of chronic trauma survivors, and research suggests effective treatment may involve fairly sophisticated combinations of methods. Outcome measures to monitor treatment efficacy will be presented. Additionally, as CMHC's are often training sites for students in human service professions, this presentation will offer strategies for creating a teaching environment in this specialized area of mental health. The hope is that an integrated program will provide symptom resolution, reduce recidivism rates, and promote entry into a world from which most of these women have long been isolated.

F709 **Clinical Theory/Clinical Practice**

SHARING A TRAUMA MODEL WITH CONGREGATIONAL CLERGY: THE FAITH COMMUNITIES RISKING CONNECTION PROJECT

Jackson H. Day, National Conference of Vietnam Veteran Ministers; Esther Giller, Sidran Traumatic Stress Foundation; Jennifer Wilkerson, Sidran Traumatic Stress Institute; Elizabeth Vermilyea, Sidran Foundation

Traumatic stress conditions are finally entering the consciousness of the mental health treatment establishment, but due to stigma, cost of care, and lack of understanding, the majority of people who suffer the effects of trauma never make it into health care. Instead, they often turn to their faith communities for help with struggles they interpret as crises of faith, guilt, evil, sin, etc. Clergy, who most often do not have training in counseling therapy, are frequently at a loss as to how to respond helpfully to these most challenging congregants. The trauma model described in the Risking Connection curriculum (Saakvitne, et., al, Sidran, 2000) was developed for use by non-clinically trained helping professionals. Based on the premise that RICH relationships (embodying Respect, Information, Connection, and Hope) promote healing, the model adapts nicely for use in faith communities. Sidran Foundation, in collaboration with the National Conference of Viet Nam Veteran Ministers, is developing a training curriculum for use by congregational clergy of any faith. This session will describe the model, the board of interfaith clergy enlisted to contribute to the adaptation, the goals and objectives of the curriculum (how to counsel, when to refer), and a progress report on the project.

F710 **Clinical Theory/Clinical Practice**

THE DEBRIEFING MODEL AS VIEWED FROM SELF PSYCHOLOGY, ALCHEMICAL AND BUDDHIST PERSPECTIVES

Larry R. Decker, Vet Center; Phillip Buglione, Private Practice, Jerry Martin

The debriefing model as a treatment for combat and sexual trauma PTSD is discussed from the perspectives of an alchemical metaphor and self psychology. The metaphor appears to interpret and add to the debriefing model while self psychology appears to disagree with some of the model's basic assumptions. The dialogue is then discussed from a Buddhist perspective.

THE DEBRIEFING MODEL FROM AN ALCHEMICAL, SELF PSYCHOLOGY AND BUDDHIST PERSPECTIVE

Larry R. Decker, Vet Center

The stages of alchemy are discussed in relation to the stages experienced by the combat veteran during debriefing. The dangers (i.e. decompensation) and limitations of debriefing (i.e. long-term arousal paired with chronic Posttraumatic Stress Disorder) are discussed in relationship to the alchemical metaphor. The metaphor provides the therapist with additional tools to guard against the dangers and overcome the limitations. The alchemical stage of separatio, acting from a complete disruption of an individual's reality, describes the initial effects of trauma on the human psyche. When trauma (the heat or catalyst) occurs, internal chaos results. This disruption is easily seen in the early stages of debriefing when, after the therapeutic alliance has been formed, the therapy space has become safe, and the trauma memories are being relived. Here the ego must be sufficiently healthy to cope with the reliving of trauma. If ego resources are sufficient to contain the emerging inner oppositional forces, symbolized as the winged dragon, the process of sublimatio may occur. Sublimatio is the combination of several experiences, including the rising above the confusion of the symptoms of PTSD. This is the stage of integration of the traumatic experience in which belief systems may be modified (i.e. accomodation). However, the danger is if ego resources are not adequate and the winged dragon escapes from the flask (decompensation). The limitation is that the veteran may have maintained a chronically high level of arousal and the trauma memories do not have the necessary heat to create the sublimatio. Alchemical methods that either increase or decrease the heat of the trauma memories and that are adaptable to the debriefing model are discussed.

THE DEBRIEFING MODEL AS VIEWED FROM AN ALCHEMICAL, SELF-PSYCHOLOGY, AND BUDDHIST PERSPECTIVE

Susan Kohl, Private Practice

Self psychology is a psychoanalytic perspective that is both a developmental theory and a treatment modality. It is based on the concept of empathy and the capacity to reflect back to an individual one's understanding of their inner experience. It is through this that self object transferences develop and the growth of a sturdy self can happen. Sexual trauma is a severe disruption of the self selfobject relationship that can result in a fragmentation of self structure of varying degrees of severity, manifesting itself along the continuum of psychiatric disorders. This presentation takes issue with the debriefing model as a treatment modality for trauma, because of its implications to the patient of what is relevant material for discussion and how and when material should be discussed. Self psychology is based on a respect for individuals and the belief that as self structure becomes sturdier, patients will talk about all that is relevant to them, in their way and in their time frame. It is the reflection back to patients of the legitimacy of their feelings and their way that enhances esteem and makes for an integrated and cohesive self structure.

F711 **Clinical Theory/Clinical Practice**

TREATMENT WITH A GUATEMALAN TORTURE SURVIVOR: LOCAL AND INTERNATIONAL INTERVENTIONS AND IMPACTS

Mario Gonzales, Lauren D. Heidbrink, Mary P. Black, Marjorie Kovle Center for Survivors of Torture; Thad S. Rydberg, Family, Adolescent, and Children Enhancement Services

Indigenous people have been systematically marginalized for centuries. Mayans of Guatemala have been particularly brutalized in the 30-year civil war. The Marjorie Kovler Center, a community-based program for survivors of torture, have been working with an indigenous man left for dead after being tortured by the military in 1991. Immediately following, he came to the USA for multidisciplinary services through the Kovler Center. Despite the ongoing war, he returned home in 1992 accompanied by volunteers to facilitate treatment and to assure safety. He was left with residual disabilities because of his torture and found difficulty resuming his role as a farmer. Although losing significant strength and mobility, he taught himself to write, draw, and paint. Recently, he returned to Kovler for follow-up rehabilitation. This presentation will focus on the challenges inherent in working with a survivor of torture left with physical disabilities and psychological trauma. The presenters will discuss their collaboration with his family, community, U.S. and Guatemalan NGOs, religious groups, and volunteers for over ten years. He serves as a model to his community for breaking the silence, demanding reparations from the Guatemalan government, and creating a new, productive life for himself.

F712 **Clinical Theory/Clinical Practice**

THE GROUP AS A COMMUNITY:THE INTERPLAY BETWEEN SOCIAL RESPONSIBILITY AND GROUP PSYCHOTHERAPY FOR TRAUMA SURVIVORS

Barbara C. Hamm, Lois Glass, Elizabeth A. Parsons, Victims of Violence Program, The Cambridge Health Alliance

One of the hallmarks of interpersonal violence is the break down of the capacity for trust. The victim loses faith in her capacity to trust her perceptions and knowledge. With this loss of connection to herself she loses connection to others as well. The template for interaction with others is based on fear and shame. Giving and receiving, both, caste a dark shadow of potential disappointment and or humiliation. Group psychotherapy for trauma survivors has long been held to be central to the reestablishment of safe ,mutual connections and of positive identification with others. This workshop will highlight two groups from the Victims of Violence Program of the Cambridge Health Alliance (a consortium of community- based health facilities) which have as a fundamental premise the articulated recognition that each member of the group has a responsibility, not only for her own well-being, but for that of the other members as well. That is, the group, no matter whether 10 weeks in length or ongoing, is a community Through the use of role play participants in the workshop will learn how this sense of community and social responsibility is established while simultaneously maintaining adherence to the tenets of a stage theory of recovery and the tasks specific to each stage.

F713 **Clinical Theory/Clinical Practice**

MAY THE WORDS OF MY LIPS AND THE MEDITATIONS OF MY HEART BE ACCEPTABLE

Rebekah G. Bradley, Southern Illinois University Carbondale; Mary Harvey, Department of Psychiatry- Harvard Medical School

Purpose: To explore the narrative life stories of an undeserved and underprivileged population in the Montreal area, namely a group of non-clinically referred Haitian adolescent incest survivors under Child Protection Services (CPS), and to explore changes in trauma and resiliency patterns over a period of one year. Method: Subjects were referred by CPS, but were not necessarily under clinical care at the time of referral. Seven French-speaking female adolescent survivors of Haitian origin who have been subjected to severe instances of intrafamilial sexual abuse were interviewed and asked questions regarding their sexual abuse history as well as regarding their current coping and functioning. Narratives were scored using a Multidimensional Trauma Recovery and Resiliency scoring form addressing eight domains of trauma and recovery (integration of memory and affect, meaning making...). Information concerning sexual abuses and services received was obtained in each adolescent's CPS file. A follow-up evaluation of evolving trauma and resiliency profile over a year was done with six of the seven adolescents. Results: Specific themes from the data are discussed. Treatment implications are also discussed in relation to this particular population's needs.

LIFE STORIES OF INCARCERATED WOMEN: HOW CAN YOU NOT GET HERE FROM THERE?

Rebekah G. Bradley, Southern Illinois University; Katrina M. Davino, University of South Carolina

Socially and economically marginalized women who have experienced trauma often lack a safe space to speak about their experiences in the context of a systematically silencing social structure. The research presented here is based on two related studies designed to create an opportunity for incarcerated women (who are disproportionately from poor and racial/ethnic minority backgrounds and who have relatively high reported rates of interpersonal victimization) to create and tell their life stories. In one study, 165 incarcerated women completed the Multidimensional Trauma Recovery and Resiliency Interview (MTRR), a semi-structured interview assessing the process of recovery and strengths of trauma survivors. The second study was a treatment outcome study of

group psychotherapy conducted with a subset of women from the first study (n=13). The group was based on writing assignments designed to help the women create less fragmented, more meaningful life narratives. Both quantitative data (scores on domains of functioning assessed by the MTRR) and qualitative data (analyses of themes in the writing of the group participants) will be presented. The relationship between the structure and themes of the life stories created by he women and the ways in which the women coped with past experiences of interpersonal violence will be discussed.

EVALUATION AND TREATMENT OF HAITIAN ADOLESCENT SEXUAL ABUSE SURVIVORS

Isabelle Daigneault, University of Montreal

Purpose: To explore the narrative life stories of an undeserved and underprivileged population in the Montreal area, namely a group of non-clinically referred Haitian adolescent incest survivors under Child Protection Services (CPS), and to explore changes in trauma and resiliency patterns over a period of one year. Method: Subjects were referred by CPS, but were not necessarily under clinical care at the time of referral. Seven French-speaking female adolescent survivors of Haitian origin who have been subjected to severe instances of intrafamilial sexual abuse were interviewed and asked questions regarding their sexual abuse history as well as regarding their current coping and functioning. Narratives were scored using a Multidimensional Trauma Recovery and Resiliency scoring form addressing eight domains of trauma and recovery (integration of memory and affect, meaning making...). Information concerning sexual abuses and services received was obtained in each adolescent's CPS file. A follow-up evaluation of evolving trauma and resiliency profile over a year was done with six of the seven adolescents. Results: Specific themes from the data are discussed. Treatment implications are also discussed in relation to this particular population's needs.

PAPER TIGERS: WHEN WORDS LOSE MEANING AND SILENCE SPEAKS

Lynn Sorsoli, Harvard Graduate School of Education

The purpose of this study was to explore the differing paths to recovery for a small sample of women who were survivors of childhood sexual abuse but had limited access and/or involvement in psychotherapy. Data collection involved a semi-structured interview followed by an open-ended interview. The two two-hour interviews explored participants' life histories, including traumatic experiences, their relationships, and the experience of disclosure. Transcripts were analyzed through an Interpretive Poetics which is modeled on a voice-centered narrative method and relies on multiple interpretive readings of the data including explorations of relational dynamics, ways of speaking about the "unsayable," and figurative thought. Findings illustrate that attention to the ways language can simultaneously conceal and reveal complicates the assumption that a completed narrative will heal or even that a verbal translation of lived traumatic experiences automatically moves survivors down a unidirectional path toward psychological health. Further, the analysis highlights the fact that for these women it is not only relationships, but words themselves that are untrustworthy, compromising growth and leading to further challenges for therapists who may eventually work with this population.

F714 — Clinical Theory/Clinical Practice

A VET CENTER BASED SPIRITUALITY WORKSHOP MODEL

Alan D. Cutter, National Conference of Viet Nam Veteran Ministers; Michael J. Muller, VET Center - Duluth

The veteran community is asking questions about spiritual issues. This presentation offers information about one response, which resulted in the formation of a series of workshops on spirituality. Information about planning and guideline development. Topics used in the workshops will be defined and explained. As the Vietnam veteran community, known for its willingness to speak out and ask questions, ages, veterans are asking more and more questions which revolve around issues lumped together under the topic of "spirituality." VET Centers and other VA entities have been reluctant to addrress such issues for fear of raising and/or violating "church-state separation." This presentation will offer information about a veteran initiated program, in cooperation with a local VET Center, to explore and discuss issues about spirituality. A brief history of the program will be shared as well as information about initial planning and exploration of other approaches and the development of guidelines for discussion. Various topics which have been used in the workshops will be defined and explained. The posterpresentation will identify some of the questions of spirituality which are raised by trauma survivors.

F715 — Clinical Theory/Clinical Practice

COLLABORATIVE MODELS OF TRAINING, SERVICE-DELIVERY, AND RESEARCH

Judy A. Cusumano, John R. Townsley, Raleigh Vet Center; Herbert A. Exum, North Carolina State University; John G. Taylor, US Department of Veterans Affairs/NC State University; Robert D. Cox, Veterans Affairs Medical Center

This program presents the results of three Vet Center conducted studies of PTSD. Study 1 is a three-year qualitative evaluation of a field-based exposure therapy intervention, with collaboration between the Raleigh Vet Center and the Counseling Education Department at North Carolina State University. Study 2 is a quantitative comparison of cohort-based versus traditional inpatient treatment with collaboration between the Raleigh Vet Center and the Salem Virginia VAMC. Study 3 explores links between arrested psychosocial development and treatment outcomes in veterans with posttraumatic stress disorder. This study is a collaborative project between the Raleigh Vet Center, North Carolina State University, and VA Vocational Rehabilitation.

F716 — Clinical Theory/Clinical Practice

PSYCHOLOGICAL PROFILES OF WOMEN TREATED WITH EXPOSURE-BASED THERAPY

Diane T. Castillo, Evelyn Sandeen, Stephanie K. Fallon, Ella C. Nye, New Mexico VA Health Care System

Both cognitive- and exposure-based therapies separately have been consistently found to reduce PTSD symptoms. While research has demonstrated that both approaches together do not produce a cumulative effect in reducing symptoms, many treatment programs for PTSD, particularly in the VA system, provide both types of therapies along with other interventions in some inclusive manner. Additionally, the therapy is provided in a group format, while research supporting efficacy has been conducted individually. The Women's Sexual Trauma program (WST) Program at the New Mexico VA Health Care System (NMVAHCS) is similar to most programs, in that multiple treatment modalities are offered in the form of topic-specific groups. The WST program is unique in that all treatment interventions are optional with the exception of an initial support group. The present paper will examine the personality profiles, based on CAPS interviews and psychological testing, of women who elected to receive the exposure-based therapy ("selectors") versus those who have received other treatment approaches ("non-selectors"). Differences between the two groups will be useful in identifying patients who can tolerate exposure work.

F717 — Clinical Theory/Clinical Practice

COGNITIVE FLOODING THERAPY

Antonio Gino, National Center for PTSD

Cognitive Flooding Therapy (CFT) combines cognitive therapy techniques with exposure (flooding) therapy techniques to help clients process emotional content and overcome barriers to progress during therapy. CFT assumes that clients' symptoms are often the result of incomplete processing of information. The incomplete processing is maintained by avoidance of anxiety associated with actual or feared consequences of a more complete processing. The incomplete processing then becomes a Zeigarnick, or incomplete task, effect that interferes with the patient's life. The goal of therapy is to help the client complete the processing, stop the avoidance, and allow corrective cognition and action to take place. CFT does not require the client to reprocess traumatic events, abreact emotions associated with the event, or explore underlying reasons why a client may leave information only partially processed. Cognitive distortions following the initial flooding are then corrected via standard, cognitive therapy techniques Two case studies are presented to illustrate the process. The first involves a depressed patient traumatized by new her husband was abusing their daughters. The secon involves a veteran with severe PTSD symptoms and survivor guilt spanning thirty years.

F718 **Clinical Theory/Clinical Practice**

WHEN DOMESTIC VIOLENCE CAN BECOME ADDICTIVE: A COMMUNITY BASED REPLACEMENT APPROACH

Craig E. Abrahamson, James Madison University

The scientific study of trauma has indicated that domestic violence can create the major symptoms of PTSD. Within the study of the psychophysiology of trauma, it has been found that people who have been traumatized within their domestic environments hold an implicit memory of the event(s), and that this memory is often expressed in the symptomatology of PTSD. Hyperarousal is at the core of PTSD, which is brought about by the limbic system. The limbic system responds to extreme traumatic threat, in part, by releasing hormones that tell the body to get prepared. Within the limbic system are two related areas central to memory storage; the hippocampus and the amygdala. When a person experiences domestic violence, the hippocampus becomes suppressed and the amygdala becomes very active, releasing highly charged emotional memories. This discharge of chemicals coming from the amygdala releases physiological chemicals that have addictive properties. The body and mind becomes accustomed to and dependent upon the symptoms of PTSD. It is proposed that "replacement activities" that are community based can recreate a healthy alternative for victims of domestic violence, such as adventure sports and other activities that are emotionally inducing. This type of community based "activity" will replace the chemical output of the amygdala.

F719 **Clinical Theory/Clinical Practice**

UNDERSTANDING WOMEN'S DECISIONS TO LEAVE AND RETURN TO ABUSIVE RELATIONSHIPS

Christina A. Byrne, Brian Ogolsky, Western Washington University

Relationship violence is a well-documented social problem affecting large numbers of women. A woman's decision to remain in or leave an abusive relationship is a complex one. In spite of the negative consequences of these relationships, many women choose not to leave their partners. Furthermore, many women who successfully leave violent relationships eventually return to live with their abusive partners. Understanding the social, economic, and personal pressures faced by women before and after they leave abusive relationships is essential to increasing the opportunities for these women to continue creating safer lives for themselves and their children. Thus, the goal of the present study is to examine how women who have left abusive relationships decide to return to or remain away from their abusive partners. By gaining an understanding of the factors that influence their decision-making process, it becomes possible to work toward improving existing interventions as well as to identify additional ways to support women after they leave an abusive partner.

F800 **Media**

E-MAIL YOUR VOICES

Jessica L. Woodfork, Trauma Recovery Institute

For years it was thought that if voices were present they should be ignored. By doing this they would somehow magically disappear. However, in post traumatic stress disorder the voices are often related to trauma and can't be ignored. Instead, they can be allowed to speak through the use of externalized dialogue. Through this process the voices can be acknowledged, negotiated with, and often resolved. The Trauma Recovery Institute has found that patients can use e-mail to help this process. The patient can simply e-mail the voice and respond back on behalf of it using a separate e-mail address. This provides a self help method that can be used anytime with or without the therapist being present.

F900 **Cross-Cultural**

LESSONS FROM TRADITIONAL CAMBODIAN HEALING RITUALS: INTEGRATING TRADITIONAL PRACTICES WITH WESTERN MENTAL HEALTH TREATMENT

Lorna McKenzie-Pollock, Accociate Director, Southeast Asian Community Clinic

The scientific study of trauma has indicated that domestic violence can create the major symptoms of PTSD. Within the study of the psychophysiology of trauma, it has been found that people who have been traumatized within their domestic environments hold an implicit memory of the event(s), and that this memory is often expressed in the symptomatology of PTSD. Hyperarousal is at the core of PTSD, which is brought about by the limbic system. The limbic system responds to extreme traumatic threat, in part, by releasing hormones that tell the body to get prepared. Within the limbic system are two related areas central to memory storage; the hippocampus and the amygdala. When a person experiences domestic violence, the hippocampus becomes suppressed and the amygdala becomes very active, releasing highly charged emotional memories. This discharge of chemicals coming from the amygdala releases physiological chemicals that have addictive properties. The body and mind becomes accustomed to and dependent upon the symptoms of PTSD. It is proposed that "replacement activities" that are community based can recreate a healthy alternative for victims of domestic violence, such as adventure sports and other activities that are emotionally inducing. This type of community based "activity" will replace the chemical output of the amygdala.

F901 **Cross-Cultural**

COMMUNITY-BASED CRISIS INTERVENTION IN JAPAN; ONE YEAR FOLLOW-UP QUESTIONNAIRE IN THE AFTERMATH OF THE RADIATION ACCIDENT AT TOKAI-MURA, IBARAKI PREFECTURE, JAPAN

Eri Inamoto, Sophia University, Tokyo, Japan, Doctoral Fellow in Psychology; Takako Konishi, Musashino Women's University, Tokyo, Japan

On September 30, 1999, there was a criticality accident at the JCO Tokai-Mura Nuclear Fuel Processing Facility in Ibaraki Prefecture, Japan. Many of the residents who lived near the facility were asked to evacuate or stay indoors. Our presentation will discuss one model of how community-based crisis intervention is provided in Japan. First, seminars for 460 local helping professionals, such as public health nurses, school teachers, and counselors who are also victims themselves, were provided. The seminars were focused on providing information, sharing concerns and asking questions, and self care and stress management. One result of the one year follow-up questionnaire showed that more than 80% of the respondents who had participated the seminars found the seminars after the incident important. Second, public health nurses were already familiar to local residents, so they could visit those living within 350 meters of the facility more easily than mental health professionals. They tried to identify residents who were at high risk of mental difficulties and provide mental care for them. Confronting emotional difficulties caused by a traumatic event as seen in the standard debriefing technique is not culturally suited to Japan. In a small community, there is a strong stigma attached to seeking counseling or psychiatric help. As a culturally appropriate community-based crisis intervention in Japan, we suggest that providing educational seminars to local health professionals and then having public health nurses visit residents' houses are a suitable way to identify and aid people at risk of mental difficulties following traumatic events.

F902 **Cross-Cultural**

THE IMPACT OF CHILD SEXUAL ABUSE AND CULTURAL VARIABLES ON AFRICAN AMERICAN GIRLS: AN EXPLORATORY INVESTIGATION

Maysa Akbar, Mary O'Brien Uhlmansiek, Christine A. Thayer, St. Louis University; Jeffrey N. Jeffrey, Deborah C. Wise, University of Missouri St. Louis

In recent years, an increased number ethnic minority children suffering from sexual abuse have been referred to outpatient clinics. Historically, the prevalence of sexual abuse has affected members of all groups, including individuals of diverse cultural

background, socioeconomic status, religious affiliation and sexual orientation. Nonetheless, cultural differences, in particular, may have an impact on the symptomatic presentation of behaviors that usually occur secondary to sexual abuse. Robust findings exist in the area of sexual abuse and gender differences, such that female victims of sexual abuse appear to exhibit more internalizing symptoms than males. This study aims to examine patterns in an African American sample. In this study, a total of 31 African American female victims of child sexual abuse, ages 6-12, were examined for internalizing and externalizing behaviors using the Child Behavior Checklist (CBCL) (Achenbach & Edelbrock, 1983). Parent interviews from the Diagnostic Interview for Children and Adolescent- Revised (DICA-R) were used to examine the total number of Posttraumatic Stress Disorder (PTSD) symptoms reported. Additionally, avoidance (a specific PTSD symptom) was examined for cultural and experiential influences.

F903 **Cross-Cultural**

DEALING WITH DISSOCIATION AND TRAUMA IN SW UGANDA

Joop de Jong, Transcultural Psychosocial Organisation; Marjolein E.M. van Duijl, Mbarara University, Uganda, 1995-2000

Devils, Spirits or Trauma, Research on Dissociation in SW Uganda. The controversy in the literature concerning the relevance of the current classification of dissociative disorders in the DSM IV justifies the need for more research in non-western cultures. The first descriptive explorative part of this research is about the recognition and management of dissociative disorders in Southwest Uganda. How do the DSM IV categories relate to the local categories. What are the different explanatary models and interventions used by health workers, medical students, traditional healers, religious leaders, counsellors and people in the community. Focus group discussions, key informant interviews and case histories are used as research methodology. Also the initial findings will be presented of the second quantative part of the research in which 120 people, qualified as having been possessed by the traditional healers, were interviewed using open questions, and "western" translated questionnaires: DES, SDQ, TEC and HTQ part I. This will give more insight between "possession", dissociation and trauma in Uganda. Abstract 2, Marian Tankink "I do remember but the pain has gone" Many people from Mbarara district in Southwest Uganda, who have suffered from terrible experiences during wars, find relief through the Pentecostal Churches. According to most of them, the pain connected with the memories, disappeared after becoming "saved" or Born-again-Christian. In order to obtain more insight in this proces, a qualitative research was carried out based on 106 in-depth interviews with 63 people, of which 34 Born-again and 26 members of the 'old religions'. Presented will be how Pentecostalism can interfere with the social and psychological realityof war affected people; how it influences people's notions on what is reasonable, human and moral. In particular; what the effects are on the reconstruction of memory of those horrifying experiences. It will be demonstrated how, until now, war has a catastrophic influence on their society which is dominated by anxiety and distrust, resulting in a conspiracy of silence by the local people.Several people experience this as a burden. The Pentecostal Churches offer their members a public place to talk about their experiences by giving testimonies, which can be seen as an idiom of distress. More important however, is the social support the Born-agains experienced.

F904 **Cross-Cultural**

ASSESSMENT OF RACE-RELATED PTSD AMONG ETHNIC MINORITY VIETNAM VETERANS

Hsin-Tine (Tina) Liu, National Center for PTSD - Honolulu, HI; Chalsa M. Loo, National Center for PTSD

The Race-Related Stressor Scale (RRSS) for Asian American/Pacific Islander (API) Vietnam veterans is a newly validated 33-item scale (Loo et al, in press) that measures exposure to perceived military and war-zone race-related stressors for API veterans. The RRSS was found to have high internal consistency and adequate temporal stability. The three factors of the RRSS included: racial stigmatization and prejudice, bicultural identification and conflict, and exposure to a racist environment. Additional questionnaires that augment the RRSS will be described. Used in conjunction with existing PTSD measures for veterans (e.g., the Mississippi Scale and Combat Exposure Scale), clinicians can broaden their assessment of PTSD to include race-related stressors in addition to combat-related stressors. Research has shown that 20% more of the variance in PTSD symptoms is accounted for by including race-related stressors, over and above that accounted for by combat exposure and military rank. Thus, personal experiences of racism are potent risk factors for PTSD. Case studies of API veterans will demonstrate the steps involved in evaluating race-related stressors and PTSD among minority military veterans.

F905 **Cross-Cultural**

RACIAL DIFFERENCES AMONG BATTERED WOMEN'S USE OF STRATEGIES

Mai Y. El-Khoury, Lisa R. Engel, Robin J. Belamaric, George Washington University; Mary Ann Dutton, Georgetown University; Lisa A. Goodman, Boston College

Racial differences have been demonstrated for many behavioral patterns, including coping, health behaviors and experience of PTSD. Recently, Wilson (1999) has focused on race-based differences among battered women who have ended their abusive relationships. The current study aims to investigate racial differences among a broader range of battered women, with varying relationship status. This study was part of a larger study examining the longitudinal patterns of battered women's exposure to abuse and related responses. Participants included 400 women, aged 17-65 years (M = 32.5, S. D. 8.7), recruited from a civil protection order court (n = 200, 54.2%), a specialized domestic violence misdemeanor criminal court (n = 118, 29.1%), and a battered women's shelter (n = 68, 16.7%). The sample was predominately African-American (81.2%) with 13.0% Caucasian and 5.8% Hispanic living in an urban center in the Mid-Atlantic region. Substantial differences in coping were identified based on race, with problem- and emotion-focused coping. Differences were identified in the number of violence-reduction strategies racial groups tended to use, and groups' evaluations of strategy effectiveness. A similar pattern was revealed for strategy use as it related to emotional coping. Implications for crafting culturally sensitive interventions for abuse victims will also be presented.

F906 **Cross-Cultural**

CROSS-CULTURAL ISSUES IN REHABILITATION OF COMBAT-RELATED PTSD

Robert Jenkins, Craig S. Rosen, Fred D. Gusman, Kent D. Drescher, Gil Ramirez; Patricia Chuo, National Center for PTSD; Shirley Salom Bail, VA Palo Alto Health Care System

The interpersonal functioning of veterans with PTSD is often hampered by distrust, cognitive distortions, and skills deficits. Interpersonal problems can be magnified when dealing with people of another ethnic background, gender, or sexual orientation. This presentation discusses implementation of a cross-cultural issues group within a residential PTSD rehabilitation program. This weekly, semi-structured group is designed to help veterans reexamine stereotypes, assumptions, and distortions that impair cross-cultural functioning. The group uses psychoeducation, process discussion, and practice in applying skills such active-listening and challenging of cognitive distortions. Weekly changes in attitudes were assessed using the Cultural Diversity Questionnaire (CDQ). Patients who attended four or more sessions of the group (n = 100) showed significant improvements in CDQ scores over time ($t = 2.3$, $p < .05$). The number of sessions attended significantly predicted patients' improvement in CDQ scores ($t = 2{,}5$, $p < .05$), even after controlling for their length of time in the overall treatment program. Non-whites were initially more tolerant than whites, yet both whites' and non-whites' attitudes improved over time. These results suggest that a cultural diversity intervention can enhance development of more tolerant attitudes among participants in a PTSD residential rehabilitation program.

F907 **Cross-Cultural**

CROSS-CULTURAL COMMUNITY-BASED RESEARCH ON PTSD AND FEMINISM

Anie Kalayjian, Yelena Khmelnitskaya, Fordham University; Rania Lee Kanazi, recent Fordham University graduate

This poster aims to discuss several international and cross-cultural, community-based research projects regarding trauma and cultural issues. Challenges of involving students will be presented. Issues related to mentoring, role modeling and empowerment will also be discussed. The first presenter, Yelena Khmelnitskaya will discuss cross-cultural perspectives on feminism The second presenter, Rania Kanazi will discuss trauma and the level of PTSD experienced after a natural disaster. PTSD abstract Disasters, whether man-made or natural, occur each day affecting the lives of many people psychologically, physically, socially and spiritually. Several different coping mechanisms are utilized to deal with such traumatic experiences. However, if these events are not dealt with effectively, one may experience PTSD. The following study is a cross-cultural comparison in coping with natural disaster, involving two populations-survivors from the 1999 earthquake in Turkey and a recent California quake. Individuals from both groups showed different levels of PTSD. The level of PTSD according to age group varied depending on many factors, including education, marital status, gender, whether or not loss was experienced etc. This study was explorative in design, consisting of 519 people-441 individuals from Turkey and 78 from California. Statistical analysis revealed strong correlations between PTSD and education: PTSD and education, sig, .0015. It was also found that the highest level of PTSD was found in those individuals who were 60 years old and older. In conclusion, the paper ends by drawing similarities and differences between the post-quake coping responses in California and Turkey. Cross-national research on feminism: Women position in the world. The world-wide trend towards feminism involves an increasing recognition of the social and psychological equality of women and men (Morgan, 1984; Jeshmaridian, 1997). To what extend do women world-wide support this trend? Women in different nations seem to vary (Adler, 1993). How do women in the USA or other nations regard feminism today? Views have seemed mixed in recent decades (Morgan, 1984; Adler, 1994). Indeed, after psychologist Betty Friedman sparked the U.S. feminism movement with her pathbreaking book The feminine mystique (1963), she authored The second stage (1981), suggesting that women should have the freedom to return to the family or work outside the home as the preferred. Here, a standardized 20 - item Feminism survey (Beere, 1990) was completed by more than 800 women in 7 nations, to gauge their views on feminism values on a 0-24 point scale. In order to obtain a cross-cultural study, the survey was developed in several languages, such as: English, Russian, Turkish, Japanese, German, Armenian, Spanish and others. This presentation includes findings from: Russia, America, Japan, the Netherlands, Turkey, and Armenia. The results show a consistency between feminism level and education, as well as feminism level and age. This study was a replication, as well as continuation of a study that was done in 2000 by Dr. Kalayjian and Dr. Takooshian.

S000 **Collaborations**

GENDER DIFFERENCES IN SYMPTOMS OF POST-TRAUMATIC STRESS DISORDER AND DEPRESSION AMONG KOSOVAR REFUGEES

Amy L. Ai, David Ubelhor, University of Washington; Christopher Peterson, University of Michigan

Over 14,000 Kosovar refugees have entered the United States since 1999. Few studies have investigated the extent to which psychological trauma has led to symptoms of post-traumatic stress disorder (PTSD) symptoms in this population. Assisted by five social service agencies related with churches of various religious denominations (Protestant, Catholic, Islamic, and Jewish) in Michigan (MI) and the World Relief in Seattle/West Washington area (WA), we conducted a caseworker-assisted survey of 129 Kosovars (aged 18 to 79, 55% male) recently settled in the States of Michigan and Washington. Of the sample, 101 cases (78.3%) exceeded the recommended cutoff indicating the likely presence of PTSD (PTSD Symptom Scale, Foa et al., 1993) and 83 cases (64.3%) exceeded the cutoff indicating the likely presence of depressive disorder (CES-D, Radloff, 1977). The Mean (SD) of war-related traumatic events reported was 14.98 (4.48), and all but 10 cases (92.2%) had a trauma score greater than 10. Kosovar refugees showed overall high patterns of three subgroup PTSD symptoms that seemed to differ from the double-high pattern in other reports on Bosnians (Weine et al., 1995; Favaro et al., 1999). Higher PTSD scores were associated with female gender, older age, more traumatic events, and more depressive symptoms.

S001 **Collaborations**

GROUP TREATMENT OF SURVIVORS OF CHILDHOOD ABUSE AS VIEWED BY PARTICIPANTS

Sally E. Palmer, McMaster University; Carol A. Stalker, Kim L. Harper, Wilfrid Laurier University; Susan E. Gadbois, Canadian Mental Health Association; Gillian Templeton, Homewood Health Center

Group treatment is widely used with survivors of childhood abuse, as a supplement to individual therapy, a treatment of choice, or a fall-back option when individual help is inaccessible. As a treatment of choice, groups are often favoured for reducing power imbalances, providing a normalizing experience, and increasing the survivor's access to informal support (from other group members). This poster presents findings from a qualitative study based on home interviews with thirty survivors, six months after they completed an inpatient treatment program for recovery from post-traumatic stress. Their reported experiences with process groups in the program included relief from sharing, validation of feelings, and new insights into their own behavior. Some, however, reported vicarious traumatization, which they felt interfered with their healing—being overwhelmed by others stories of pain, and being left with open wounds at the point ofdischarge. Possible responses to this will be suggested. Loss of support at discharge was a significant theme, and the program has generated a self-help group model to help with transition back to communities—some in distant parts of Canada. Informal feedback from graduates who participate in self-help groups has shown varied success. The poster will include the challenges associated with supporting graduates in distantregions with limited services, and creative solutions developed by some to create healing communities in their home environments.

S003 **Collaborations**

PROVIDING COPING SKILLS AND PTSD CLASSES WITH PACIFIC ISLAND VETERANS USING TELEHEALTH

Kathleen S. Pierce, Leslie A. Morland, Matthew Yeng, National Center for PTSD

Access to mental health services in the Pacific Islands is difficult due to copious miles of ocean separating providers from patients. Video-teleconferencing may offer the necessary bridge to provide essential healthcare services in this region. To date, several studies have demonstrated favorable use of telehealth in providing clinical services in remote locations (Morland, Miyahira, Pierce & Gino, 2000; Dossetor, Nunn, Fairley & Eggleton, 1999). No study has examined the feasibility of utilizing telehealth to provide PTSD treatment. This project examined the viability of using telehealth to provide clinical services to veterans diagnosed with PTSD. A telehealth modality was used to offer an eight-week, psycho-educational class focusing on Coping Skills and PTSD. A clinician in Honolulu conducted the class for veterans residing in Kona, on the neighbor island of Hawaii. As a control comparison, the same class was conducted on site in-person by the same clinician. Twenty veterans were recruited from the Kona VA Community Outpatient Clinic and were randomly assigned to either group. Veteran and clinician satisfaction, level of comfort, and reported benefit with services were assessed and compared. Clinical and research implications for future use of the telehealth modality for clinical provision with PTSD populations are discussed.

S004 **Collaborations**

PERU'S SHINING PATH WAR: ASSESSING PSYCHOSOCIAL IMPACTS OF VIOLENCE

Leslie M. Snider, Alexis C. Avery, Tulane University School of Public Health&TM, Int. Health Dept.; Claudio O. Cabrejos, Yale University School of Medicine, CT Mental Health Center; Juan J. Trujillo, Universidad de San Cristobal de Huamanga, Municipalidad H.; Homero A. Aguilar, Edith M. Huayllasco, Universidad Nacional de San Cristobal de Huamanga

Given increasing brutality toward civilians in worldwide conflicts, psychosocial impacts of severe trauma is receiving significant focus in trauma studies research. The authors describe a collaborative approach in psychosocial assessment and community intervention planning for victims of Peru's Shining Path civil war, where a large percentage of rural populations were traumatized and displaced in fifteen years of violence. The project objective is to translate psychosocial research into multidisciplinary, community-based programs through fully understanding the impact of terror, social disruption and loss in the local context. To ensure cultural relevancy and comprehensiveness, this project is a collaboration between Tulane University, Universidad de Huamanga in Ayacucho, local governmental and non-governmental organizations, rural villagers and community health workers. This pilot study, implemented by community-based nurses, assessed the psychosocial impact of the war on returned populations in Ayacucho. Utilizing ethnographic methods, researchers conducted key informant interviews and focus groups (in Spanish and Quechua), and developed with villagers a version of the Harvard Trauma Questionnaire informed by local language, idioms for distress and priorities of traumatic events. Results showed an alarming incidence of traumatic events and post-traumatic sequelae among villagers: anxiety and depression (95-100% of respondents), post-traumatic stress disorder (86-100%), and daily trauma symptoms (90%).

S005 **Collaborations**

PERITRAUMATIC PHYSIOLOGICAL REACTIONS, PTSD, AND MEDICAL PROBLEMS IN WOMEN VETERANS

Ned Rodriguez, UCLA Trauma Psychiatry Program; Deborah Yaeger, Claudine Armand, Women's Healthcare Center, West LA VA Hospital

This presentation investigates relationships between trauma exposure—including peritraumatic physiological reactions-PTSD and subsequent medical problems in a sample of women veterans. Researchers have theorized that physiological symptoms experienced during a traumatic event become learned conditioned responses to environmental fear triggers (PTSD symptoms). These conditioned physiological responses may promote the development of chronic medical problems. This study is among the first to examine the possible unique role of peritraumatic panic reactions in the interrelationship between trauma, PTSD, and medical problems in women. Participants completed a trauma/mental health screening as part of healthcare services offered within a women's multidisciplinary primary care clinic at an urban VA hospital. The screening was developed to outreach psychosocial services to women veterans suffering from posttraumatic sequelae, who often remain undiagnosed and untreated in the VA system. Data will be presented for approximately 60 women veterans who completed standardized self-report and interview instruments assessing traumatic life events, peritraumatic reactions, PTSD, and medical problems. Preliminary analyses reveal significant relationships between trauma exposure (including peritraumatic

panic reactions), PTSD, and health problems. PTSD symptoms will be empirically examined as mediators in the relationship between trauma exposure and health problems. Discussion focuses on mechanisms underlying this relationship.

S006 **Collaborations**

CLINICIANS AND CLERGY: PARTNERING FOR TRAUMA TREATMENT AND PREVENTION

Judith A. Lyons, VAMC-South Central MIRECC/U. MS Medical Center.; Mertis L. Scott, VAMC-South Central MIRECC; Hubie J. Nelson, Veterans Affairs Medical Center; W. Criss Lott, St. Dominic Counseling Center; Phillip R. Godding, St. Cloud State University, Psychology Dept.; Jona Keeton, Private practice/Consultation; Vicki Gary, Galloway Memorial United Methodist Church

Traumatic life events can dramatically reshape a survivor's world-view. Ideas about spirituality and faith are frequently impacted by trauma (e.g., sense of individual value and purpose, guilt and reconciliation, beliefs about God, concepts of good and evil). Three scenarios in which clergy and mental health professionals have partnered to aid trauma survivors are presented: (1) co-leading classroom debriefing sessions following a fatal school shooting, (2) co-leading a spirituality group within a VA PTSD clinic, and (3) case-by-case consultation between clergy and a core group of same-faith clinicians. Clergy and clinicians can also effectively collaborate in prevention efforts. A fourth scenario depicts the input of a mental health consultant in drafting a church policy for the implementation of state-mandated screening of youth workers. Obstacles and facilitative factors in such collaborative efforts are identified within each scenario, both from the perspective of the clinician and from the perspective of the clergy involved. Risks and benefits within and across scenarios are summarized. Recommendations are offered regarding ways to optimize the effectiveness of such partnerships.

S007 **Collaborations**

EFFECTS OF A BREAST CANCER WORKBOOK-JOURNAL ON PTSD SYMPTOMS

Cheryl Koopman, David Spiegel, Stanford University; Karyn L. Angell, Oregon Research Institute; Mary Anne Kreshka, Sierra College; Julie Turner-Cobb, University of Kent at Canterbury; Patricia Donnelly, Sierra Nevada Breast Imaging Center; Rebecca McCoy; Sierra Nevada Cancer Center; Kathy Graddy, Graphic Design and Illustration

This study examined the effects of a workbook-journal entitled "One in Eight: Women Speaking to Women," on PTSD symptoms of women diagnosed with breast cancer living in rural communities. It is based upon the principles of supportive expressive therapy. We recruited 100 women through oncology and radiology clinics who live in rural areas in and nearby Grass Valley, California. Women were randomly assigned to receive either educational materials on breast cancer or the experimental workbook-journal intervention in addition to educational materials. Women were reassessed at a three-month follow-up, with 99 completing their follow-up assessment. Scores on baseline posttraumatic stress disorder (PTSD) symptoms suggest that this sample prior to receiving the intervention reported a moderate to high level of psychosocial distress. Women receiving the workbook-journal showed a significant decrease in PTSD symptoms ($p<.02$). They also showed significant changes in coping in terms of decreased anxious preoccupation with having breast cancer ($p < .05$). These changes were most pronounced in women who had been newly diagnosed with breast cancer, compared with women whose treatment was ending. These results indicate that among rural women newly diagnosed with primary breast cancer, a workbook-journal can effectively enhance coping and reduce PTSD symptoms regarding breast cancer.

S008 **Collaborations**

MENTAL HEALTH PROVIDERS AWARENESS OF DOMESTIC VIOLENCE ISSUES IN PRACTICE

Stephanie Sloan, Helene Moriarty, Andrew M. Stone, VA Medical Center Philadelphia; Ann Burgess, University of Pennsylvania

Clinicians in three different programs in a VA Medical Center Outpatient department were surveyed in order to study their awareness of, comfort with, and knowledge of domestic violence issues and resources. A general mental health clinic, a substance-free drug and alcohol program, and a methadone treatment program provided a total of 70 clinicians of whom 63 responded, for a response rate of 90%. Areas explored included providers' own experiences, level of comfort with the questions, awareness of treatment resources and frequency of screening and referral for domestic violence services. Information was sought as to screening for both victims and perpetrators. Findings included the following: providers who had more information about how to respond, and those who described themselves as more comfortable with clint/patient reactions, were more likely to have discussed domestic violence in their clinical practice.Providers who were more aware of legal requirements for assessment were more likely to screen all their clients for DV. In this sample, gender was negatively associated with screening, with female providers less likely to screen female patients for DV. Providers who estimated a higher percentage of batterers among the male population were more likely to screen all their male clients for DV. In the setting of several different outpatient mental health services, associations were demonstrated between the clinicians' level of knowlege and comfort with DV issues, and the way that they treated patients. These findings suggest that interventions directed toward increasing clinician awareness and skills might improve the likelihood of earlier diagnosis and treatment of domestic violence victims and perpetrators.

S009 **Collaborations**

HELP-SEEKING BEHAVIOR OF TRAUMATIZED VETERANS

Coen van den Berg, psychologist

Several studies show a large number of veterans with psychosocial problems after deployment in peacekeeping missions. Only a small group of them does apply for help. The reasons for not seeking help might have negative implications in time for these veterans. Besides this, the fact that a certain amount of veterans do not seek or use help conflicts with the outreaching strategy of the Dutch veteran's policy. A first worldwide request for an answer to the question why young veterans do (not) seek help for their psychosocial problems led to the conclusion that this topic is one of interest but with little actual information available. Based on literature and interviews with young veterans and professional caregivers a case study was conducted. This research focused on reasons for (absence of) help seeking behavior. The results of this study show interesting similarities between several groups of veterans and other traumatized groups. Also some interesting differences between these groups emerged from this study. Some important barriers for not seeking help are unawareness of possibilities for help, culture of the army and self-efficacy. Severity of the problem and pressure from partners are triggers for seeking help. The results are put together in the model of planned behavior of Ajzen and Fishbein. This leads to a better insight in the relations between triggers and barriers for help seeking and leads for further research.

S010 **Collaborations**

PSYCHOLOGICAL DEFENSIVENESS AMONG ADOLESCENT ASSAULT VICTIMS: IMPLICATIONS FOR INTERVENTION

Dawn R. Marcelle, Michael R. McCart, Hobart Davies, University of Wisconsin Milwaukee; Alice D. Calhoun, Valley Children's Hospital

Identified the prevalence of a defensive response style among a sample of urban youth with violence-related injuries and examined the effects of that style on a self-report measure of psychological functioning. A defensive response style was defined by elevations on the Underreporting Scale of the Trauma Symptom Checklist for Children (TSCC) along with below average scores on the Anxiety Scale. One hundred twenty youth (ages 9-18) completed the TSCC two weeks post-injury. Thirty-five percent (35%) were identified as using a defensive response style. Those in the defensive group reported significantly fewer trauma symptoms than those identified as either high or low anxious, but not defensive. Seventeen percent (17%) scored in the clinical range on the Underreporting Scale and elevations on all clinical scales were modest. Males showed elevations on Underreporting with decreased trauma symptoms, while female victims were less defensive and reported more symptomatology. Results suggest that reported low levels of symptomatology among assaulted urban youth may be due in part to a defensive response style rather than absence of pathology. Medical professionals are advised to adopt a standard of care that proactively addresses the psychological needs of all victims of youth violence.

S011 **Collaborations**

WOMEN WITH COMORBID PTSD IN A DEPRESSION TREATMENT TRIAL

Janice L. Krupnick, Georgetown University Medical Center; Bonnie L. Green, Joyce Y. Chung, Juned Siddique, Jeanne Miranda, Georgetown University Medical School

We investigated how women with major depression (MDD) and PTSD, recruited for a depression treatment trial, differ from those with depression alone. Poor women attending public medical settings were screened for MDD. Those meeting criteria were randomized to CBT, medication, or referral only, and evaluated by telephone and clinical interview for one year. Initial data on 159 women, with 6-month data on 54 treatment subjects, indicated that women were African American (67%), Latina (26%), or White (7%), with a mean age of 28. Two-thirds were working, but 59% lacked health insurance. Over half (52%) had current co-morbid PTSD and MDD. Women with comorbid PTSD had more past trauma, including rape, and more major lifetime stressors, including periods without food or being homeless. At baseline, they had significantly worse functioning on six scales of the SF-36, and more past-year emergency room visits. Both treatment groups showed significant improvement in depression symptoms and functioning during the first 6 months, with no difference in rate of improvement. Data on PTSD symptoms at one year, and for the treatments separately, will be presented in the poster. PTSD may be missed in women with depression.

S012 **Collaborations**

VALIDATION OF THE CHILD/ADOLESCENT PTSD/ TRAUMA SCREEN

Drew F. Miele, Edward O'Brien, Marywood University

Previous research by these authors identified significant underdiagnosis of posttraumatic stress disorder (47.7%) and sub-clinical PTSD (20.5%), as compared to a 2.3% baseline rate in residentially placed children and adolescents (Miele & O'Brien, 2000). A subsequent study developed a screen to rapidly identify clients, in an agency setting, for PTSD re-evaluation. Fifty-seven per cent of the re-evaluated clients had a PTSD/sub-clinical PTSD diagnosis, as compared to a 4% baseline rate (Miele & O'Brien, 2000). Trauma events and behavioral markers correlated .71 and .73 respectively, with the final PTSD score. Present research has as its goal a county-wide effort (CPS) to validate an expanded screening instrument. The expanded screen identifies frequency and severity of traumatic exposure and its objective features; posttraumatic response characteristics; internalized/externalized behaviors, vulnerabilities, and contraindications. Sandra Bloom, M.D. will consult on this multi-site validation study, and has been invo9lved in development of the instrument. Ages 6-18 will be screened, with follow-up psychiatric evaluations (TSCC and CAPS-CA). Screening will be conducted at all levels of risk to allow for the development of cutoff points. Discriminate analogies and factor analyses will be conducted.

S013 **Collaborations**

TELEPSYCHIATRY AND THE TREATMENT OF PTSD; DEVELOPMENT OF A COLLABORATIVE PROGRAM TO PROVIDE SPECIALIZED PTSD TRIAGE AND SERVICES TO PATIENTS AT DISTAL LOCATIONS

David S. Liebling, Cheryl A. Stone, Martha Clower, Louis Stokes Cleveland VA Medical Center

This presentation will examine the organizational and technical development, clinical goals and practice, and evaluation of a project providing wide geographical access of specialized services to Ohio veterans suffering from war related PTSD and sexual trauma suffered in the military. Through the development of a Televideo Program, a collaborative network drawing on the services of a variety of clinical providers housed at a Core PTSD Program and 3 distal/satellite clinics as well as relevant technicians and specialists from across the state, was formed. The program also provided one practical solution to address an important policy consideration of the VA. In the past 3 years the Ohio VA has worked to expand access to veterans in need of specialized PTSD services through a range of satellite outpatient clinics. VHA policy has established the need for a team of experts trained and credentialized in the care of PTSD. This team can include associate members stationed at some distance from the core team. Distal clinics are required to access specialized PTSD consultation on psychopharmacological, case consultation and supervision, access to assessment, triage, and sexual trauma issues.This unique clinical response should be of general interest as a method for the provision and maximization of expert PTSD treatment. The joint effort made it possible to broaden the availability of effective care to PTSD patients who would not otherwise receive appropriate treatment due to age, socio-economic status, disability, education or geography. The triage of patients, application of clinical interventions, clinical consultation, supervision, and education among providers, and evaluation were successfully accomplished in a 12 month period and will be presented in this workshop.

S014 **Collaborations**

OLANZAPINE TREATMENT FOR TORTURE SURVIVORS WITH PTSD—A CASE SERIES

Robert C. Stone, Frederick Petty, UT Southwestern Medical Center, Dallas

Post Traumatic Stress Disorder is a common psychiatric disorder with an 8% lifetime population prevalence in the USA. Continued investigation into pharmacotherapy for PTSD is important given that up to half of patients studied in SSRI trials failed to respond significantly. PTSD is also a common condition experienced by survivors of torture. While torture is fortunately rare in the US, the same cannot be said about many nations. Torture is actively used to punish and dissuade people with dissenting religious and political opinions regarding issues such as free elections, women's rights and racial equality. The survivors often seek political asylum in the US. Those with PTSD often experience debilitating symptoms and require appropriate treatment to regain any significant quality of life and to participate successfully in the asylum process. This presentation will detail a review of the treatment of twelve survivors of severe torture from central and western African countries. All were suffering from severe PTSD symptoms as diagnosed with the MINI and measured with the TOP-8. All were treated with olanzapine 2.5 or 5mg qhs, either as monotherapy or in combination with an SSRI. At eight weeks, all eight had >50% reduction in TOP-8 scores.

S015 **Collaborations**

HEALTHY-COMMUNITY APPROACH TO POST-EARTHQUAKE PSYCHOLOGICAL REHABILITATION IN TAIWAN

Yin-Chang Wu, Fu Chien Hung, Jen Chao Hsiao, Department of Psychology, National Taiwan University; Yao Sheng Lin, Department of Psychology, Kaohsiung Medical University

Earthquake affects everyone who happens to be at the "wrong place" and "wrong time." Those who were affected have not only gone through stages of hyperarousal, intrusion, and restraint, but also unavoidably encountered changes of daily living orders, social networks and supports, commonly held beliefs, and so on. Therefore, the traumatic experiences should be tackled at both the personal and community levels. A healthy-community program was accordingly designed to work together with local educational system, health-medical system, and political-executive system in Tong-Shir Town (a township of about fifty thousands of residence and close to epicenter of the earthquake). This healthy-community approach aims not only to restore the victims' social network/supports and daily living orders, but also to reestablish their beliefs and common meanings for sufferance to live on. In that, school-based programs have been set up and a group of "seed-teachers" were formed. Through reorganizing local medical stations, hospitals, and related volunteers groups, health promotion, prevention and treatment of psychological disturbances have been provided. Moreover, a "Tong-Shir Spirits" movement has been started to integrate the experiences, feelings, and meanings attached to the earthquake with the hope of joining a commonly accepted "meaning of sufferance" for the whole community. More details of the programs and resulting data will be reported in the symposium.

S016 **Collaborations**

A SCHOOL-BASED ART ACTIVITIES TO ENHANCE COPING PROCESS OF STUDENTS IN EARTHQUAKE-AFFECTED AREA

HM Tseng, Department of Healthcare Management, Chang Gung University; FC Liu, Department of Religion, FuJen University; Sue-Huei Chen, Department of Psychology, National Taiwan University

In collaboration with Council for Culture Affairs of Taiwan funded earthquake-relief program "Arts for School Relief," we developed a school-based service to accomplish the aim of integrating the healing power of the arts into the lives of children and adolescents in earthquake-affected area. A total of 99 community volunteers were recruited to conduct school services in 26 primary and 6 junior high schools. These volunteers were required to fulfill a training and orientation process, and then initialized an 8-week art course curriculum in the schools served. An assessment and evaluation form of students' affective perspectives (including attitudes towards the course, reliability for accomplishment, motivation for art production, and group interaction skills) was applied to record students' change during the 8-week period. All art activities and observation were conducted at the classroom environment in schools. More than 1500 students participated in this program. A total of 1207 students evaluation data were valid for analysis. In general, favorite responses towards this program are obtained from students, teachers, volunteers, and school systems. Assessment of affective perspectives showed that attitudes, reliability, motivation, and group interaction skills of all students improved progressively during the 8-week period. A school-based program focusing on classroom activities had been suggested to be an effective primary intervention for disaster recovery. Implications and reflection from implementing a school-based program for disaster recovery will be discussed.

S100 **Intervention Research**

ALIENATION, ANGER, AND TRAUMA IN VIOLENT TEEN AGE GIRLS

Lenore E. Walker, David L. Shapiro, Nova Southeastern University - CPS

This symposium addresses a program developed by clinical psychology graduate students in a forensic concentration in a large metropolitan multicultural community in order to identify and intervene with girls whom have been arrested for violent crimes. Their histories of trauma, child abuse, anger, and alienation are found to be associated with their commission of violent crimes.

TRAUMA AND ANGER EXPERIENCES IN TEENAGE GIRLS IN THE JUSTICE SYSTEM

William F. Anzalone, Jr., Nova Southeastern University - CPS

The majority of females who enter the juvenile justice system commit status crimes, such as running away from home and truancy; however, there has been an increase in female juveniles committing serious violent offenses. In Broward County, Florida, an analysis of approximately 200 female juvenile offenders' behavior suggests many are reacting to a traumatic event that has happened in their lives. Research indicates that the most common pathway to "revolving door" delinquency for a female is exposure to abuse prior to committing her first offense. Domestic violence exposure increases the risk for the development of post-traumatic stress disorder (PTSD). PTSD associated symptomotology often results in peer rejection at an early age in life. Data suggests that this rejection increases the risk for delinquency, such as violence, aggression, manipulation, and bullying. Feelings of anger and its expression have been measured by the Spielberger's STAXI-2 and the profiles compared to self-reported histories of the girls' trauma. The results suggest that child or adolescent trauma has a direct impact on the girls' expression of anger and delinquent behavior.

POST-TRAUMATIC STRESS DISORDER AND ABUSE IN DELINQUENT GIRLS

Kari M. Schlessinger, Nova Southeastern University - CPS

More than half the adolescent girls detained at the Juvenile Detention Center in Broward County, Florida disclose histories of reportable physical and/or sexual child abuse. Many also report emotional abuse and maltreatment. In an effort to assess for post-traumatic stress disorder (PTSD), the adolescent girls were evaluated with structured clinical interviews, a Life History Questionnaire, and the Briere's Trauma Symptom Interview (TSI). Most of these girls come from homes with low socioeconomic status. Many reside in communities where violence on the street is the norm. Rarely have they received psychological intervention for the emotional impact resulting from their exposure to this abuse. It has been suggested that adolescents with PTSD may experience a "foreshortened future" and engage in various forms of destructive and violent behavior. Delinquency may be an avenue for expressing the hyperarousal often associated with PTSD, thus temporarily reducing the resulting anxiety and tension in these female juveniles. Analysis of the TSI results indicate significant elevations on many of the clinical scales associated with PTSD. These results have been shared with attorneys working to advocate on behalf of the girls' civil and criminal matters. Further suggestions for intervention in the juvenile detention center will be discussed.

S101 **Intervention Research**

PREDICTING REMISSION AMONG PATIENTS WITH POSTTRAUMATIC STRESS AND SUBSTANCE USE DISORDERS

Paige Ouimette, Washington State University; Rudolf H. Moos, VA PAHCS/Stanford University

Practices have been recommended for the treatment of patients with substance use and posttraumatic stress disorders (SUD-PTSD) based on empirical findings, including providing PTSD-specific care. This study examines the association between outpatient PTSD treatment and the long-term course of SUD-PTSD patients using a substance abuse program evaluation. 145 patients with PTSD completed 1, 2, and 5-year follow-ups. Data on service use and 12-Step attendance were gathered from patients' self-reports and VA databases. After case-mix adjustment, SUD-PTSD patients who attended PTSD-specific treatment in the 1st year following treatment were more likely to maintain a stable course of remission from substance use 2-5 years following inpatient treatment. For example, patients who received PTSD care in the first year following SUD treatment were 16 times more likely to achieve stable remission than those not receiving PTSD care. Over three-quarters of the stably remitted had received PTSD care whereas only 39% of the patients who did not achieve stable remission received such treatment. SUD outpatient visits in the year following treatment did not predict later remission status. Twelve-step group attendance in the year following discharge predicted 3-5 year remission status. Analyses are planned to examine the parameters of PTSD care that are associated with remission.

S102 **Intervention Research**

DISPOSITIONS, COPING, AND POSTTRAUMATIC GROWTH IN EMERGENCY AMBULANCE PERSONNEL

Jane E. Shakespeare-Finch, Queensland University of Technology

Contemporary research generally focuses on the experience of work related traumatic stress as potentially negative. Based in a salutogenic approach, this paper investigates traumatic stress in emergency service work as a catalyst for significant Posttraumatic Growth (PTG). Individual characteristics such as Extraversion, Openness to experience and Hope have been found to significantly relate to measures of positive changes following a traumatic event in direct survivors of trauma. The present study aims to empirically identify individual characteristics and coping resources that account for significant variance in self-reported post-trauma growth scores in a work related or vicarious context and further asserts that coping resources are a critical variable in the process. 525 male and female ambulance officers, all of whom had experienced work incidents considered to be particularly traumatic, completed a comprehensive questionnaire. Correlations support a positive relationship between PTGI scores and Extraversion, Openness to experience, Conscientiousness, Religiousity, Hope, Optimism and Self-efficacy. Furthermore, Structural Equation Modelling (SEM) confirms that coping resources significantly mediate the relationship between said characteristics and PTG, providing support for an indirect pathway to growth.

S103 **Intervention Research**

PROPRANOLOL FOR REEMERGENT POSTTRAUMATIC STRESS DISORDER FOLLOWING AN EVENT OF RETRAUMATIZATION: A CASE STUDY

Fletcher B. Taylor, University of Washington and Rainier Associates; Larry Cahill, Dept. of Neurobiology and Behavior, University of California, Irvine

This case report concerns a 44 year-old female who experienced five similar motor vehicle accidents, the last three causing severe PTSD episodes of over six months despite multiple pharmachotherapies. Following a sixth accident, severe PTSD symptoms again emerged. This time, propranolol was used and the PTSD symptoms were rapidly and markedly reduced. The Clinician Administered PTSD Rating Scale, One Week Symptom Status Version (CAPS-SX) scores were reduced from an initial 86 at the time of the trauma, to 56 eleven days post trauma. The propranolol dose was, 60mg orally, twice a day (1.7mg/kg/day) begun 48 hours after the trauma. To our knowledge, this is the first report of the effects of propranolol treatment on reemergent PTSD symptoms. This case study suggests that propranolol at the time of a retraumatization, or even initial traumatizion may be particularly efficacious for PTSD symptoms. Propranolol treatment prior to reexposure therapy sessions may limit pathologic overconsolidation of traumatic memories while maximizing the benefits of the therapy. Systematic research into the efficacy of propranolol for adult PTSD appears warranted, particularly with regards to the dosage, timing, and duration of the propranolol intervention.

S104 **Intervention Research**

PROLONGED EXPOSURE COUNTERCONDITIONING (PEC) AS A TREATMENT FOR CHRONIC PTSD IN AN ADULT SURVIVOR OF REPEATED SEXUAL AND PHYSICAL ABUSE TRAUMAS

Nenad Paunovic, Department of Psychology, Stockholm University, Sweden

PEC was tested as a treatment for chronic PTSD with an extremely traumatized adult with severe childhood traumas. In PEC a prolonged reliving of the patients most pleasurable life moments is prompted by the therapist in order to help the patient to maintain a continuous elicitation of very pleasurable emotional responses. An associative technique is used whereby a neutral stimulus is associated to very pleasurable emotions. The patient is thereafter confronted with the most distressing moments of the traumatic event until very distressing emotions are elicited. When very distressing emotions are fully elicited the associative technique is utilized by concurrently activating incompatible emotions during 5 minutes while the patient is prompted by the therapist to continue to focus on the most distressing aspects of the trauma. When the traumatic emotions have been fully elicited the patient relives his/her most pleasurable emotions for a prolonged time in a similar way as during the first part of the session in order to weaken the traumatic emotions. The structure of PEC is adjusted in every second session so that an additional trauma repsonse elicitation and a weakening of the traumatic emotions can be conducted. PEC was very effective as a treatment for extreme PTSD and associated psychopathology in this case and will be further tested in a series of case outcome studies in the future.

S105 **Intervention Research**

PERCEPTION OF CAMPUS VIOLENCE AND SERVICES: REACHING DIVERSE POPULATIONS

Mary L. Wandrei, Department of Psychology, Marquette University; Linda J. Lee, Student Affairs, Marquette University

As part of a U.S. Department of Justice funded initiative to combat violence against women on college campuses, we are asking students about their perception of sexual assault, dating violence, and stalking. We also solicit their perspectives on university policies, procedures, and services directed toward victims of such violence. We are especially interested in the perceptions of students of diverse ethnic backgrounds and gay, lesbian, and bisexual students at our urban Midwestern campus. Participants in our 11/2-hour focus groups are recruited from multicultural organizations and special interest groups (e.g., Black Student Council, Gay/Straight Alliance) as well as from random sampling of the campus population. We anticipate a total of 100 participants in these groups of 6-8 people, approximately 50% of whom will come from underserved populations. Groups are facilitated by graduate and undergraduate students of diverse backgrounds. Participants' responses illuminate four areas of concern: (1) defining intimate violence; (2) experience of violence at this campus; (3) perceived causes of intimate violence and (4) improving this campus's educational programming and services for those affected by violence. We discuss implications for promoting a university community climate that does not tolerate violence and supports victims of all backgrounds.

S106 **Intervention Research**

A COMPARATIVE TRIAL OF TREATMENTS FOR SUBSTANCE DEPENDENCE AND PTSD

Elisa G. Triffleman, Phillip K. Wong, Celeste Monnette, The Public Health Institute

PTSD among addicted persons is frequent, and significantly worsens the prognosis for functionality and successful treatment outcomes. There is a continuing need to identify workable treatment interventions. This poster will present trial results comparing Substance Dependence - PTSD Therapy (SDPT) with Cognitive-Behavioral Coping Skills Therapy (CBCST). Subjects were recruited from a methadone clinic. Inclusion criteria: ability to read English at a 5th grade level; current partial PTSD and full lifetime PTSD; and >1 day of substance use in the past month. Exclusion criteria: severe homelessness; residential treatment facility participation; schizophrenia, schizoaffective disorder, severe major depression or untreated mania. Results: 36 subjects were randomized; 34 attended > 1 session. 56% female; 47% African-American, 35% white; 80% unemployed. At baseline, 74% had current PTSD; 65.7+ 21.7 CAPS severity. Ss used substances 15+ 11 days/past month; 67% drank. On PTSD severity, time effects were significant through 6 month posttreatment follow-up (SDPT: mean: 38.5 SD: 27.1; CBCST: mean:44.9 SD:35.5). In preliminary analyses, treatment completers demonstrated group differences, favoring SDPT. Decreases over time were observed in days of substance use at treatment end (SDPT: 8.8 SD: 8.5; CBCST: 9.4 SD: 9.5) but not at 6 months' posttreatment. Preliminary 1-year follow-up results will also be presented.

S107 **Intervention Research**

PREDICTORS OF FOLLOW-UP MEDICAL CARE AMONG RECENT RAPE VICTIMS

Robin R. Minhinnett, National Crime Victim Center; Heidi S. Resnick, Ron Acierno, Dean G. Kilpatrick, National Crime Victim Research and Treatment Center at MUSC

Most sexually assaulted women do not receive follow-up medical care. This is alarming considering negative health outcomes associated with rape. This paper evaluated whether a new intervention for rape victims increases use of a follow-up health clinic. Treatment involved a video designed to decrease anxiety during forensic exams, and prevent post-rape psychological distress. The video also included information about potential post-rape follow-up medical care. 230 of 273 eligible victims participated. The average age was 26.3 years (SD 9.7). Most women (79%) were single. Half were Caucasian (50%) while the rest were African American. Of the 230 participants, 110 were randomly assigned to the non-video condition, 102 were assigned to the video condition, and 18 refused treatment. Women were offered follow-up medical care six weeks and six months post-assault. A total of 37.4% attended. Results showed that the intervention did not increase follow-up attendance. Women who refused to watch the video were least likely to receive follow-up care (22%). Other factors such as age, martial status, race, and rape characteristics could also be important predictors of attending post-rape medical care. Additional analyses will be conducted to evaluate whether the intervention and/or these other variables may be related post-rape medical care.

S108 **Intervention Research**

TRAUMA-SPECIFIC GUIDED-IMAGERY: AN ADJUNCT TO GROUP PSYCHOTHERAPY

Leslie P. Root, Ellen I. Koch, Carolyn L. O'Brien, VA Gulf Coast Veterans Healthcare System

The implementation and evaluation of the first commercially-available trauma-specific guided imagery audiotape as an adjunct intervention to group psychotherapy is presented. Approximately 50 Vietnam theater veterans diagnosed with PTSD involved in ongoing group psychotherapy participated in a 5-session anxiety management intervention. The intervention was designed to maximize compliance by being administered in a group format and including involvement of adult partners/family members residing with the veteran. Study components included: pre- and post-assessment of anxiety, PTSD symptoms, and overall well-being; anxiety education; instruction in use of guided imagery; and peer and family support. The impact on anxiety, PTSD symptoms, self-efficacy regarding anxiety management, and program ratings on helpfulness, satisfaction, and compliance are reported. The generalizability of this intervention to other types of trauma and other community settings will be discussed.

S109 **Intervention Research**

PREDICTING CHANGE AND TREATMENT OUTCOME FOR VETERANS IN GROUP TREATMENT FOR PTSD

Alethea A. Smith, Elisa E. Bolton, Sheila Raja, Lisa M. Fisher, National Center for PTSD, Boston VAMC

This study explored treatment changes across time in measures of psychopathology, global indices of life satisfaction, & physical health among Vietnam veterans in skills-based group treatment for PTSD. Data were collected from 52 veterans, prospectively, across a 3 year time span. The clinical program consisted of group treatment with the following treatment sequence: Understanding PTSD (a psychoeducational group), Stress Management, and Anger Management. Adjunct individual treatment was also available to veterans as dictated by their clinical care needs. Instuments included measures of depression (BDI), PTSD (PCL), life satisfaction, and self-reported physical health (SF-12). Initially, two subsets within the sample were established in order to assess change in mental and physical health status. Preliminary results suggest participants who reported greater distress and dysfunction at the endpoint showed little change across time. Those who reported better psychosocial adjustment at the endpoint showed similar initial psychosocial adjustment, but report decreased PTSD symptoms over time and a trend towards overall improved health. In order to elucidate the characteristics associated with clinical improvement, further investigation of individual and group differences is planned.

S110 **Intervention Research**

THE EFFECTS OF EXPOSURE-BASED THERAPY ON ATTITUDES ABOUT GUILT IN VIETNAM COMBAT VETERANS

Sharon M. Wills, Central Texas Veterans Healthcare System/Texas A&M College; George Kraber, Central Texas Veterans Healthcare System

There has long been consistent agreement that guilt has both cognitive and affective dimensions. Cognitive components of guilt can be seen in the errors of logic and resulting faulty conclusions that trauma victims often make about their roles in traumatic events. The present investigation will present outcome data on the Changing Attitudes About Guilt in a group of Vietnam Combat Veterans who were treated in a 20-week program that included a combination of Cognitive Processing group therapy and individual Eye Movement Desensitization Reprocessing (EMDR). The ten veterans participated in a structured, time-limited trauma group in which they addressed issues peripheral to combat exposure in 20 weekly 90-minute group sessions. Each individual group member also underwent a minimum of theree individual EMDR sessions to process traumatic combat experiences. The Kubany Attitudes About Guilt Inventory was administered at the beginning of the group prior to EMDR sessions and again at the final session of group. Post-group follow up data is also included in this presentation.

S111 **Intervention Research**

THE FIVE FEATHERS HEALTHY FAMILIES PROJECT: YEAR THREE REPORT

B. Hudnall Stamm, Renee V. Galliher, John Ahedore, Idaho State University Institute of Rural Health; Colette C. Evans, Desmond Weiser, Kenneth L. Cutler, Alta Appenay, Rory Tendore, Five Feathers Healthy Families Project

The Five Feathers Healthy Families Project is a part of the national Children of Substance Abusing Families Project funded by the Center for Substance Abuse Prevention. The goal of the project is the development of new empirical knowledge on prevention models to enhance protective and minimize risk factors of children with substance abusing parents and to reduce risk of developing substance abuse and other behavioral, emotional, social cognitive, & physical problems. The project documents program interventions in the form of a manual so that programs can be replicated. The Five Feathers site is specially charged with developing a protocol for American Indian communities. This poster will review the design, implementation, and results of this three-year project. Fifty-two treatment and twenty two comparison families provided data at baseline, 3 month (program exit) and 9 months. Seven cohorts of families have been served, accounting for over 1000 hours of psychoeducation, psychotherapy, case management, after-school tutoring, and cultural activities. Longitudinal data will be presented on the children and their parent/guardians on a variety of biopsychosocial measures. The data continue to suggest that prevention activities should be grounded in traumatic stress theories as well as substance abuse prevention theory.

S112 **Intervention Research**

OLANZAPINE TREATMENT FOR POSTTRAUMATIC STRESS DISORDER: CONTINUATION STUDY

Frederick Petty, Alina Suris, University of Texas Southwestern Medical Center; Jason Worchel, Central Texas Veterans Affairs Health Care System; Virginia Gajewski, Patricia Borman, Andra L. Teten, Dallas Veterans Affairs Medical Center

The antipsychotic olanzapine showed efficacy in treating the avoidant, intrusive, and hyperarousal symptoms of PTSD in our core eight-week study (Petty et al., Biological Psychiatry abstract). Based on these promising results a multi-site, open-label, six-month maintenance study in veterans with severe, chronic, combat-induced PTSD was conducted. Patients received an extended treatment of olanzapine (5-20 mg per day) for six months following their completion of the eight-week study. The primary outcome measures administered monthly were the Clinician Administered PTSD scale (CAPS) and the Clinical Global Impression of Improvement scale (CGI-I). Secondary outcome measures included the Hamilton Rating Scales for Depression and Anxiety (HRSD and HRSA), and the Brief Psychiatric Rating Scale (BPRS). A structured social functioning interview (SAS) and the Quality of Life questionnaire (QOL-BV) were completed at months 3 and 6. Results demonstrated no significant change in any of the outcome measures from the final week (week 8) of the core study to the end of the follow-up study. Treatment effects, therefore, were maintained for the 6 months following acute treatment.

S113 **Intervention Research**

GROUP TREATMENT OF MILITARY-RELATED TRAUMA IN WOMEN VETERANS: PRELIMINARY OUTCOME DATA

Sharon M. Wills, Central Texas Veterans Healthcare System/Texas A&M Med. School; L. Joyce Goza, Central Texas Veterans Healthcare System

Rape trauma among active-duty military women has historically been under-reported, and under-treated. Many women veterans who were raped in the military were discouraged from even reporting the incident, and few of those who did report their rapes received validation and appropriate treatment. In recent years, increasing numbers of women veterans have sought treatment through Veterans Affairs Medical Centers for symptoms of posttraumatic stress secondary to military-related sexual trauma. In order to better serve these women veterans, the authors have adapted a group treatment program based, in part, on Resick and Schnicke's, "Cognitive Processing for Rape Victims" model. This presentation will outline the treatment model, and will present outcome data from a recently-completed group, and follow-up data on group participants two years post-treatment.

S114 **Intervention Research**

SOCIAL SHARING AMONG VETERANS: DON'T TELL, DON'T ASK

Coen van den Berg, Veteran's Institute; Lt. Johan Scherpen, Royal Netherlands Military Medical Service, Centre for Expertise and Research; Michaela Schok, Jos Weerts, Centre for Research and Expertise

The Center for the Dutch Veteran's Institute has conducted a study on social sharing among veterans. The basis for this study forms the work of Rimé et al, who find that social sharing is a natural process. In it's full form, social sharing of emotions occurs in discourse when individuals communicate openly with one or more others about the circumstances of the emotion-eliciting event and about their own feelings and emotional reactions. It does not necessarily seem to impact on emotional recovery, yet, it has positive effects on social integration and cognitive processing. The aim of this study is to investigate the ways in which Dutch veterans engage in social sharing, as well as the effects of social sharing on social integration and cognitive processing. We conducted a number of interviews with representatives of veterans' organizations and we sent a self-constructed questionnaire to a sample of 200 veterans. Results show clear differences between the group who does share their emotional experiences with others, and those who don't. Veterans, who do share report better emotional recovery, experience more social support and understanding form their environment. Support is found for a better social integration as well. The poster will present results and recommendations based on this research.

S115 **Intervention Research**

THE APPLICATION OF DIALECTICAL BEHAVIOR THERAPY AND BEHAVIORAL ACTIVATION FOR INJURED TRAUMA SURVIVORS

Amy W. Wagner, Douglas F. Zatzick, Department of Psychiatry, University of Washington

Two and a half million Americans are hospitalized annually after traumatic physical injury. Until recently, little has been known about the incidence and course of psychological and psychosocial problems in this population resulting in no consistent approach to care. In this poster, data from a randomly selected cohort (n=101) of physically injured trauma patients will be used to support a real world, effectiveness application of cognitive behavioral interventions for physically injured trauma survivors. Rates of PTSD ranged from 30-40% over the course of the year post-injury and depressive and substance abuse co-morbidity occurred in over 75% of afflicted patients. Only 14% of patients visited outpatient providers and 20% incurred subsequent inpatient medical/surgical hospitalizations. Recurrent negative life events were also common. Based on these data, as well as research and theory on PTSD and depression, aspects of Dialectical Behavioral Therapy (DBT) and Behavioral Activation combined with posttraumatic psychoeducation will be discussed as promising approaches to the prevention and treatment of PTSD and depression symptoms in this population. Strategies in DBT that aim to increase engagement in the therapeutic relationship and treatment compliance will also be highlighted.

S116 **Intervention Research**

TRAUMA RECOVERY PROJECT IN KOSOVO AND MACEDONIA: INTERVENTION AND RESEARCH STUDY

Ilina T. Moreno, Linda S. Sharpe Taylor, Urban Behavioral Health Care Institute; Judith L. Gibbons, St. Louis University, Department of Psychology

During and immediately after the war in Kosovo more than 300,00 Albanian refugees were settled in Macedonia. There was a need for emergency help in the area of psychosocial well-being of refugee families. Trauma Recovery Project, approved by IRB at St. Louis University, supported by humanitarian organization Catholic Relief Services, was conducted with refugees (in their own languages) during the period of three critical months June-August 1999. Different kind of activities were undertaken and completed with 79 families and 171 children age 4 to 14. Some od them were met in schools, some in their host families, others in the refugee camps, and some in their homes in Kosovo. Individual and gropup therapy with parents and children were carried out. The most appropriate treatments with children were drawings, story telling, and games, since the trauma experiences were too fresh to consider more invasive therapies. During this extensive work a great deal of data was ciollected through different techniques: interviews, descriptions of drawings, Harvard Trauma Questionnire and General Health Questionnaire. The presentation will be supported by many slides of individuals and families both in refugee camps and in Kosovo, including a fascinating overview of more than 180 children's drawings and their descriptions.

S200 **Epidemiology**

SEXUAL ASSAULT HISTORY, PTSD, AND MENTAL HEALTH SERVICE SEEKING IN A NATIONAL SAMPLE OF WOMEN

Sarah E. Ullman, Leanne R. Brecklin, Criminal Justice Dept, University of Illinois at Chicago

Correlates of posttraumatic stress disorder (PTSD) and mental health service seeking for women sexually assaulted in childhood and/or adulthood (N = 619) identified from the National Comorbidity Survey (1990-1992) were examined. Correlates of PTSD and mental health service seeking varied according to sexual assault history. Ethnic minority women with less formal education, more traumatic and stressful life events, and longer duration of sexual abuse had greater odds of PTSD within certain sexual assault history subgroups. Mental health service seeking was predicted by demographic factors (e.g., more education, Caucasian race), as well as other psychosocial factors (e.g., life events, social support), and medical insurance status, especially for adult sexual assault victims. Implications for mental health treatment and intervention are drawn for women with different sexual assault histories.

S201 **Epidemiology**

SOCIAL REACTIONS TO WOMEN'S DISCLOSURES OF CHILD SEXUAL ABUSE

Sarah E. Ullman, Criminal Justice Dept/University of Illinois at Chicago; Henrietta H. Filipas, Psychology Dept/University of Illinois at Chicago

Recent studies have examined disclosure of child sexual abuse and to determine the correlates and consequences of telling others about this form of victimization. This poster reviews the current empirical literature on disclosure and reactions to survivors to assess what is known about the process of disclosure and whether telling others is therapeutic and leads to positive outcomes. Most studies have concerned adult survivors retrospectively reporting on their disclosures of child sexual abuse. Few empirical studies have been conducted in this area but research suggests that few victims tell anyone about child sexual abuse as children, and that the type of reactions to disclosure vary according to when the disclosure occurs (childhood or adulthood), the extent and nature of the disclosure, and the person one discloses to. Suggestions are made for future research on disclosure of child sexual abuse and reactions of others to survivors. A new study designed to examine disclosures of child sexual abuse made in both childhood and adult life phases will be described and preliminary results reported.

S202 **Epidemiology**

THE RELATIONSHIP BETWEEN EARLY CHILDHOOD SEXUAL ABUSE AND THE ADULT DIAGNOSES OF BORDERLINE PERSONALITY DISORDER AND COMPLEX POSTTRAUMATIC STRESS DISORDER: DIAGNOSTIC IMPLICATIONS

Linda McLean, Rosedale Medical Clinical Practice

Over the past decade, there has been a dramatic increase in interest in the etiologic primacy of childhood sexual abuse to adult psychopathology and diagnoses.A body of empirical literature points to the association of severe childhood trauma with both Borderline Personality Disorder (BPD) and Complex PTSD (CP). The goal of this research was to determine if borderline psychopathology can be seen primarily from early onset (L E, 12 years of age)sexual abuse vs. late (G E, 13 years of age) in a sub-set of women who met diagnostic criteria for both BPD and CP. The consideration of the diagnosis of CP for a sub-set of borderline patients informs treatment. Sixty-five

women (G E, 18 years)comprised a convenience sample from three mental health outpatient clinics in a large Metropolitan city: Thirty-eight were selected because they presented with a history of early onset abuse, while 27 were selected because they presented with a history of late onset. Each participant was administered the Revised Diagnostic Interview for Borderlines,the Traumatic Antecedent Questionnaire, the Modified PTSD Symptom Scale,and the Structured Interview for Disorders of Extreme Stress. Furthermore, five qualitative questions generated additional information regarding sexual re-victimization, attachment, dissociation and the impact of the trauma. Early onset of sexual abuse as opposed to late onset was significantly related to chronic duration of abuse, incest, bi-parental neglect, and sexual re-victimization. Moreover,statistically significant differences were found among those women with early onset of sexual abuse than late and the diagnoses of BPD,lifetime and current CP, and both BPD and CP. Sexual abuse and intrafamilial (incest)were found to be significant in the prediction of BPD and both BPD and CP. Discriminant analysis showed the strongest relationship with sexual abuse in the prediction of current and lifetime CP. Two other predictor variables were found to be similarly strong, namely, bi-parental neglect and emotional abuse. The results suggest that a sub-set of women with a history of childhood sexual abuse who meet diagnostic criteria for BPD may be subsumed under the diagnostic category of CP.

S203 **Epidemiology**

PERITRAUMATIC DISSOCIATION AND PTSD SYMPTOMS IN MILITARY AVIATOR POWS

Jeffrey L. Moore, Michael R. Ambrose, R.E. Mitchell Center for POW Studies; Shirley Ellis, Psychiatry Department, NAMI

Pre-trauma dissociative experience and psychiatric illness vary across study populations. Military aviators are screened for psychopathology. Dissociation impairs aeronautical adaptability. The relationship between peritraumatic dissociation and chronic PTSD symptoms among military aviator trauma survivors has not been studied. Two hundred and thirteen Repatriated Prisoners of War (RPW) and seventy-seven military aviator comparison (CG) subjects completed the Peritraumatic Dissociative Experience Questionnaire as part of a medical follow-up program conducted at the Robert E. Mitchell Center for Prisoner of War Studies. Current PTSD symptoms were assessed using the revised Impact of Events Scale. For the RPW group, captivity duration, length of solitary confinement and subjective torture severity were also obtained. Scores reflecting peritraumatic dissociation and current Vietnam PTSD symptoms were higher for the RPW than for the CG. RPW with current PTSD symptoms described greater peritraumatic dissociation than those without. Peritraumatic dissociation and solitary confinement predicted number and severity of PTSD symptoms. Although infrequent among military aviators, dissociation increases with severe trauma and predicts chronic PTSD. Dissociation and solitary confinement are more robust predictors of RPW PTSD than captivity duration and torture severity. Future research may define aviator personality indicators predictive of peritraumatic dissociation and increased PTSD risk.

S204 **Epidemiology**

DISENTANGLING RISK FACTORS FOR SYMPTOMS OF TRAUMATIC STRESS IN EMERGENCY SERVICES: AN EXPLORATORY STUDY AMONG AUSTRALIAN POLICE

Murray S. Thompson, Department of Psychology, University of Southern Queensland

Eighty-four operational officers working in an Australian state police service agreed to complete a questionnaire containing the Posttraumatic Stress Diagnostic Scale (PDS). With one exception, only, hierarchical regression analyses revealed that scores for dispositional measures (Constructive Thinking, Private Self-Consciousness), as well as measures of occupational well-being (state affectivity, current experience of on-the-job stress, liking of job) significantly enhanced prediction of Total symptoms of PTSD and symptom sub-scales (Re-Experiencing, Arousal, and Avoidance) computed from PDS responses. However, biographic characteristics of repondents and scores for the sub-scales of the Maslach Burnout Inventory generally bore no significant relationship to any PDS symptom score. Findings, clearly suggest differentiation of the experience of traumatic stress from the experience of occupational stress and burnout.

S205 **Epidemiology**

PATTERNS OF DISTURBANCE AND MENTAL HEALTH SERVICE UTILIZATION FOLLOWING THE OKLAHOMA CITY BOMBING: A TWO-YEAR FOLLOW-UP

Ginny Sprang, University of Kentucky

This study explores the intermediate psychological effects of terrorism on non-injured, adult residents of Oklahoma City by examining the course of PTSD and subthreshold symptoms over a two year period of time. Additionally, this study seeks to determine the degree to which various treatment interventions impacted the development and course of post-disaster symptomatology. Respondents (N=63)in this study were interviewed at three month intervals for two years following the bombing. The results of this study suggest that the levels of avoidance, re-experiencing, and increased arousal were time limited in this population, declining with or without treatment between six and nine months. Conversely, victimization symptoms remained high without mental health intervention for the first year post-disaster. This study also discusses the nature and occurence of co-morbidity in treatment and non-treatment seeking groups.

S206 **Epidemiology**

ABUSE CHARACTERISTICS OF SINGLE—VERSUS COMBINED—TYPE ABUSE HISTORIES

Paul M. Miller, Brown University School of Medicine; David Lisak, Psychology Department, University of Massachusetts Boston

Investigated two questions: First, are the characteristics of childhood sexual abuse (CSA) different for victims who have also been physically abused? Relatedly, are the characteristics of childhood physical abuse (CPA) different for victims who have also experienced CSA? Self-report data from 680 college men abused by age 15 were aggregated from four separate studies sharing a common abuse measure. CSA characteristics were compared for men with sexual abuse only (SX) versus both CSA and CPA histories (SXPH). Results indicate that SXPH, compared with SX, is associated with more severe sexual abuse, as indexed by the closeness of the victim-perpetrator relationship (e.g., parent versus stranger), degree of physical intrusion, degree of coercion, frequency and duration of abuse, younger age of onset, and broader range of CSA experiences. These differences were not present, however, among the subgroup of men sexually abused by nonrelatives only. Parallel analyses for CPA indicated a similar pattern of findings only for injury sustained and range of CPA experiences. (CPA perpetrators were family members by definition, so analyses for nonrelative CPA perpetrators were not performed.) Results are discussed in light of the literatures on abuse risk factors on emotional/interpersonal adjustment and on efforts to measure abuse severity.

S207 **Epidemiology**

GRATITUDE AND POSTTRAUMATIC SYMPTOMATOLOGY IN A COLLEGE SAMPLE

April M. Masingale, Nallely M. Galvan, Shannon Schoonover, Sommer Kraft, Rebecca Burton, Stacey Waring, Basma Fouad, Jessica J. Tracy, Shannon Phillips, Russell L. Kolts, Phillip Watkins, Eastern Washington University

In recent years there has been a developing interest in positive psychology as it applies to traumatic experience. This emphasis has been reflected in studies examining posttraumatic growth and the factors related to it. One aspect of positive psychology which may have an impact upon an individual's ability to cope with traumatic events and to successfully recover from them is dispositional gratitude. Dispositional gratitude has been characterized as an enduring tendency to feel grateful, with people higher in dispositional gratitude being more likely to recognize potential life benefits, more likely to value these benefits, and more likely to receive these benefits in a manner which does not involve feelings of entitlement. The current research examines PTSD symptoms, depression, attributional style, and posttraumatic cognitions in samples of college-student trauma survivors categorized as being high, moderate, or low on a measure of trait gratitude. Individuals endorsing high levels of trait gratitude reported significantly lower levels of PTSD symptoms, depressive symptoms, and lower levels of

posttraumatic cognitions involving negative cognitions about the world than individuals endorsing low levels of trait gratitude. The potential implications of these findings will be discussed, as will potential directions for future research.

S208 **Epidemiology**

THE MET AND UNMET NEEDS OF WOMEN WITH SMI AND MEDICAL COMORBIDITIES

Wendy Tenhula, VA Capitol Healthcare Network MIRECC; Jean S. Gearon, Stacey I. Kaltman, University of Maryland and VA Captiol Healthcare MIRECC

There is clear evidence that people with serious mental illnesses (SMI) are at increased risk for medical comorbidities. Despite the increased medical risk, relatively little is known about the medical and mental health needs of SMI women. This study examines the self-reported medical and mental health care needs of 40 female veterans with SMI and co-morbid medical conditions. The responses of SMI women are compared to a demographically matched sample of non-SMI women. Health history, current health and mental health status, and the prevalence of victimization were assessed. SMI participants were asked additional questions pertaining to medical or mental health needs: 1) How often they had questions or problems related to their condition in the past year, 2) who they sought assistance from, 3) how helpful the assistance was, and 4) how helpful the VA was in providing assistance. SMI women reported a wide array of both medical and mental health concerns. The extent to which these needs were met varied. Rates of physical and sexual victimization were significantly higher among the SMI women. Implications of these findings for the development of effective interventions and improved quality of care for this potentially vulnerable population of women will be discussed.

S209 **Epidemiology**

VICTIMIZATION AND SOCIAL COMPETENCE IN WOMEN WITH SCHIZOPHRENIA AND SUBSTANCE USE

Shannon M. Thomas-Lohrman, Jean S. Gearon, University of MD Baltimore & The Capitol Network (VISN 5) MIRECC; Danielle I. Bradley, Lisa E. Myers, University of Maryland Baltimore

One of the most devastating aspects of schizophrenia is the deterioration of, or failure to achieve, adequate levels of social competence. This deficit may make women with schizophrenia more vulnerable to negative psychosocial consequences, such as sexual and physical victimization. Add to this the effects of substance use, which has been repeatedly linked to victimization, and this population may be at increased risk for pernicious outcomes. This study examined the associations between social competence and sexual and physical victimization. To do this, we utilized a Role Play Test (RPT), which assesses a subject's ability to resolve interpersonal problems through conversation. The RPT consists of four role plays which call for the subject to: assert herself to achieve a desired outcome (2 scenes), to refuse sex, and to initiate a conversation with a new neighbor. The interactions were videotaped and rated in three domains: Conversational Content, Non-verbal Content and Effectiveness. We collected RPT data from two groups of substance abusing women: women with schizophrenia and women with non-psychotic affective disorders. To establish if social competency deficits are associated with victimization, we conducted diagnostic group comparisons for women with and without past-year victimization for each of the three behavioral social skill ratings. This poster highlights these findings and discusses the implications for treatment.

S210 **Epidemiology**

PREMORBID TRAUMA EXPOSURE, POSTTRAUMATIC STRESS DISORDER, AND TWO AND FOUR YEAR OUTCOME IN BIPOLAR DISORDER

Yuval Neria, Columbia University; Evelyn J. Bromet, Gabrielle A. Carlson, Bushra Naz, State University of New York at Stony Brook

Background: The relationships of premorbid trauma exposure, PTSD, and clinical and functional outcome at 2- and 4 year follow-up were examined in first-admission patients with bipolar 1 disorder. Methods: Bipolar patients (N=123) initially hospitalized with psychotic symptoms were longitudinally followed over a 4-year period. History of trauma exposure and PTSD before the onset of bipolar illness were ascertained by consensus from reviewing all medical record and interview material, particularly the CIDI trauma module administered during the 2-year follow-up interview. Functional and clinical outcomes were rated using standard measures. Results: Premorbid victimization and PTSD were related to two and four year remission status but not to the functional outcome indicators. Conclusions: The current study underscores the importance of assessing trauma and PTSD in evaluation of patients with bipolar disorder and highlight the need for developing treatment methods to address the impact of trauma history and its lifetime toll in these patients.

S211 **Epidemiology**

THE ROLE OF PROLONGED EXPOSURE AND FEAR OF EMOTIONS IN PTSD SYMPTOMATOLOGY

Yonit Schorr, Kim L. Gratz, Lizabeth Roemer, University of Massachusetts Boston Dept. of Psychology

Researchers and clinicians have noted symptomatic differences between individuals exposed to an acute traumatic incident and those with prolonged exposure (Herman, 1997). Limited empirical evidence suggests that prolonged exposure to trauma may result in more severe symptoms; however, little attention has been devoted to studying factors that explain this difference in symptomatology. One relevant factor may be fear of emotions. Studies have found that fear of fear is associated with increased PTSD symptomatology (Federoff et al., 2000), and fear of depression accounts for variance in analogue PTSD symptoms (Salters, Jenkins, & Roemer, 2001). Therefore, we hypothesized that survivors of prolonged assault would demonstrate more severe PTSD symptomatology and this difference would be explained by a fear of emotions. As part of a larger study, 272 assault survivors (single trauma = 189; prolonged exposure = 83) completed questionnaire packets including the PTSD Checklist (Weathers et al., 1993) and the Affective Control Scale (a measure of fear of specific emotions; Williams, Chambless, & Ahrens, 1997). Results indicate that individuals exposed to prolonged assault exhibited greater levels of PTSD symptomatology. Interestingly, only fear of depression (higher for prolonged assault survivors) accounted for a significant amount of the variance in PTSD symptomatology between groups.

S212 **Epidemiology**

ILLNESS IN THE AFTERMATH OF DISASTER: THE POSITION OF THE FAMILY PHYSICIAN

Joris Yzermans, Netherlands Institute Health Services Research

As researcher we are involved in the aftermath of three man-made disasters which recently took place in the Netherlands: in 1992 a Boeing 747-cargo crashed onto two apartment buildings in Amsterdam, in 2000 a depot of fireworks exploded in the centre of the city of Enschede and on new year's day 2001 a pub burned down in Volendam. In Amsterdam we listed, six years later, all complaints residents and resue-workers attributed to the disaster, while in Enschede and Volendam we monitor prospectively all health problems, with the cooperation of all family physicians. We will present symptoms reported in the aftermath of disasters as found in international literature and compare them with the symptoms reported following the three Dutch disasters. We will conclude that, in the aftermath of disasters, survivors and rescue-workers often present a rather specific repertoire of physical and psychological symptoms. In the Netherlands every citizen is on the list of one family physician. We will describe his difficult position in the aftermath of disasters. He is often not the obvious therapist for patients with PTSD, chronic stress or long-lasting unexplained physical symptoms. As a gatekeeper, however, he has to coordinate healthcare and continuity of care.

S213 **Epidemiology**

TRAUMA EXPOSURE AND PTSD AMONG MEXICO'S YOUTH

Fran H. Norris, Gregory Jurkovich, Arthur Murphy, Chad A. Buck, Georgia State University

Few data exist on the frequency and impact of trauma among youth dwelling in developing countries. As part of a larger epidemiologic study, data on trauma and PTSD were collected from 318 randomly selected adults aged 18-25 (M = 22) residing in Oaxaca, Oaxaca or Guadalajara, Jalisco. Response rates were 79% in Oaxaca, 82% in Guadalajara. Interviews were conducted in the respondent's home using the Composite International Diagnostic Interview for DSM-IV. Of these young adults, 73% had already experienced a potentially traumatic event, such as interpersonal violence or loss of a loved one due to homicide, suicide, or accident. Among those exposed, 42% experienced their first trauma when less than age 12, 23% when 12-15. The measure used in this study collects additional information regarding a selected "worst" event. Of the worst events, 27% occurred when the respondent was less than age 12, 20% when 12-15. Age at exposure was not related to type of event regarded as the worst. Conditional risk of PTSD varied strongly by type of event, ranging from 0% of those who witnessed something horrific to 30% among those who experienced interpersonal violence. Risk also varied by age at exposure, being 20% when the trauma was experienced before 12 or between12-15 and 10% when the event was experienced at ages 16-25.

S214 **Epidemiology**

DIMENSIONS OF POST-TRAUMATIC GROWTH AMONG BOSNIAN REFUGEES IN GREATER DETROIT

Jeffrey H. Sonis, Edisa Tokovic, University of North Carolina

The purpose of this study was to determine the dimensions of post-traumatic growth (perceptions of positive changes) among Bosnian refugees in Detroit. Bosnians were interviewed as a part of a larger study of the psychological effects of torture and related trauma among Bosnian refugees seen in primary medical care settings. Responses to an open ended question on whether they had been able to find "some positive aspects in the experience" were coded using qualitative data analysis methods. Sixty-nine Bosnian refugees (58% of the sample that participated in interviews) completed this open ended segment. Fifty percent reported perceptions of benefit, including greater personal strength, increased self-reliance, increased closeness to family, greater compassion and patience, and less attachment to material possessions. Some reported development of mistrust of other people as a positive change, suggesting that they believed their former trust was unwarranted and contributed to their vulnerability. Factors that appeared to facilitate growth included religious faith, feelings of safety in their new environment, personal determination, and future orientation. Among the 50% of refugees who did not perceive any positive changes, language barriers, social isolation, and highly traumatic experiences were common.

S215 **Epidemiology**

STRESSORS ASSOCIATED WITH PEACEKEEPING IN BOSNIA

Julie Wang, Hyemee Han, Brett T. Litz, Boston VA Medical Center; Amy B. Adler, U.S. Army Medical Research Unit Europe

More American soldiers have been deployed on peacekeeping missions in the past decade than at any other time in American history and yet, there is a paucity of research studying this population. The aim of our study was to assess the types of stressors soldiers typically face while on peacekeeping operations. Specifically, we surveyed 304 soldiers who deployed to Bosnia assessing psychiatric health, potentially traumatizing events (PTEs) experienced while in Bosnia, and peacekeeping experiences (PE). The PTE scale consisted of items tapping more typical war-zone stressors (e.g. fear of having your unit fired on), whereas the PE scale measured experiences specific to peacekeeping (e.g. dealing with rules of engagement, remaining neutral in the face of conflict). We found that, on average, soldiers infrequently experienced PTEs during their deployment. The most distressing events were those related to fear of unexploded land mines. In contrast, soldiers often reported experiences specific to peacekeeping as having a moderately/extremely negative impact. The items rated most negatively were seeing children who were victims of war and knowing that many of the war criminals were not arrested. Further analyses are being conducted to see how PTEs and PEs are related to psychiatric outcome variables at post-deployment.

S216 **Epidemiology**

STRUCTURAL ANALYSIS OF ADOLESCENT TRAUMA NARRATIVES

Michelle Loris, Sacred Heart University; Deborah S. Lipschitz, Yale University

Comparatively little research focused on adolescents as a traumatized population. Most studies of traumatized adolescents have used structured or semi-structured interviews or self-report forms to obtain trauma histories. Foa and colleagues (1995) reported that there are structural and qualitative changes in the narratives of adult rape survivors pre and post treatment. In this study we compared the structural and qualitative aspects of adolescents' narratives of their most traumatic event in subjects with and without PTSD, and we correlated these trauma narratives with subjects' state or trait dissociation, severity of PTSD symptoms, and severity of depressive symptoms. Subjects were 50 adolescent males and females, ages 14-18 years old, admitted to an adolescent inpatient psychiatric hospital and recruited from an inner-city adolescent health clinic and who had experienced a DSM-IV criterion A interpersonal trauma. Subjects were administered the TEMI, CPTS-RI, CTQ, PDEQ, A-DES, and BDI. We hypothesized that adolescents with PTSD have more fragmented and disorganized narratives, more themes of "helplessness" and "desperation" and structural aspects of narratives correlate with symptoms of PTSD, depression and dissociation.

S217 **Epidemiology**

PTSD AND NICOTINE, MARIJUANA AND ALCOHOL USE IN INNER-CITY ADOLESCENT GIRLS

Deborah S. Lipschitz, Ann M. Rasmusson, Eileen Billingslea, Yale University; Walter R. Anyan, Pediatrics, Yale University/YNHH; Steven M. Southwick, VA Medical Ctr, National Ctr for PTSD

Studies of combat veterans with posttraumatic stress disorder (PTSD) and adult substance abusers have found extremely high rates of comorbid substance use disorders and PTSD. The purpose of this study was to examine rates of nicotine, marijuana and alcohol use as well as patterns of problematic substance use in urban, inner-city teen girls with PTSD. One hundred and four adolescent girls (Mean age=17, SD=1.5), 85% African-American), who obtained routine medical services at a hospital-based medical clinic were systematically surveyed for types of traumatic exposure, posttraumatic symptoms and substance use using validated self-report questionnaires and interviews. Ninety-one percent of girls endorsed a Criterion A trauma, 14% of these girls met full criteria for current PTSD and 9% met criteria for partial PTSD. Forty-one percent of girls smoked cigarettes, 60% had used marijuana and 69% had drunk alcohol. Compared to girls without PTSD, girls with PTSD were significantly more likely to use nicotine (p=.001), and to use marijuana (p=.009) and alcohol (p=.023) on a regular basis. Urban, inner-city adolescent girls with PTSD are at high risk to develop a substance use disorder.

S218 **Epidemiology**

THE USEFULNESS OF CRITERION A2

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

The DSM has traditionally viewed Criterion A in the diagnosis of PTSD as that of a "gatekeeper". That is, an individual has to have experienced an extreme stressor in order to qualify for a diagnosis. DSM IV introduced a subjective component to Criterion A, that an individual must experience intense fear, helplessness or horror. In order to examine the relationship between Criterion A2 and the development of PTSD, we assessed consecutive admissions to a level 1 Trauma Service following accidental injury. Initial assessments took place on average one week post injury. All participants (n = 253) met Criterion A1. Of these, 171 met Criterion A2, 37 did not, and 45 had no memory of the event (associated

with Mild Traumatic Brain Injury). Criterion A2 was significantly correlated with PTSD severity at 3 and 12 months. Of those participants who met PTSD diagnostic criteria at three months, all either met criterion A2 at the initial assessment (82%) or had no memory of the event (18%). Thus it would appear that the experience of fear, helplessness or horror during a traumatic event is necessary for the development of PTSD for individuals who have a memory of the event, but not necessary for those who do not.

S219 **Epidemiology**

RELATIONSHIPS AMONG VIOLENT SOCIALIZATION, AGGRESSION, AND TRAUMA: THE MEDIATING EFFECTS OF VIOLENT COACHING

Ginger Rhodes, George J. Allen, University of Connecticut; Joseph Nowinski, Connecticut Department of Corrections; Antonius Cillessen, University of Connecticut Psychology Dept.

Lonnie Athens (1992) offers a conceptual model of violent socialization that explicates early developmental processes which lead individuals to employ violence as a preferred method of handling disputes and circumventing anticipated trouble. Athens' four-stage model has six socialization components and was developed from a sociological perspective of participant observation of incarcerated felons. The present study reports on the development of an assessment instrument, the Violent Socialization Scale (VSS), for this model. Test items were generated in accord with underlying theoretical propositions from the model and subjected to classical test construction procedures. Three criterion measures of aggression and traumatic stress, all with well-established validity, were used to validate aspects of the instrument. Participants included 69 incarcerated adult males and 99 male college students. Preliminary factor analyses yielded 6 factors that matched the hypothesized stages of violence development. In addition, the VSS subscales showed high internal consistency reliabilities. Incarcerated inmates scored significantly higher on each subscale compared to college students. The measure manifested strong convergent validity with existing measures of self-reported aggression and trauma. These results provide preliminary evidence in support of Athens's model of violence development and has promise for use in programs to reduce violence.

S220 **Epidemiology**

A PORTRAIT OF VIETNAM-ERA PRISONERS OF WAR (RPOWS): DESCRIPTIVES AND CONTRASTS

Meghan E. Rooney, Dawn M. Salgado, Peter S. Bachrach, Clifford D. Evans, Daniel W. King, Lynda A. King, Danny G. Kaloupek, Terence M. Keane, National Center for PTSD

The current study used data housed at the Mitchell Center for Prisoner of War Studies to profile Vietnam-era repatriated prisoners of war (RPOWs). Data included demographic characteristics at time of captivity (e.g., educational attainment, marital status), precaptivity factors (e.g., length of service, academy graduate), war-zone captivity variables (e.g., torture, duration of captivity) and psychological (e.g., PTSD) and physical (disease burden) outcomes immediately upon repatriation. Analyses of variance were used to test differences by rank and branch of service. Results suggested that officers, as compared to warrant officers and enlisted personnel, had better psychological and physical health, despite a longer internment and more psychological and physical torture. These findings may reflect a maturity effect, with officers being characterized as more educated, older, and having longer military service at time of capture. Further contrasts by branch of service (Navy, Marine, and Army) indicated that Navy personnel, relative to Army, reported more adverse physical stressors and injuries and illnesses during captivity, yet also reported fewer negative physical health outcomes. Few differences were found between services on psychological outcomes. Overall, officers and Navy personnel tended to fare better in the captivity environment.

S221 **Epidemiology**

IMPACT OF DISASTER ON AGE-RELATED HEALTH DECLINES

Fran H. Norris, Greg L. Inman, M. Lori Conrad, Georgia State University

Six months after serious floods and landslides, 666 Mexican adults were randomly selected from two cities (Teziutlan/ Villahermosa) and interviewed using the same structured instrument that simultaneously was being used in an epidemiologic study of trauma in Mexico (Oaxaca/ Guadaljara, n = 1,289). In analyses that controlled for sex and concurrent depressive symptoms, age and disaster exposure interacted to predict current health problems. In all cities, health problems increased as age increased, but the slope was much greater in the disaster cities than in the normative cities. Effects were strongest for musculoskeletal, cardiovascular, and respiratory problems. On these subscales, disaster exposed older adults were considerably more symptomatic than their normative counterparts, whereas disaster exposed young adults differed little from theirs. The effect sizes were somewhat larger when the presence v. absence of PTSD was used to group the sample rather than city alone, but effects were moderate to large in both sets of analyses. The findings are interesting in light of a sizable body of research that indicates that older adults are not more psychologically vulnerable than younger adults to the impact of disasters and are perhaps even less so. Older people in developing countries may be particularly likely to express distress in somatic terms.

S222 **Epidemiology**

SUBJECTIVE RESPONSES TO CHILD AND ADULT TRAUMA AS PREDICTORS OF PTSD

Catherine J. Kutter, National Center for PTSD

Trauma exposure is widespread, and although many people suffer from profound and enduring psychological consequences of such experiences, most people who are exposed to trauma do not develop posttraumatic stress disorder (PTSD). The observation that even the most extreme stressors do not lead invariably to PTSD prompted the question of what factors aside from exposure to an extreme stressor contribute to the development of this disorder. Individual differences in subjective responses to traumatic events (i.e., emotional responses to and cognitive appraisal of events) have received relatively little empirical attention as predictors of PTSD among individuals exposed to trauma, and these responses were the focus of the current investigation. In a sample of 113 Vietnam era veterans, I examined the extent to which retrospective reports of fear, helplessness, horror, perceived life threat, and perceived responsibility at the time of childhood and adulthood trauma predicted PTSD. Helplessness at the time of childhood trauma and horror at the time of adulthood trauma were the subjective responses that most strongly predicted PTSD. Despite limitations of the investigation, the results have important implications for research and clinical practice and suggest the potential benefits that may be derived from further research in this area.

S223 **Epidemiology**

THE ENSCHEDE FIREWORK EXPLOSION: RESEARCH FINDINGS AND HEALTH CARE

Peter van der Velden, Institute for Psychotrauma; Berthold Gersons, University of Amsterdam

An enormous firework explosion took place in Enschede on May 13, 2000. It created a tremendous material damage, casualties and many injuries. Directly after the disaster numerous health care activities were planned and implemented. Three weeks after the catastrophe a large population study was started. In the four presentations preliminary findings of this research project and first impressions as well as results of the massive health care activities will be reported.

THE ENSCHEDE FIREWORK EXPLOSION: RESEARCH FINDINGS AND HEALTH CARE

Berthold Gersons, University of Amsterdam; Peter van der Velden, Institute for Psychotrauma; Rolf Kleber, Utrecht University; Joris I. Jzermans, Netherlands Institute for Health Services Research (NIVEL)

The extensive firework disaster in Enschede confronted the Dutch health care system with the pressing question how to deal with this large-scale catastrophe. More than 5,000 people were exposed to the disaster. Besides the many casualties and injured persons, many people lost homes or work settings. Moreover, numerous inhabitants were confronted with an infernal fire. The Dutch government directly requested for professional advice and expertise. An important drive of this request was to desire to do it better than after the air plane disaster in Amsterdam eight years ago. This presentation will focus on restoration of control as the leading principle for activities that were taken place as a result of the initiative to support the health care system. First, a local Advice Centre was founded with the explicit idea to keep it open for the public in the coming 3-5 years. Provision of information as well as material help are major tasks for this centre. Next, an elaborate aftercare system was developed for the confronted population as well as the rescue workers. Moreover, coaching of the local authorities concerning health care was a third theme. Furthermore, educational programs of physicians and therapists were formulated. Finally, a longitudinal health assessment is conducted. Preliminary results of this centre and other initiatives will be discussed. A large-scale research project of the mental and physical health condition of the disaster-stricken population (N=4,200) was conducted three weeks after the disaster. This presentation is focused on the empirical results concerning the nature and intensity of peritraumatic reactivity, as peritraumatic dissociation as well as emotions experienced in or directly after an extreme stressor have been found to be significant determinants of future disturbances, such as posttraumatic stress disorder. Assessed were characteristics of the various elements of the disaster (material loss, exposure to fire etc.) and peritraumatic emotions (measured by the Impact) as well as peritraumatic dissociative complaints (measured by the PDEQ). Characteristics of the stressor and peritraumatic reactivity after this large-scale catastrophe will be reported. Associations between the different forms of reactivity and variables concerning general health (e.g., SCL-90) and posttraumatic distress (e.g. IES) will also be discussed. It was found that a considerable majority showed clinically (very) high levels of symptoms, at least three weeks after the disaster. The associations between the forms of exposure to the disaster and these distress variables will be discussed, as well as theoretical and health care implications. Furthermore in this presentation two aspects of the aftermath of this type of disaster will be highlighted: 1. The disaster in the consulting room. In the Netherlands every Dutch person has his own General Practitioner (GP). When disaster strikes, the GP is in a demanding situation. Apart from being a victim himself, he is confronted with patients who need his reassurance. After some time these patients may develop trauma-related disturbances, such as PTSD, chronic stress and/or unexplained physical symptoms, for which the GP is often not the obvious therapist. As a gatekeeper, however, he has to watch over the co-ordination and continuity of care. 2. Uniformity in symptoms. In the aftermath of a disaster, survivors often present a small repertoire of somatic and psychological symptoms, which has also been reported in (war) veterans. A review on this phenomenon will be carried out. We will explore in what ways GPs manage the disaster in the consulting room. We will present the various symptoms reported in the aftermath of disasters as found in the international literature and compare them with those of GP patients affected by the Amsterdam plane crash or the Enschede explosion.

S224 **Epidemiology**

SUBJECTIVE RESPONSES TO TRAUMA AS PREDICTORS OF PTSD AND CO-OCCURRING DIAGNOSES

Catherine J. Kutter, National Center for PTSD

Although posttraumatic stress disorder (PTSD) is the diagnosis more strongly associated with trauma exposure, PTSD is highly comorbid with other psychiatric disorders that often develop in the aftermath of trauma exposure. Research has demonstrated an association between subjective responses to traumatic events (i.e., emotional responses to and cognitive appraisal of events) and PTSD. These subjective responses have not been evaluated as predictors of other psychiatric disorders that commonly co-occur with PTSD. In a sample of 113 Vietnam era veterans, I examined the extent to which retrospective reports of fear, helplessness, horror, perceived life threat, and perceived responsibility at the time of childhood and adulthood trauma predicted PTSD as well as mood, anxiety, and substance use disorders. The relationships between subjective responses to trauma and PTSD were more consistent and were generally stronger than the relationships with other psychiatric disorders. Findings demonstrate similarities in the prediction of PTSD and mood disorders, with divergence in the prediction of substance use and anxiety disorders. PTSD and depression appear uniquely associated with trauma exposure. Despite limitations of the investigation, the results have important implications for research and clinical practice and suggest the potential benefits that may be derived from further research in this area.

S225 **Epidemiology**

MILITARY SEXUAL ASSAULT, PTSD, PSYCHIATRIC SYMPTOMS, QUALITY OF LIFE AND COST

Alina Suris, Michael Kashner, Frederick Petty, University of Texas Southwestern Medical Center; Andra L. Teten, Patricia Borman, Tara Saia-Lewis, Dallas Veterans Affairs Medical Center;

Despite recognized clinical and therapeutic differences between combat- and civilian-based sexual assault, there has been little written in the scientific literature that compares military and civilian sexual trauma. In this study, we examined the differential effects of these two types of trauma on diagnosis of PTSD, psychiatric symptoms, health functioning, and quality of life. 270 women veterans were interviewed and stratified into groups with history of no sexual assault, military sexual assault, or civilian sexual assault. Preliminary analyses showed a strong and significant effect of military sexual assault on the development of PTSD even when controlling for relevent demographic characteristics, and previous assault in childhood. Significant differences at $p < .001$ were also found among the three groups on most of the Brief Symptom Inventory subscales, all nine subscales of the SF-36, and at $p<.05$ for 9 of Lehmans Quality of Life subscales. Our findings show that experiencing a military sexual assault has a significant effect upon a woman's chances of developing PTSD. Women who experienced childhood and/or civilian sexual assaults were less likely to report PTSD than those who were raped in the military. Results of this study highlight the need for additional research into the unique characteristics of rape in the military.

S226 **Epidemiology**

AN EXAMINATION OF THE RELATIONSHIP BETWEEN POSTTRAUMATIC STRESS DISORDER AND ANTISOCIAL PERSONALITY DISORDER

Dean Lauterbach, Northwestern State University; Gregory A. Leskin, Claudia L. Baker, National Center for PTSD

One disorder that frequently co-occurs with Posttraumatic Stress Disorder (PTSD) is Antisocial Personality Disorder (ASPD). This is curious given that PTSD is an anxiety disorder and ASPD is characterized by the lack of debilitating anxiety. This paper utilized data from the National Comorbidity Survey (NCS) to better understand the nature of this relationship. The NCS is a large (n = 8,098) nationally representative population survey assessing the lifetime and 12-month prevalence of numerous DSM-III-R disorders. There were 239 persons who met the diagnostic criteria for PTSD, 201 for ASPD, and 28 for both disorders. The contingency coefficient was highly significant $p < .0005$. The absolute value of the test statistic was .66 indicating that the relationship between PTSD and ASPD was fairly robust. A 2(sex) X 3(PTSD, ASPD, PTSD & ASPD) MANOVA comparing these groups on various self-descriptors revealed consistent findings related to anxiety (e.g., tense & nervous), arousal (e.g., restless & fidgety), and well-being (e.g., confident & unstable). The combined group was least distressed followed by the ASPD and PTSD groups respectively. Possible reasons for the comorbidity of these disorders will be discussed along with findings regarding the link between PTSD and two additional disorders, Adult Antisocial Behavior and Conduct Disorder.

S227 **Epidemiology**

PRE AND POST-DEPLOYMENT STRESSOR PATTERNS IN PERSIAN GULF WAR VETERANS

Jeffrey A. Knight, Dawne S. Vogt, Erika R. Stone, Molly G. Keehn, Clifford D. Evans, Daniel W. King, National Center for PTSD Boston; Lynda A. King, National Center for PTSD Women's Health Science Division; David W. Foy, Pepperdine University

Telephone survey data on 26 categories of pre- and post-deployment stressors, were collected from a national sample of 357 PGW veterans during the process of developing a psychometric measure of psychosocial risk and resilience factors. Content-validated categories of traumatic and non-traumatic stressors were derived from the published literature and focus groups with PGW veterans. The sample was 78% male, 73% Caucasian, and 20 % Black American; and they served in the Army (75%), Navy (10%), Air Force (9%) and Marines (6%), with 48% being active duty troops and the remainder split between the National Guard and Reserves. Pre-to-Post deployment stressor exposure differences, and absolute frequencies of reported exposure, varied across categories. Relative percent decreases of 50% or more during the post-eployment period were reported for: witnessed assaults, witnessed violent death, hysical assault, sexual assault and sexual harassment; while relative increases were reported for: life-threatening illness, serious operations, mental illness, mental illness of someone close to you, and legal problems. Other categories showed less pre-to-post deployment variation. These pre-to-post deployment stressor increases suggest possible impacts from military service on physical and mental health of respondents and their families. Findings will be discussed in the context of stress ulnerability, stress tolerance, and post-stress-exposure adaptation.

S228 **Epidemiology**

GENDER DIFFERENCES IN THE EFFECTS OF UNIT AND LEADERSHIP COHESION

Erica J. Sharkansky, Tamara A. Bruce, Womens Health Sciences Division VA Boston; Jessica Wolfe

Unit cohesion is thought to be important for improving the morale of military personnel, and may be thought of as affecting the group in much the same way that social support affects the individual. Different dimensions of unit cohesion have been described including a horizontal (relationships among peers) versus vertical (relationships between leaders and subordinates) dimension, with either peer or leadership cohesion seen as more important depending on the outcome or situation examined. For example, in heavy combat situations, vertical cohesion appears to be most important in predicting health outcomes. No published studies have examined gender differences in the effects of different types of unit cohesion. The current study will examine gender differences in the effects of peer and leadership cohesion on PTSD symptomatology among Gulf War veterans. Results indicate that controlling for demographic variables, combat exposure, and initial symptomatology, higher levels of leadership cohesion was associated with lower levels of PTSD symptomatology among men (N=1790) 18-24 months following return from the Gulf, whereas higher levels of peer cohesion was associated with lower levels of PTSD symptomatology among women (N=171) over the same time frame. Peer cohesion among men and leadership cohesion among women were not significant predictors of symptomatology.

S229 **Epidemiology**

WORKING WOMEN WITH VIOLENT PARTNERS: WORK AS A PROTECTIVE FACTOR FOR THE SELF

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

Theorists have proposed that partner violence negatively influences women by damaging their sense of self. The current study was designed to examine the relationships among partner violence, the self, and women's work quality. Multidimensional self-concept measures were used to create self constructs that represented women's sense of at home and sense of self at work. Work quality was included to assess its potential as positive influence on the self. Participants were 100 working women recruited from southeastern Michigan. This diverse sample of women reported annual incomes ranging from $2400 to 81,000 (M=25,030). They held a variety of jobs (e.g. 22 had unskilled/semi-skilled, 20 had clerical/sales positions, and 39 were professionals such as librarians or accountants). Approximately 53 women reported partner violence in the previous year. Hierarchical multiple regression equations were used to test the hypothesis that work positively influences women's self in the context of partner violence. Work quality was significantly and positively associated with each self construct while partner violence was only significantly associated with the self at home. These findings suggest that while work quality does not appear to moderate the impact of partner violence on the self, work positively influences women's sense of self across contexts.

S230 **Epidemiology**

CHOOSING THE LESSER EVIL—THE KOSOVO NIGHTMARE

Danka Savic, Goran Knezevic, International Aid Network; Novica Petrovic, Igor Petrovic, Aleksandar Ristic, Pristina University, School of Medicine

After the NATO bombing campaign and withdrawal of Yugoslav army a great number of non-Albanian citizens fled from Kosovo (estimated nimber 200,000), while a small percentage of them stayed. The purpose of this research was to investigate differences in general psychiatric and PTSD-related symptomatology between these two categories experiencing different types of stressors. Constant threat of Albanian extremists' revenge was the major stressor for people who remained in Kosovo, while refugees predominantly experienced various kinds of losses. Sample consisted of 67 subjects who stayed in Kosovo and 428 refugees from Kosovo settled in collective centers throughout Serbia proper. Several measuring instruments were administered to subjects, among them Impact of Event Scale (IES) and Symptom Checklist (SCL90). Statistically significant differences were obtained between the two groups of people. Indices of PTSD-related symptomatology were higher for those who chose to stay in Kosovo, while refugees had higher scores on scales purported to measure general psychiatric disturbances.

S231 **Epidemiology**

PREDEPLOYMENT PREDICTORS OF POST-MISSION HEALTH IN BOSNIA PEACEKEEPERS

Yonit Schorr, Lizabeth Roemer, University of Massachusetts Boston Department of Psychology; Elisa E. Bolton, Hyemee Han, Brett T. Litz, National Center for PTSD Boston Dept. VA Medical Center

Empirical evidence indicates that soldiers exposed to stressors associated with peacekeeping are at risk for considerable psychological distress (Orsillo et al., 1998), but research on more traditional combat suggests predeployment factors may also play an important role in determining psychiatric outcome. Predeployment exposure to trauma has been suggested as a factor that may impact psychological outcomes following combat (King et al., 1996). Thus, we predicted that prior experience with physical and/or sexual assault, as well as symptoms of post-traumatic stress, would predict negative psychological outcomes following a peacekeeping mission to Bosnia. As part of a larger study, 304 U.S. soldiers were assessed prior to deployment to Bosnia and upon their return from the mission. They completed questionnaires that included measures of PTSD symptoms, general psychological distress, and physical symptoms. Unexpectedly, exposure to assault prior to deployment did not significantly predict post-mission psychiatric outcomes; however, PTSD scores prior to deployment did predict outcomes on all three scales. Further analyses are currently being conducted to explore the relationship between both exposure to mission stressors and potential buffering factors (perceived cohesiveness of one's peacekeeping unit, attitudes about the mission, and positive peacekeeping experiences) and the outcome measures.

S233 **Epidemiology**

THE PREVALENCE OF CHILDHOOD SEXUAL ABUSE IN A SAMPLE OF BATTERED WOMEN: AN ASSESSMENT OF REVICTIMIZATION

Mary O'Brien Uhlmansiek, Terri L. Weaver, Maysa Akbar, St. Louis University

One of the most alarming consequences of childhood sexual abuse (CSA) is an increased vulnerability to sexual assault and intimate partner violence as an adult. Because revictimization includes multiple traumas that occur across an individual's lifespan, it may have a substantial impact on both the individual and society as a whole. For the victim, interpersonal violence can result in a wide range of psychological and physical consequences. The societal costs of battering and sexual assault include annual economic costs estimated in the billions. Therefore, revictimization is considered a problem of "epidemic proportions" (Finkelhor, Hotaling, Lewis, & Smith, 1990). The aim of the present study is to further elucidate the phenomenon by examining the history of CSA in a sample of predominantly African-American, help seeking battered women. This study will delineate two groups of battered women: those with a history of CSA (estimated n=31), and those without a history of CSA (estimated n=26). The groups will be compared on measures of psychological functioning, severity of intimate partner violence, and interpersonal trauma histories. Analyses will be conducted to assess the unique contribution of CSA, beyond childhood physical abuse (CPA), in predicting the total number of adult victimizations experienced.

S234 **Epidemiology**

HPA AND EYE TRACKING IN PTSD WITH SECONDARY PSYCHOTIC SYMPTOMS

Frederic J. Sautter, New Orleans VA Medical Center; Garth Bissette, G.V. Sonny Montgomery VA Medical Center; Justin Wiley, Janet J. Johnson, Arleen Cerbonne, Gina Mire; John Cornwell, Barry Schwartz, Tulane Univ Health Sciences Center

Studies have repeatedly demonstrated high comorbidity between PTSD and psychotic symptoms. One way to increase our understanding of this comorbidity is to determine whether patients with PTSD and psychosis show biological and behavioral characteristics that are uniquely associated with PTSD, or whether they show biological and behavioral characteristics that are uniquely associated with the psychotic disorders. Patients with PTSD and secondary psychosis, nonpsychotic PTSD, schizophrenia, and healthy controls were compared for differences on smooth pursuit eye tracking and corticotropin releasing factor (CRF). Eye-tracking deficits are considered to be a genetic marker for schizophrenia. Elevated CRF has been associated with both PTSD and depression.The results indicate that PTSD with secondary psychotic psychotic symptoms show eye-tracking deficits that are significantly different from schizophrenia. Psychotic PTSD was associated with higher levels of CRF than either nonpsychotic PTSD or healthy controls. These data suggest that the psychotic symptoms that occur secondarily with PTSD may be etiologically independent of the psychotic disorders, and they suggest that PTSD with secondary psychosis may be a subtype of severe PTSD that is associated with high CRF.

S235 **Epidemiology**

A PUBLIC HEALTH APPROACH TO STATE PLANNING FOR TRAUMATIC BRAIN INJURY

B. Hudnall Stamm, Russell C. Spearman, Idaho State University Institute of Rural Health; Seth Winters, Idaho State University Boise Center

Based on feedback over the past year from persons with a traumatic brain injury, family members, and organizations throughout Idaho, services are not adequate. The rural and geographically divided areas of the state create challenges. In addition, shortcomings were identified in data, coordinated care systems, culturally competent services, financing for community based services, interagency coordination at both a state and local level, and knowledge of TBI and best practices. The US HRSA Maternal Child Health Bureau funds this project. The goal is to develop a comprehensive, integrated, coordinated, community-based system of care for individuals with a traumatic brain injury and their families that addresses lifespan, levels of acuity, and racial and ethnic groups. Geographical challenges are addressed by three regional boards are connected using telehealth. The Boards (n=4 with 8-15 people each) are composed of half consumers and families and half from agencies and providers. Nearly two thirds of which are survivors of brain injuries. Statewide data have been collected through focus groups (n=26), advisory board consensus meetings (n=4), and surveys of consumers and families (n approximately 200), and agencies (n approximately 50). This poster will summarize the data collected and present the preliminary outline of the state action plan.

S236 **Epidemiology**

TRAUMA EXPOSURE, GENDER, AND SUPPORT IN HUMANITARIAN AID WORKERS

Linnea C. Larson, Elizabeth N. Adams, Tina R. Houston, Danielle R. Speakman, Gladys Mwiti, Avice Marie Griffin, Cynthia Eriksson, Headington Program, Fuller Graduate School of Psychology; John Fawcett, World Vision International; Jeffrey P. Bjorck, Fuller Graduate School of Psychology; David W. Foy, GSEP, Pepperdine U. Fuller Theological Seminary

Trauma exposure in humanitarian aid workers contributes to high levels of burnout and turnover in this population. These effects may be moderated by social support. International relief and development organizations have identified the need to address these issues among their personnel. This study examines trauma exposure in humanitarian aid workers in areas of high, moderate, and low security risk and the relationship between exposure, gender, and support-seeking behavior. Relief and development personnel (N = 101) working for a large humanitarian aid agency in 35 countries completed an e-mail survey that assessed trauma exposure in their current field location. Participants indicated direct and indirect exposure to a list of 36 events and the extent to which they had talked about these traumatic events with another person. Expected gender differences in exposure and support-seeking behavior did not emerge in this analysis. There were also no differences in exposure by security zone. These surprising results suggest the need for a more complex understanding of the relationship between risk and actual exposure in relief and development settings. In addition, the unique characteristics of this population may contribute to the absence of gender differences in levels of exposure and support-seeking behavior.

S237 **Epidemiology**

RELATIONSHIP BETWEEN SENSE OF COHERENCE AND TRAUMA INDICATORS

Christiane R. Routhier, psychologist; Sylvain Landry, psychiatrist

The capacity for resilience is central for military personnel because of their higher risk to develop operational and traumatic stress. Antonovsky (1987) advocates that a salutogenic orientation in life is a powerful resilience factor. It enables individuals to find meaning in stressful life events, find the resources to cope with them and to conceive these stressors as a challenge, an opportunity for growth. This orientation has been tested with 320 French Canadian military individuals using the Sense of Coherence questionnaire (SOC). Results show a significant positive link with a measure of reasons for living ($r(312) = .15$, $p<.001$) and a negative one with a measure of depression ($r(303) = -.55$, $p<.001$), stress state ($r(318) = -.53$, $p<.001$), postraumatic stress ($r(280) = -.41$, $p<.001$), and traumatic rage ($r(272) = -.33$, $p<.001$). A second study conducted with 99 military subjects confirms these results and shows that SOC is negatively linked with anxiety ($r(98) = -.81$, $p<.001$). These findings suggest that service members who have not developed a strong sense of coherence tend to be more anxious and traumatized than others who have a more salutogenic orientation.

S238 **Epidemiology**

THE MENTAL HEALTH OF KOSOVAN ALBANIAN CHILD REFUGEES IN THE UK

William Yule, Patrick A. Smith, Sean G. Perrin, Institute of Psychiatry and University of London; Stuart W. Turner, Traumatic Stress Clinic; Laidon Shapo, Cameron Bowie, (UK) National Health Service Executive; Graham Dunn, Department of Biostatistics

Over 4,000 Kosovar Albanian refugees were admitted to the UK under a special UNHCR programme in 1999. To investigate the mental health needs of the children and adolescents, 288 participants aged 8 to 16 years completed a battery of self-report measures including a revised child version of the Impact of Event Scale, the Birleson Depression Scale, the Child Manifest Anxiety Scale and a Brief Grief Inventory. 57 children and their parents were individually interviewed on the ADIS and diagnoses of PTSD, Separation Anxiety Disorder, Generalised Anxiety Disorder and Major Depressive Disorder made. 68% of the children reached PTSD Criteria on either child or parental account. 75% suffered separation anxiety disorder, 25% generalised anxiety disorder and 12% major depressive disorder. The relationship between screening measures and individual diagnoses will be presented. Screening measures alone were poor indicators of need in this highly distressed group

S239 **Epidemiology**

TRAUMA AND ADDICTION: EXPLORING INTERGENERATIONAL PATHWAYS

Nancy J. Smyth, Brenda A. Miller, Eugene Maguin, University at Buffalo School of Social Work

Time 1 data from an ongoing longitudinal study (projected N=300) is used to examine the intergenerational relationships between trauma and alcohol and other drug (AOD) problems. Mothers, and one randomly chosen child (ages 10-16), were recruited from alcoholism treatment centers and the community. Heavy drinkers were compared to community members with low/no drinking. Children's trauma symptoms were assessed by Briere's Trauma Symptom Checklist. The Time-Line Follow-Back (TLFB) method was used to assess mothers' past six months AOD use. Mothers' lifetime trauma symptoms were measured with a SCID PTSD symptom count. Protectiveness was assessed by children's reports of maternal monitoring (Knows whereabouts). Children's AOD involvement was assessed by items from the National Household Survey on Drug Abuse. After controlling for mothers' demographics, findings from a path model were: 1) Mothers' heavy drinking was related to her trauma symptoms and to lower levels of maternal monitoring; 2) Higher levels of mothers' trauma symptoms were related to lower levels of maternal monitoring and to higher levels of children's trauma symptoms. 3) Children's trauma symptoms were related to their AOD involvement. Findings support both separate and mediational (through monitoring) pathways for intergenerational transmission of trauma symptoms, and only a mediational pathway for AOD problems.

S240 **Epidemiology**

DOMESTIC VIOLENCE AND ECONOMIC WELL-BEING AMONG WOMEN RECEIVING WELFARE BENEFITS

Richard M. Tolman, University of Michigan, Poverty Research and Training Center; Daniel Rosen, University of Michigan

Domestic violence can interfere with women's ability to work, and may result in loss of welfare benefits and poorer economic outcomes. Without stable employment or cash assistance, battered women may be forced to remain with abusive partners, and/or suffer extreme economic hardship. We report data on 691 women who completed interviews in two waves of the Women's Employment Study (WES), a survey of randomly-selected welfare recipients in an urban Michigan county. We created 4 groups: never experienced domestic violence, past-only who experienced domestic violence only prior to the 2nd wave of the study , recent-only who experienced domestic violence for the first time in Wave 2, and recent-persistent who experienced domestic violence in the past and in the 2nd wave of the study. Results demonstrate that the recent-persistent group was most likely to suffer from economic hardship. They were more like to be welfare- reliant rather than wage- reliant at Wave 2, have lower wages, more experiences of material deprivation (e.g. homelessness, food insufficiency), more participation in hardship activities (e.g, pawning possessions) and greater perceived current and future economic hardship. Recent-only victims differed from non-victims on household income and evictions. Those with past-only violence did not differ from those never victimized.

S241 **Epidemiology**

HATE CRIME VICTIMIZATION: HELP-SEEKING, DISCLOSURE, AND SYMPTOM STATUS

Mindy B. Mechanic, University of Missouri-St. Louis; Suzanna Rose, Florida International University

Data on exposure to hate crime victimization were collected from a convenience sample of 123 lesbian and 149 gay males. Information about hate and non-hate crime victimization was obtained. Disclosure, help-seeking, and psychological symptoms were assessed for the most severe bias crime experienced. The majority of participants reported experiencing between 2-10 hate crime incidents. Hate crime victimization was frequently associated with multiple perpetrator assaults. Most participants (63%) disclosed the most severe hate crime to at least one person, although only 11% sought help from formal sources. Disclosure status was unrelated to symptoms, victimization history or the victim-perpetrator relationship. In contrast, the use of formal help-seeking was influenced by the severity of PTSD and depression, comorbid PTSD/depression, the type of hate crime, the extent of prior hate crime victimization, and the relationship between the victim and the perpetrator. Sexual assault bias crimes and bias crimes committed by family members or intimates were associated with increase in help-seeking. Male and females were equally likely to seek formal help and to disclose their most severe hate crime to at least one person. Results will be discussed in terms of the clinical and research implications of these findings for victims of homophobic bias crimes.

S242 **Epidemiology**

YOUNG VETERANS IN THE NETHERLANDS; PROFILE AND NEEDS

Maj. Coen van den Berg, Veteran's Institute; Joanne Mouthaan, Gielt Algra, Centre for Research and Expertise, Veterans Institute; Bavo Hopman, BNMO Centre for Stress and Social Rehabilitation; Jos Weerts; Centre for Stress and Social Rehabilitation

Veterans' policy in the Netherlands consists of three elements: sustaining a good system of medical and financial benefits, promoting social recognition, and providing support and care for those who need this. While the generation of older veterans, who have served in an traditional war, rapidly decreases, the number of young veterans, who have served in UN- and other international operations is growing. Research so far has focused on health problems, PTSD and other psychological problems. Little or no systematic information is available regarding the sociological profile and the needs of this new generation of veterans. In our study, we used three methods. Through secondary analyses of existing data we have collected demographic characteristics. We will discuss differences between this group of veterans and the norm group in the general population. Needs and perceptions were identified and analyzed by means of focus groups and a questionnaire. The purpose of this last study was to identify needs and perceptions with regard to the status as a veteran, the veterans reported a strong need for social contact with members of their former military unit, a need for social recognition and a need for professional counseling regarding physical and psychological problems following participation in a peacekeeping mission. We constrcuted several reliable scales. The most significant results were found using a scale for measuring the need for professional help, the need for social contact and a positive evaluation of deployment. Further results and conclusions of this study will be discussed.

S243 **Epidemiology**

A COMMUNITY SURVEY OF KOSOVAN ALBANIAN REFUGEES IN THE UK

Stuart W. Turner, Traumatic Stress Clinic (University College London); Cameron Bowie, NHS Executive London Regional Office; Graham Dunn, University of Manchester; Laidon Shapo, Director of Policy & Health Planning, Tirana Health Auth.; William Yule, Institute of Psychiatry

In 1999, the UK received 4346 refugees from Kosovo as part of a programme coordinated by the United Nations High Commission for Refugees (UNHCR). A survey was undertaken of 842 adults in community settings. All were asked to complete self-report questionnaires (translated into Kosovan Albanian). Subsequently, 120 were interviewed in Albanian using the Clinician Administered PTSD Scale and an interview for DSM-IV Major Depressive Disorder symptoms. The study has yielded estimates of prevalence of PTSD and Depression in this sample. Self-report measures appear to overestimate the prevalence of these disorders. Just under half had a diagnosis of PTSD and a smaller proportion had depression. These results may be taken as a sign of the resilience of many who survived this conflict but they also imply that there is still a substantial need for good health and social care in a proportion. Self-report measures should be validated in any future survey of refugees

S244 **Epidemiology**

ABUSE AND EARLY ENVIRONMENTAL DISRUPTION IN HOMELESS VETERANS

Elaine L Stein, Michael A. Burke, Richard Douyon, Gerard Romain, Miami Veterans Affairs Medical Center

Objective: This exploratory study examined the prevalence, severity, and perception of childhood physical violence in homeless veterans receiving treatment at the Miami VA Medical Center. Frequency and types of environmental disruptions within veterans' early rearing environment were also obtained. Methods: Subjects consisted of 74 homeless veterans admitted to an acute inpatient psychiatric unit. The interview consisted of the Childhood Victimization scale, Family Intactness scale, and Homeless Questionnaire. Results: Descriptive data indicated 78.2% received physical punishment. 45.3% had been bruised, scarred, caused to bleed, or required medical attention as a result of physical punishment. However, when asked the general question "when hit by the disciplinarian, were you injured?" only 21.3% answered to the affirmative. 47.3% witnessed physical fighting by their parents. 33.9% reported running away from home prior to 18. 62.2% reported heavy alcohol use by a parent, and 4.1% reported IV drug use in the home. 14.9% of subjects had a parent hospitalized for psychiatric conditions. Conclusion: This sample reported a high frequency of physical violence as well as other disruptions to their early rearing environment. General questions elicited a lower rate of confirmation of abuse than did specific questions indicating the likelihood of underreporting of abuse in homeless veterans.

S245 **Epidemiology**

PREDICTORS OF PTSD AND DEPRESSIVE SYMPTOMS FOLLOWING RESIDENTIAL FIRE

Yanping Wang Wang, Christina M. Kephart, Russell T. Jones, Thomas H. Ollendick, Virginia Tech

This research addresses a controversy in the literature that questions the distinction between anxiety and depression in children. In this study, children were assessed one to five months following a residential fire. Reports of depressive and posttraumatic stress symptoms were obtained through self-report measures. Children were also assessed for negative life events they had experienced during the previous year, attributional style, and degree of loss due to the fire. The relationships between these three predictor variables and symptoms were examined through regression analyses. Results indicated that negative life events and attributional style were significant predictors of depressive symptoms, while degree of loss was not (b = .342, p = .004; b = -.293, p = .007; b = .021, p = .847, respectively). In contrast, degree of loss significantly predicted posttraumatic stress symptomatology, while negative life events and attributional style did not (b = .373, p = .001; b = -.021, p = .857; b = -.059, p = .585). Though children may experience both depressive and posttraumatic stress symptoms following a trauma, the results of this study suggest that these two disorders may develop through different pathways, and thus, warrant continued study as two distinct constructs.

S246 **Epidemiology**

THE RELATIONSHIP BETWEEN TERTIARY APPRAISALS, COMBAT EXPOSURE AND PTSD IN US VIETNAM VETERANS

Yuval Neria, Bruce P. Dohrenwend, J. Blake Turner, Karestan C. Koenen, Yu Chen, Columbia University

Background: Most research on the aftermath of combat exposure has focused on the negative effects of the experience. Recently, our study group constructed measures of tertiary appraisals of war experience, both positive and negative, many years after the war. Method: 1183 US male veterans were examined in the NVVRS 10-15 years after their service in Vietnam. In the current study, the subjects' responses about the importance of the war in their lives (salience) and whether they perceive its present impact on them as positive, negative or mixed (valence) were categorized into a typology of tertiary appraisals. The relationships among theses tertiary appraisals, combat exposure (Military Occupational Specialties; MOS) and PTSD symptoms (Mississippi Scale for Combat Related PTSD) are examined. Results: Both high salient/negative appraisals and high salient/positive appraisals were significantly and directly associated with current PTSD symptomatology, independent of a measure of combat exposure. This striking finding and others are reported. Conclusions: These results highlight the complex relationship found between tertiary appraisals, measured many years after the war, and current symptoms of PTSD. The role of cognitive processes in the persistence of PTSD symptomatology in US veterans of the Vietnam War is discussed.

S247 **Epidemiology**

CONTROL AND STALKING: PREDICTING PTSD IN VICTIMS OF PARTNER VIOLENCE

Gregory A. Leskin, National Center for PTSD; Darrah A. Westrup, Stanford University School of Medicine

Foa et al. (1992) have hypothesized that the negative effects of trauma are exacerbated when victims perceive the traumatic event as uncontrollable or unpredictable. Research in the area of domestic violence suggests victims' sense of powerlessness and helplessness are significant factors in the harmful consequences of interpersonal violence (Dutton & Painter, 1993). The negative impact of stalking is thought to be due, in part, to the lack of control and unpredictability stalking victims often report (Meloy, 1998; Mullen et al., 2000). Although research has demonstrated a link between being stalked and subsequent PTSD (Westrup, Fremouw, Nakase-Thompson, & Lewis, 1998), the distinct contribution of power and control have not been previously examined. Secondary analysis of the Chicago Women's Health Risk Study examined female's exposure to emotional abuse, stalking, and interpersonal violence. Seven hundred five females (90% ethnic minority) were assessed following a medical visit to a primary care setting. Of this group, 497 (70%) had experienced physical abuse or threat of violence from an intimate partner in the previous year. Sixty-four percent fulfilled diagnostic criteria for PTSD. Results of a series of regression analyses revealed that controlling and violent behavior by the intimate partner were predictive of subjects' current PTSD diagnoses.

S248 **Epidemiology**

INTERPERSONAL VERSUS IMPERSONAL TRAUMATIC EVENTS AS PREDICTORS OF TRAUMA SYMPTOMS

Gilbert Reyes, Disaster Mental Health Institute

Studies examining the relationship between exposure to traumatic events and the development of trauma symptoms frequently examine survivors of only one type of crisis. Inferences are sometimes drawn regarding these findings that erroneously extend their implications to traumatic events at a higher level of generalization. The present study examined the relationships among 12 types of traumatic events and the total trauma-symptom score of the Trauma Symptom Checklist - 40. When overall exposure to traumatic events was initially used to predict trauma symptoms, there appeared to be a

moderately significant relationship. However, when the types of traumatic events were examined individually, a pattern emerged suggesting that the true relationships between trauma symptoms and traumatic events were concentrated among those events which clearly included interpersonal victimization. Five interpersonal traumatic events were identified (physical or sexual abuse in childhood, sexual assault, domestic violence, and other violent crimes) that accounted for almost all of the variance shared between trauma exposure and trauma symptoms. Suggestions are made for improving the precision of research findings to avoid overgeneralizing the relationship between traumatic life events and the development of psychopathology.

S249 **Epidemiology**

CHRONIC STRESS IN INTERNATIONAL RELIEF AND DEVELOPMENT EMPLOYEES: A PRELIMINARY SCALE ANALYSIS

Daryl A. Schrock, Gary A. Trice, Elizabeth A. Rupp, Linnea C. Larson, Cynthia B. Eriksson, Headington Program, Graduate School of Psychology; John Fawcett, World Vision International; David W. Foy, GSEP, Pepperdine U. Fuller Theological Seminary

International relief and development (IRD) personnel are often exposed to traumatic events and chronic stressors while on assignment. Empirical research has suggested that chronic stress is associated with numerous negative consequences and increased attrition. This study examined 19 chronic stressors that have been identified in the literature as common in IRD work. IRD employees (N = 118) from an international non-governmental organization (NGO) were categorized into 3 security zones according to the risk present in their place of deployment (High risk = 11%, Moderate risk = 29%, Low risk = 48%). Email surveys measuring the participant's subjective distress on the stressful experiences were rated on a 5-point Lichert-type scale. Scale analyses suggested an internal consistency (Cronbach's alpha) of .88 with an average inter-item correlation of .30. This preliminary scale analysis highlights the chronic stress experienced by IRD workers and provides foundational information for the future development of a population-specific chronic stress measure. suggests the need for specific pre-deployment stress management training and on-field organizational support of these personnel.

S250 **Epidemiology**

IS PTSD A RISK FACTOR FOR HEPATITIS C INFECTION?

Kristy A. Straits-Troster, Miles E. McFall, Kevin L. Sloan, Jason A. Dominitz, Daniel R. Kivlahan, VA Puget Sound Health Care System & University of Washington

Patients with Hepatitis C (HCV) commonly report a history of substance abuse and prior treatment for psychiatric problems. Although recent reports indicate that co-morbid PTSD is associated with poor HCV treatment outcomes, the prevalence of PTSD among HCV+ patients is unknown. This study seeks to determine the prevalence of PTSD among VHA Northwest Network veterans tested for HCV infection, and to compare HCV+ veterans with and without PTSD regarding treatment access and medical and psychiatric service utilization. Data were extracted from electronic medical records. Between 10/1996 and 8/2000, 25,080 veterans were tested for HCV infection. 21.6% (n=5406) had antibodies suggesting HCV infection. Many HCV+ veterans also had PTSD (29%). HCV+/PTSD+ veterans had co-morbid diagnoses of drug use (81%), alcohol use (70%) psychotic disorders (22%) and 39% were homeless. HCV+/PTSD+ veterans had more psychiatry, addictions and emergency room visits than the other two groups. HCV+ patients with no recent psychiatric or substance abuse history were more likely to receive interferon-based treatment (6.9%) than those with PTSD (3.9%) or other psych/substance use diagnoses (2.3%). Results suggest that a large subset of HCV+ veterans also have PTSD and complex psychosocial problems that may impact HCV treatment and adherence.

S251 **Epidemiology**

TRAUMATIC LIFE EVENTS, ADULT ATTACHMENT, AND COMPLEX PTSD

David A. Sandberg, Hannah Balliet, Nicole Corso, Ava Fanucchi, Myesha Arthur; Kelly Sharp, California State University, Hayward; LeeAnn M. Rush, Santa Clara University;

There is a growing awareness of the relation between attachment and posttraumatic symptomatology. This study investigated whether Bartholomew's four adult attachment styles were related to PTSD symptoms (PCL) and complex PTSD (SIDES) in a sample of 106 college women who reported experiencing a broad range of traumatic life events (TLE-2). Multivariate analysis indicated that preoccupied attachment was positively associated with PTSD symptoms. However, none of Bartholomew's attachment styles were related to complex PTSD. Discussion addresses how attachment style can be a risk factor for posttraumatic reactions to stressful life events, as well as some potential limitations of using self-report measures of adult attachment to study severe psychopathology.

S252 **Epidemiology**

DETERMINANTS OF LONG-TERM POST-WAR ADJUSTMENT IN WAR-EXPOSED BOSNIAN YOUTHS: AN ECOLOGICAL PERSPECTIVE

Christopher M. Layne, Assistant Professor of Psychology, Brigham Young University; Brian Isakson; Ryan Houston; Ryan Curtis; Joanna Duke; Robert Hunt; Lara Wolfson; William S. Saltzman, Robert S. Pynoos, UCLA Trauma Psychiatry Service

This poster will present the results of a structural equation model of pre-war, war-time, and post-war environmental and social factors hypothesized to influence long-term post-war adjustment. The data set will consist of 1,572 Bosnian secondary school students who completed a UNICEF-sponsored classroom-based survey in 1997 as part of a trauma/grief-focused group treatment program developed by UCLA Trauma Psychiatry Service. The program emphasizes five treatment foci in assessment and treatment planning. These five foci include traumatic experiences, reminders of trauma and loss, post-war stresses and adversities, bereavement and the interplay of trauma and grief, and developmental impact. The structural equation model will emphasize these foci by incorporating measures of war-related traumatic exposure, posttraumatic stress, depression, grief, post-war adversities, and exposure to trauma reminders.

S253 **Epidemiology**

TRAUMA AND PSYCHOLOGICAL DISORDERS IN YOUNG WOMEN IN JUVENILE JUSTICE CUSTODY

Angela Dixon, University of Sydney; Pauline Howie, Dept. of Psychology, University of Sydney; Jean Starling

This study investigates the relationship between traumatic experiences, mental health problems and female juvenile delinquent behavior. The psychological profiles of 100 female offenders in Juvenile Justice custody, half of whom are indigenous young women, are described. The presence of PTSD and its relationship to the young woman's history of trauma, attributional style and family functioning is also investigated. One hundred age-, sex, and SES-matched community control subjects provide baseline data. Psychological profiles and trauma histories were assessed using the K-SADS-PL semi-structured interview, and two self-report questionnaires were administered to tap attributional style and family functioning. Findings are presented regarding the role of previous trauma (type, severity, and number), family support and attributional style in mediating a PTSD diagnosis in female offenders compared with normal controls. The impact of various characteristics of traumatic stressors is delineated and contributes to an improved understanding of how children process traumatic events. A greater awareness of the impact of trauma experienced by juvenile offenders, particularly indigenous populations, provides additional information as to how clinicians can effectively intervene at the preventative level, in the effort to curb the rapidly increasing social problem of female juvenile delinquency.

S254 **Epidemiology**

TRAUMA EXPOSURE, PTSD, AND COGNITIVE PERFORMANCE UNDER STRESS

Rebecca S. Prestel, VA Boston Healthcare System; Lorraine P. Stewart, Wendy K. Stegman, VA Palo Alto Health Care System; Catherine J. Kutter, TMC Behavioral Services; Ned J. Arsenault, Danny G. Kaloupek, National Center for PTSD; Steven H. Woodward, VA National Center for PTSD; Matthew O. Kimble, VA Boston Health Care Center

A number of studies have documented relationships among trauma exposure, PTSD, and social anxiety, such that persons with greater trauma exposure suffer more severe PTSD symptomatology and more social anxiety. Furthermore, PTSD and social anxiety have been associated with impairments in cognitive functioning. As part of a broader study of the effects of combat stress on the brain, we assessed a sample of 54 Vietnam combat veterans for lifetime trauma history, PTSD and cognitive functioning under social-evaluative stress. We assessed these variables using the Life Events Checklist and a semi-structured follow up interview, the Mississippi Scale, and the Trier Social Stress Test. Range of trauma exposure and PTSD severity both correlated significantly with performance on the cognitive portion of the Trier, such that participants who reported a greater variety of traumatic experiences and higher levels of PTSD symptomatology performed more poorly on the mathematical task. However, neither trauma exposure nor PTSD severity was associated with perceived anxiety during the Trier. We are continuing to collect data on both Vietnam and Guld War veterans, and future analyses will examine whether these relationships remain constant in this broader sample of veterans. Implications of these findings and future directions will be discussed.

S300 **Research to Practice**

ANALYZING PTSD TREATMENT FAILURE FOR PATIENTS AND PROGRAMS

Ronald T. Murphy, LaShonda Gipson, Ashley Butler, Dillard University; Madeline Uddo, Michael S. McCloskey, New Orleans VA Medical Center;

This workshop will train participants to conduct an analysis of PTSD treatment failure at the individual and program level. An approach to understanding treatment failure is needed that does not rely on labeling patients as “resist” or “chronic”, or on judging treatments as effective or not. The presenters will first offer an integrative theory of PTSD treatment failure based on the Stages of Change (Prochaska et al.), Motivational Interviewing (W. Miller), and the literatures on self-efficacy, therapeutic alliance, and ethnic factors as predictors of treatment outcome. Next, the specific instruments and methods for obtaining the data needed for a treatment failure analysis will be presented. Seven basic types of therapeutic failure are described: 1) Goal-setting Failure; 2) Therapeutic Relationship Failure; 3) Psychoeducation Failure; 4) Therapist Misreading, Mishandling, or Ignoring Patient’s Stage of Change; 5) Hidden Patient Roadblocks to Change (e.g., unspoken fears, lack of resources); 6) Therapist Misread of Patient’s Self-Efficacy Level; and 7) Therapist Underestimation of Secondary Gain (e.g., Compensation). For each type of treatment failure, an assessment and intervention strategy is suggested. In the last part of the workshop, participants will offer treatment failure case examples, and a treatment failure analysis will be discussed.

S301 **Research to Practice**

THE HUSBAND-WIFE RELATIONSHIP AS REFLECTED

Rachel Lev-Wiesel, Department of Social Work, Ben Gurion University

This study examined the spousal relationship of 19 court-ordered battering husbands as reflected in their drawings of themselves and their wives. Two types of drawing characteristics were assessed: (1) Indicators of the spousal relationship, such as size, placement, proximity, and similarity of the male and female figures drawn, and (2) Indicators of violent/aggressive behavior, such as the formation of the eyes, hand/arms, fingers, nostrils, and the stance of the figures. The results revealed that the male figures drawn by battering husbands tended to be smaller, and placed lower on the page relative to the female figure, but nevertheless resembled the female figures. Male figures also possessed more indicators of violent aggressiveness than did female figures. These findings suggest that battered husbands perceive themselves as being violated by their wives.

S302 **Research to Practice**

WHAT WOULD YOU DO? FACTORS INFLUENCING THE DECISION TO SEEK TREATMENT AFTER ASSAULT

Lori A. Zoellner, Larry Pruitt, Matt Willms, University of Washington; Eric A. Youngstrom, Norah C. Feeny, Case Western Reserve University

Posttraumatic stress disorder (PTSD) is a chronic and debilitating condition, with a lifetime prevalence rate of over 32% for woman who have experienced sexual assault (Resnick et al., 1993). Unfortunately, health care professionals often fail to identify cases of assault-related illnesses such as PTSD (Acierno et al., 1997) and seeking help for assault-related difficulties often is completely up to the assault victims themselves. Yet, we know very little about what factors influence a women’s decision to seek help after an assault. To learn more about these factors, data from over one hundred women with varying degrees of trauma history and subsequent PTSD symptoms will be presented. In order to examine their perspectives on help seeking behavior, all participants read a standard “if this happened to you, what would you do” scenario describing a sexual assault and subsequent trauma-related symptoms. All participants are presented with the same scenario, treatment options (CBT, medication, or no treatment), and treatment descriptions. Ratings of treatment credibility and reactions to treatment options will be reported. By better understanding who would choose treatments and why, we will be able to better tailor how we approach discussing treatment options with these women. Clinical implications will be discussed.

S303 **Research to Practice**

THE MEANINGS OF INTRUSIONS FOR INDIVIDUALS IN TRAUMA RECOVERY

Valerie M. White, University of British Columbia, Vancouver, Canada

Intrusions are seen as; natural responses to trauma, symptoms and predictors of disorder, hinderances to and facilitative of emotional processing, contributing to the maintenance of PTSD, functional or dysfunctional. The purpose of this study is to explore and describe individuals’ experiences with intrusions throughout their recovery stories. This study is a Narrative inquiry designed to explore and describe the content of intrusions, the meaning the individuals assigned to their intrusions,and how their experience with intrusions impacted their recovery. Possible changes in content, evolution and any resolution of intrusions, as well as the participant’s interpretations of the role and meaning of intrusions in their recovery will be explored. Consideration of the content and meaning of intrusions within a temporal and lived context may shed light on how intrusions effect individuals and their response to trauma. Theraputic implications include normalizing the client’s experience and focusing on resolution of the intrusions by helping clients to address the issues and change beliefs illumined by the contents of the intrusions and the meaning clients assign to them.

S304 **Research to Practice**

PERSONALITY DIMENSIONS AMONG TRAUMA SURVIVORS: COMPARATIVE ANALYSIS BETWEEN CANADIAN PEACEKEEPERS AND IP PROGRAM

Inna Vlassev, Gregory D. Passey, Desiree Prisman, Heather Paul, Intergrative Personality Program Vancouver; Anne M. Dietrich, University of British Columbia

Research in recent years has revealed inconsistent findings about the constellation of personality features that accompany PTSD symptoms for survivors of extreme and prolonged trauma. The present study explores the issue of commonality of elevations on personality dimensions for two trauma samples. The Inventory of Interpersonal Problems (IIP) was administered to: 1) members of the Canadian Peace Keeping personnel for the UN deployed in former Yugoslavia from Oct.1992 to Oct. 1993; and 2) outpatients with a history of childhood physical and sexual abuse attending a hospital day program for severe personality disorders at Vancouver General Hospital. A battery of well-established PTSD instruments was used to measure trauma symptoms

for the military sample. The outpatient sample was assessed for presence of PTSD on the basis of a semi-structured clinical interview and scores from the Crime-Related PTSD scale within the SCL-90-R. The IIP yields subscales based on the Circumplex Model of personality functioning. Correlational statistics will be used to investigate the similarity of personality profiles in the two samples. The issue of a diagnostic category of a Complex PTSD (DESNOS) will be discussed in light of results from this research.

S305 **Research to Practice**

CISD IN LAW ENFORCEMENT: WHICH MODEL AND WHY?

Julia M. Klco, Kerri L. Ronne, Chicago School of Professional Psychology

There are few studies specifically addressing the effectiveness of critical incident stress debriefing in law enforcement. Overall, models of Critical Incident Stress Debriefing are similar however some rather strong arguments have emerged regarding alternative methods. Research has shown that up to 15% of law enforcement personnel in a department may be experiencing significant stress symptoms at any one time. It is believed that up to 87% of those in emergency services will experience a critical incident at some point in their career. We also know that after being involved in a shooting incident most officers leave the department or retire prematurely. However, this number decreases significantly with appropriate intervention. Critical incidents also contribute to alcoholism, drug, use and failed relationships. It is therefore important to understand what constitutes appropriate and effective intervention in order to support and retain the men and women who have dedicated their lives to service. This paper will examine the different models, the theory behind these models, and why they may or may not be effective with this population. Up until the 90's little had been written about how law enforcement personnel process trauma. It is becoming clearer that this population is unique in their attributions, stressors, and cognitive schemas surrounding critical incidents.

S306 **Research to Practice**

ADDRESSING TRAUMATIC STRESS IN RURAL AND FRONTIER AREAS: TWO DOCUMENTS

B. Hudnall Stamm, ISU-Institute of Rural Health & Am Psych Assoc Committee Rural Health; Pamela L. Mulder, Marshall University Department of Psychology; James "Gil" G. Hill, Office of Rural Health, American Psychological Association; Samuel S. Sears, University of Florida; Katherine Nordal, Independent Practice

Good research may not be used by policy or practice because of the difficulty in identifying and understanding research documents. In an effort to address the needs of people living in underserved areas, to reduce the level of violence and trauma, and to support the development of good policy and practice, the American Psychological Association Committee on Rural Health has produced two documents reviewing the behavioral health status of people living in rural and underserved areas. The first report "Behavioral Health Care Needs of Rural Women" indicates that despite the indicators of stressors, rural women's representation in the professional literature is almost nonexistent. Similar results were identified by the authors of the forthcoming book "Behavioral Health Care in Rural and Frontier Areas: An Interdisciplinary Handbook." Rural areas are at least as likely, and perhaps more likely to be exposed to negative life events, including traumatic stressors, are less likely to have the personal-financial or community-based resources to deal with these problems. There are profound health professional shortages, education lower, rural poverty is higher, suicide rates are higher, and access to services like family violence shelters is nearly non-existent. This poster highlights the findings of the documents and suggests policy strategies.

S400 **Basic Research**

ARE INDIVIDUALS WITH PTSD PRONE TO MEMORY DISTORTIONS?

Lori A. Zoellner, Chandra Wadjik, University of Washington; Nicole M. Dorfan, University of Pennsylvania; Amy Przeworski, Pennsylvania State University

One of the cardinal features of PTSD is involuntary, intrusive, and vivid retrieval of memories for the traumatic event. Understanding memory retrieval processes in both trauma-exposed individuals with and without PTSD may shed light factors related to the development of chronic PTSD. Yet, to data, little experimental research has explored retrieval processes in individuals with PTSD. In this poster, we will present data utilizing a source monitoring paradigm to examine whether individuals with PTSD have content-dependent retrieval deficits for specific memory details. Sexual and non-sexual assault victims with PTSD and non-anxious control participants were asked to read brief scenarios containing either neutral (i.e., deliveryman) or threatening (i.e., felon) content. Half of the scenarios were presented twice, with some new and some overlapping key words; the other half of the scenarios contained no overlapping key words. After a filler task, participants completed a cued recall task for both types of scenarios. Our results suggest that individuals with PTSD were less accurate than non-anxious controls. However, further qualitative analysis of source monitoring errors suggests that memory distortions in individuals with PTSD tended to be thematically consistent with actually presented material. These results will be discussed within a parallel distributed processing model of memory distortion.

S401 **Basic Research**

PHYSIOLOGICAL AND PSYCHOLOGICAL REACTIVITY TO STRESS IN RAPE VICTIMS

Kelley C. Wezner, Thomas R. McCanne, Northern Illinois University

Research on populations with PTSD has shown heightened physiological arousal to stimuli. This research examined physiological and psychological reactivity to stressors in rape victims with and without PTSD. The following groups were recruited: (a) Rape victims with PTSD (N = 15); (b) Rape victims without PTSD (N = 15); and (c) No assault history and no PTSD (N = 15). Women in the two rape groups all reported a completed, forced, and nonconsensual intercourse since age fifteen. Heart rate and skin conductance data were collected during the administration of three cold pressor trials and two mental arithmetic trials. No significant group differences were found on measures of heart rate or skin conductance. The two rape victim groups self-reported significantly more subjective distress during the cold pressor trials than the No assault group. In contrast to previous research, these results did not indicate increased physiological reactivity to stress in rape victims with PTSD who are not in treatment. However, there may be differences in the physiological arousal dimension of PTSD among trauma types or between clinical and non-clinical populations. The subjective distress data suggest that there may be differences between rape victims and non-victims in their physical discomfort experience.

S402 **Basic Research**

GENETIC ASSOCIATION STUDIES OF PTSD

Arieh Y. Shalev, Ronen Segman, Department of Psychiatry, Hadassah University Hospital

This poster presents the first large genetic association study of PTSD. Candidate genes with known dysfunctional polymorphism related to biological resposnes to stress were examined for an association with PTSD. 108 PTSD patients and 104 carefully documented trauma survivors who did not develop PTSD participated in this study. All subjects gave an written informed consent to participate in the study. The results show that PTSD is associated with significant clustering of alleles carrying dysfunctional mutations for genes related to the neuronal transmission of stress response. Some of these mutations were also associated with increased early responses to the traumatic event. These findings supports previous epidemiological findings that showed an inherited vulnerability to develop PTSD upon exposure to traumatic stress PTSD.

S403 Basic Research

DISSOCIATION SCORE IN RELATION TO PHYSICAL AND SEXUAL ABUSE

Sofia P. Simotas, Houston VA Medical Center

Dissociation, including dissociative amnesia for past events, is strongly linked to trauma and abuse. It has been proposed that dissociative amnesia may be more likely to develop in certain cases; e.g., when there is a close relationship between victim and abuser, and when the victim is very young (Freyd, 1994). Data collected from a university student population are presented in relation to this theory. Dissociative experiences score (based on Dissociative Experiences Scale, DES; Carlson & Putnam, 1993) was analyzed in relation to history of physical and sexual abuse, closeness to abuser, and age at time of abuse. History of physical assault was strongly related to DES score, and there was a trend toward statistical significance of correlation between sexual abuse and dissociation (DES) score. Although closeness to sexual or physical abuser was not significantly related to DES score, age at time of first sexual abuse episode was significantly related to dissociation score, with younger age correlated with higher DES scores. Age at first physical assault was not related to DES score. Although causality between abuse and dissociation cannot be determined from these findings, results and implications are discussed in relation to trauma theory and the development of dissociative experiences.

S404 Basic Research

THE BOLAND PROJECT: TRAUMA, RESILIENCY, & ACADEMIC ACHIEVEMENT IN COLLEGE FRESHMEN

Laura Palmer, Carla Brinker, Anne R. Farrar, Seton Hall University

On January 19, 2000, Seton Hall University experienced one of the worst tragedies in its history when a dormitory fire took 3 young lives, critically injured 4 others, injured 60 others, and affected every member of the university community across emotional, psychological, and cognitive sequelae. The research protocol consists of an extensive demographic inventory, the Boland Event Schedule (Palmer, 2000), the Impact of Events Scale (Horowitz, 1979), the Posttraumatic Cognitions Inventory (Foa, 1999), the Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996), the Young Adult Social Support Inventory (McCubbin, Patterson, & Grochowski, 1991), and the Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987). These measures are respectively designed to measure the emotional and cognitive indicators of posttraumatic stress, additional stressors the student is currently experiencing, sources of social support, resiliency and growth factors, and attachment patterns. This presentation represents the initial phase of a follow-up investigation that is designed to determine the immediate and long-term impact of the fire on various domains of functioning for our students. The sample consists of 35 participants who had various levels of exposure to the fire. Analyses examined the relationship between social support, attachment, utilization of campus resources, degree of impact of trauma, relationship between exposure to the event, post-traumatic cognitions, and the degree of impact on academic functioning. It is anticipated that this research will better inform university communities to more effectively respond to campus tragedies and crisis.

S405 Basic Research

NON-TRAUMATIC VERSUS TRAUMATIC MEMORIES— A DYNAMIC SYSTEM APPROACH

Danka Savic, International Aid Network (IAN)

The findings that moderate arousal enhances memorizing while higher levels of arousal reduce it (the often mentioned inverted U-shaped curve) apply to declarative memories. On the other hand, traumatic memories, which are very deeply engraved, occur at extremely high levels of arousal and are a part of implicit memory system. The process of overall memorizing (declarative + nondeclarative) indicates a self-organized adaptive complex system that has two stationary stable states acting as "attractors" of memorized contents: the one at low arousal we ascribe to declarative memories and the other one to traumatic (dissociated). Whether a certain stressful event will be memorized as traumatic or not, depends on individual differences - genetic and experiental. A traumatic threshold is defined as the intensity of stress that overpowers one's coping mechanisms and it is a measure of one's information processing capacity in conditions of aroused (stress) state. After that point, hippocampal processing is blocked and dissociation processes take over. As the pathology progresses, the high-level attractor becomes stronger and future life events get attached to the traumatic nucleus.

S406 Basic Research

PSYCHOMETRIC PROPERTIES OF THE BOSTON LIFE SATISFACTION INVENTORY AMONG VETERANS WITH PTSD

Alethea A. Smith, Barbara L. Niles, Lynda A. King, Daniel W. King, National Center for PTSD, Boston VAMC

The Boston Life Satisfaction Inventory (BLSI) is a self-report rating scale for assessing life satisfaction and wellbeing. This scale was derived from the Lehman Quality of Life Interview as a brief evaluation of life satisfaction with special consideration to life areas and wording appropriate for populations with PTSD including veterans. The BLSI consists of 27 items and assesses eight categories including finances, living situation, work, leisure activity, family relationships, social relationships, safety, and health. Examinees are instructed to indicate how satisfied they are with each life situation using a 7-point scale ranging from "Very Dissatisfied" to "Very Satisfied." This study details the psychometric evaluation of the BLSI including reliability and validity data for a sample of Vietnam veterans. Results suggest the measure demonstrates good internal consistency and test-retest reliability. Furthermore, significant negative correlations were obtained between the BLSI and several measures of psychopathology including PTSD, anxiety and depression.

S407 Basic Research

FACTOR STRUCTURE OF THE COPING STRATEGIES INVENTORY IN A SAMPLE OF TRAUMATIZED WOMEN

Angela E. Waldrop, Patricia A. Resick, Deana Jefferson, Laura Matthews, University of Missouri-St. Louis

The Coping Strategies Inventory (CSI; Tobin et al., 1989) was developed to identify and explore the relationships between the "primary dimensions of coping" reported by various authors. The hierarchical factor structure of the CSI was derived from analyses using undergraduate samples. Studies have examined the relationship of CSI scores to level of functioning among battered women and sexual assault survivors. However, the measurement qualities of the CSI have not been examined in a traumatized community sample. Therefore, it is unclear whether trauma survivors' coping responses would follow a similar pattern. The current study examines the factor structure of the CSI in a large sample (n = 900) of women from different trauma populations, including sexual assault, physical assault, and domestic violence. The sample was split, with the first half examined using an exploratory factor analysis. The factor structure yielded by this analysis was then tested using a confirmatory factor analysis of the second half of the sample. This presentation will discuss the results of both analyses and will compare those results to the findings of Tobin et al. (1989). The presentation will also discuss the implications of the findings for use of the CSI with trauma populations.

S408 Basic Research

RELATIONSHIP BETWEEN BRAIN INJURY AND PSYCHOPATHOLOGY IN BATTERED WOMEN

Eve M. Valera, Harvard Medical School and Mass. Mental Health Center; Howard Berenbaum, University of Illinois at Urbana-Champaign

Women in battering relationships have been shown to have high rates of psychopathology such as depression, anxiety, and posttraumatic stress disorder (PTSD). These problems are commonly believed to be psychological sequelae of being in an abusive relationship. However, women also sustain injuries which could result in brain injuries, and brain injury is highly associated with psychological disorders such as depression, anxiety, and PTSD. Therefore, we examined brain injuries in battered women and the association between brain injuries and several forms of psychopathology, namely, general distress, anhedonic depression, worry, anxious arousal, and PTSD symptomatology. Ninety-nine battered women were assessed using neuropsychological, psychopathological, and abuse history measures. Women were

recruited from both shelters and community-based programs. Correlational analyses revealed that brain injury severity was associated with PTSD independent of partner abuse severity, and was related to general distress, anhedonic depression, and worry via a relationship with partner abuse severity. Partner abuse severity was associated with anhedonic depression, worry and PTSD symptom severity, but only through a relationship with brain injury severity. These results suggest that examining potential brain injury in battered women is critical to improving treatment, services, and our understanding of battered women.

S409 **Basic Research**

CHILDHOOD SEXUAL ABUSE: INDIVIDUAL AND RELATIONAL SYMPTOMS IN COUPLES

Briana S. Nelson, Kansas State University

Current trauma research primarily focuses on the individual, with problems among family members often overlooked. Family systems and secondary traumatic stress perspectives are missing from much of the current traumatic stress research. This study compares 15 female clients with a reported history of childhood sexual abuse (CSA) and their male partners and 17 female clients with no CSA history and their partners, using a 2x2 mixed MANOVA design. Couples were receiving therapy in clinics that serve community populations. Individual stress and trauma symptoms were compared using the Brief Symptom Inventory (Derogatis, 1993), Purdue Post-Traumatic Stress Disorder Scale-Revised (Lauterbach & Vrana, 1996), and Traumatic Events Questionnaire (Vrana & Lauterbach, 1994). Relationship impairment was assessed using the Dyadic Adjustment Scale (DAS; Spanier, 1976), Relationship Assessment Scale (RAS; Hendrick, 1988), and Hostile/Avoidant/Supportive Couple Interactions Scale (HASCIS; adapted from a scale by Matthews, Conger, & Wickrama, 1996). The results indicated that CSA partners reported significantly more individual stress and trauma symptoms than non-CSA partners for both men and women, providing support for the theory of secondary trauma in the male partners in CSA couples. The relationship impairment results did not reach statistical significance; however, potential explanations for these results will be described.

S410 **Basic Research**

IS LEARNED HELPLESSNESS AN ANIMAL MODEL FOR PTSD?

Frederick Petty, University of Texas Southwestern Medical Center; Gerald Kramer, Dallas Veterans Affairs Medical Center

Learned helplessness is a maladaptive behavior induced by exposure to inescapable aversive stress. Thus, learned helplessness has face validity for serving as a laboratory model for PTSD. Both PTSD and learned helplessness are clearly induced by a traumatic stressful event. However, learned helplessness is generally considered an animal model of depression. Since PTSD shares an extensive comorbidity with clinical depression, possibly learned helplessness could be considered to model the depressive component of PTSD, or to model PTSD comorbid with major depressive disorder. Controversy has arisen regarding the utility of learned helplessness as an animal model for PTSD because early experiments suggested that learned helplessness, unlike PTSD, did not persist for more than a few days after the inescapable traumatic stress exposure. However, new research has clearly demonstrated that the vulnerability to learned helplessness can persist for weeks to months, in the rat, after exposure to a single aversive stressful event. Also, new models of learned helplessness using repeated inescapable stress exposure clearly show that the maladaptive behavior can persist for long periods of time, similar to the symptoms of PTSD. Current research is studying whether the neurobiological correlates of transient learned helplessness are similar to those of persistent, acute learned helplessness. Learned helplessness may prove useful in testing new pharmacotherapies for PTSD, and in providing a laboratory model for studying harmful stress effects across species.

S411 **Basic Research**

DECREASED PERFORMANCE ON FRONTAL LOBE-RELIANT TASKS IN COMBAT VETERANS WITH PTSD

Ann M. Rasmusson, Steven M. Southwick, VA National Center for PTSD, Clinical Neuroscience Division; Robert Schultz, Yale Child Study Center; Amy Arnsten, Yale University School of Medicine; Dennis S. Charney, NIMH

We compared a group of male Viet Nam veterans with combat-related PTSD and healthy age- and IQ-matched subjects on a battery of neuropsychological tests reliant on frontal lobe function. Subjects were free of medications or other substances with central nervous system effects for at least 4 weeks before testing. Preliminary analysis of data from 18 PTSD subjects and 11 healthy nontraumatized control subjects: Consistent with work by others, the PTSD group showed an increase in response time on the Modified Stroop Test using combat-related words (p=0.02), but not OCD sensitive, positive, or neutral words. The groups did not differ on the Regular Stroop Test. On the Conner's Continuous Performance Test, the PTSD group demonstrated a deficit in the overall index of attention (p=0.007) and a more pronounced increase in reaction time when the interstimulus interval was increased (p=0.02). On the Wisconsin Card Sort Test, the PTSD group showed a decrease in the number of correct responses (p=0.01), and trends toward decreases in criteria met (p=0.07) and mean response time to wrong answers (p=0.08). The data will be reanalyzed upon reaching the target number of subjects per group. In addition, combat and substance abuse controls are now being tested.

S412 **Basic Research**

PHYSIOLOGICAL CORRELATES OF ACUTE STRESS DISORDER IN MVA SURVIVORS

Connie H. Veazey, Edward B. Blanchard, University at Albany State University of New York; John Broderick, Albany Medical College; Edward J. Hickling, The Sage Colleges

The present study is a prospective examination of the relationship between initial vital signs, heart rate (HR) and blood pressure both diastolic (DBP) and systolic (SBP), as measured in the emergency department (ED) following a motor vehicle accident (MVA) and the diagnosis of Acute Stress Disorder (ASD). The researchers are working in collaboration with ED physicians to recruit participants. Thus far 19 people have been assessed within 1 month of their MVA. The final sample will include 50 participants. Six (31.5%) of these people meet criteria for ASD, while 13 do not meet criteria for the disorder. Preliminary results indicate that those with ASD are evidencing a trend for higher initial HRs (104.5) than those without ASD (85) (F=2.93, p=.105). There are no differences on initial SBP or DBP. Thus, results are supportive of previous findings which found that initial higher vital signs may be an indicator of greater psychological distress following trauma. These results are in direct contrast to findings which have shown MVA survivors seen in the ED who have elevated HRs and BP are less at risk to develop PTSD.

S413 **Basic Research**

DECREASED NAA IN THE ABSENCE OF ATROPHY IN THE HIPPOCAMPUS IN PTSD

Thomas C. Neylan, Norbert Schuff, Maryann Lenoci, Daniel S. Weiss, Michael W. Weiner, Charles R. Marmar, University of California, San Francisco

Previous magnetic resonance imaging (MRI) studies of posttraumatic stress disorder (PTSD) reported hippocampal volume loss. The goals of this study were 1) to determine the relationship between hippocampal atrophy and PTSD in the absence of alcohol abuse and 2) to test if loss of N-acetylaspartate (NAA, a neuron marker) in the hippocampus of PTSD occurs separate from atrophy. In addition, volume changes in the entorhinal cortex were also explored. Eighteen male patients with combat-related PTSD (mean age 51.2  2.5 years) and 19 male control subjects (mean age 51.8  3.2) were studied using MRI and Proton MR spectroscopic imaging. Both groups had no alcohol and drug abuse during the past 5 years. PTSD and control subjects had similar volumes of hippocampus and entorhinal cortex. In contrast to volume, NAA was significantly reduced by about 23% and creatine containing

compounds were reduced between 11% and 26% bilaterally in the hippocampus of PTSD when compared to control subjects. NAA and creatine reductions imply that there are hippocampal abnormalities in PTSD. Furthermore, these metabolite changes seem to be better indicators of PTSD pathology than volume losses.

S414 **Basic Research**

INCREASED ADRENAL DHEA RELEASE IN PREMENOPAUSAL WOMEN WITH PTSD

Ann M. Rasmusson, Deborah S. Lipschitz, Steven M. Southwick, VA National Center for PTSD, Clinical Neuroscience Division; Zoran Zimolo, Yale University Dept. of Psychiatry; Jitka Vasek, Mary Ellen Mustone, Jessica Wolfe, VA National Center for PTSD, Womens Health Division; Dennis S. Charney, NIMH

We examined dehydroepiandrosterone (DHEA) responses to a maximally stimulating dose of ACTH (250 mg/kg, i.v.) in premenopausal women with PTSD (n=14) compared to 13 healthy nontraumatized controls (NTC) and 7 healthy trauma controls (TC). DHEA was similar among the groups at baseline, but increased more after ACTH in the PTSD group compared to either the NTC and TC groups (time by diagnosis: F(4,56)=3.39, p=0.02 with Greenhouse-Geisser epsilon; peak change: F(2,30)=4.28, p=0.02, PTSD-21.2+3.3, NTC-11.2+2.4, TC-10.8+2.3 ng/ml). There was a correlation between peak changes in DHEA and cortisol in all subjects (r=0.48, p=0.005), but the ratio between the peak change in DHEA and peak change in cortisol was greater in the PTSD group compared to the healthy controls (PTSD-1.1+0.15 vs. NTC & TC-0.65+1.1, p=0.02). This suggests that premenopausal women with PTSD have a greater capacity for DHEA release in response to maximum adrenal stimulation. We hypothesize that antiglucocorticoid effects of DHEA may contribute to upregulation of pituitary and adrenal responses to CRF and ACTH, as previously observed in women with PTSD, and that the positive modulation of NMDA receptors and antagonism of GABAA receptors by DHEA(S) may contribute to PTSD symptoms such as anxiety, hyperarousal, memory disturbances, and dissociation.

S415 **Basic Research**

DO THE NOVELTY P3 AND P3B INDEX DECLARATIVE MEMORY FUNCTION IN COMBAT-RELATED PTSD?

Wendy K. Stegman, Lorraine P. Stewart, Catherine J. Kutter, Kelly Teresi, Ned J. Arsenault, Rebecca S. Prestel; Matthew O. Kimble, Danny G. Kaloupek, Steven H. Woodward, National Center for PTSD

Two event-related electroencephalographic potentials (ERPs), the P3b and the novelty P3, have been associated with declarative memory mechanisms, though in different ways. In list-learning tasks, remembered items are found to be associated with larger P3bs during acquisition than items later forgotten. The novelty P3 is preferentially elicited by unremembered stimuli, and so must bear some relation to memory. Furthermore, this scalp potential is eliminated by hippocampal lesions (Knight, 1996). We were interested in whether these ERPs would index declarative memory function in a sample of Vietnam Era combat-related PTSD patients and controls. The P3b and novelty P3 were elicited together in an auditory paradigm in which subjects listened to a series of tones and counted infrequent tones of higher pitch. The series also included unique and novel computer-generated sounds. Counted tones elicited the P3b, and novel sounds, the novelty P3. Declarative memory function was indexed using subtests of the WMS-III, the Rey Visual Design Learning Test, and the Hopkins Verbal Learning Test. Both individually and in combination, the P3b and novelty P3 failed to index declarative memory function in this sample of trauma-exposed subjects. Memory complaints also failed to predict memory performances; however, memory complaints were, themselves, significantly associated with reduced P3b amplitudes.

S416 **Basic Research**

DECLARATIVE MEMORY FUNCTION IN COMBAT RELATED PTSD: A REPLICATION

Lorraine P. Stewart, Wendy K. Stegman, Catherine J. Kutter, Ned J. Arsenault, Rebecca S. Prestel, Danny G. Kaloupek; Steven H. Woodward, National Center for PTSD

A growing number of studies have examined the relationship between PTSD and declarative memory. We will report findings obtained from 54 Vietnam combat-exposed subjects administered a range of declarative memory instruments. Tests administered included the Rey-Osterrieth Complex Figure Test (ROCFT), the Logical Memory Subtest (LMS) of the Wechsler Memory Scale, the Rey Visual Design Learning Test (RVDLT), and the Hopkins Verbal Learning Test (HVLT). Subjects diagnosed with PTSD demonstrated a generalized pattern of mild impairment in declarative memory function across all tests. Within the patient sample, subjects with a history of alcohol abuse/dependence did not demonstrate worse declarative memory performance than those without. Equivalent forms of the RVDLT and HVLT were administered before and after a social stress test. Only the HVLT exhibited a main effect of administration (lower post-stress performance), which did not interact with diagnostic group. Only the more difficult tasks, such as delayed recall task of the ROCFT and the longer LMS episode (Story B), exhibited relationships to PTSD symptom severities. No single symptom measure exhibited consistently strong relations to impaired memory performances over subject groupings.

S417 **Basic Research**

INTERNALIZING AND EXTERNALIZING BEHAVIOR: ASSOCIATED PSYCHOSOCIAL AND STRESSOR CHARACTERISTICS

Alethea A. Smith, Jennifer L. Greif, Mark W. Miller, National Center for PTSD, Boston VAMC

This study examined correlates between internalizing/externalizing behaviors and measures of personality, psychopathology, and exposure to trauma. Data were collected from 208 veterans undergoing diagnostic evaluation at a specialized PTSD clinic. Instruments included measures of depression (BDI), PTSD (PCL, CAPS), personality (MPQ, MMPI2), and substance abuse. Measures of internalizing and externalizing were extracted from the clinical assessment reports filed by clinicians at the end of the evaluation. Project personnel read each report and coded the presence/absence of both child and adult internalizing/externalizing behaviors. Raters also coded reports of childhood sexual, physical, or emotional abuse, and counted the number of other potentially traumatic life events. Presence of internalizing/externalizing behavior in childhood was significantly correlated with internalizing/externalizing behavior in adulthood. Internalizers were found to have higher rates of Panic Disorder and Depression while externilizers score higher on scales measuring aggression, social, potency, and psychopathic deviance. Internalizers also report significantly more childhood sexual and emotional abuse while externalizers report more physical abuse. Implications for the consideration of basic individual differences in externalizing/internalizing temperament will be discussed.

S418 **Basic Research**

THE VARIETIES OF WORLDVIEWS POST-TRAUMA: QUESTIONING ASSUMPTIONS

Michael J. Poulin, Roxane C. Silver, University of California, Irvine

Previous trauma research suggests that much of the impact of negative life events results from the tendency of victims to develop negative views of the world in response to traumatic experiences. We maintain, however, that such an account does not adequately represent the variety of worldviews in evidence post-trauma. There are two reasons for our position; one is methodological and the other theoretical. First, prior research has employed data analyses that overlook variance in worldview responses. Second, previous researchers have focused on the benign/non-benign dimension in interpreting post-trauma worldviews. In contrast, the present study of 1126 Vietnam Veterans analyzed worldviews (as assessed by Janoff-Bulman's (1989) World Assumptions Scale) to

discover multiple patterns of worldviews post-trauma. A cluster analysis revealed four worldview types among these individuals. Examination of these results indicated that only two groups fell along a benign/non-benign dimension. All four groups were better characterized as differing in styles of perceived world meaningfulness. These four groupings were distinguished by differential levels of distress, ability to make sense of their Vietnam experiences, and religiosity. The findings suggest that negative worldviews are not necessarily a hallmark of trauma and that differing psychosocial contexts may play an important role in the trauma-worldview relationship.

S419 **Basic Research**

CRITERION A: DIAGNOSTIC IMPLICATIONS OF SINGLE VS. MULTIPLE TRAUMAS

Laura Holdcraft, Katherine Comtois, University of Washington; Tracy L. Simpson, University of Washington, VA Puget Sound Health Care System; Lisa J. Roberts, VA Puget Sound Health Care System

Posttraumatic Stress Disorder has been conceptualized as a phobic response to a single threatening event or a related series of such events. Using this framework, only symptoms associated with a focal stressor can be counted toward the diagnosis. However, in practice many clinicians and researchers do not insist that symptoms be tied to one specific stressor. In order to examine this diagnostic issue, 94 dually diagnosed community mental health clients completed Foa's Posttraumatic Stress Diagnostic Scale (PDS) twice: 1) reporting on symptoms associated with the traumatic experience they found to be most stressful, and 2) reporting on symptoms associated with multiple traumatic experiences. Overall, 75.5% reported at least one traumatic event that met Criterion A requirements for PTSD and 48.9% met current diagnostic criteria for PTSD if either response to the PDS was considered. Nine participants who did not meet criteria for PTSD based on their single most stressful event did meet criteria when they included their other traumatic events. Within-subject analyses revealed that total symptom severity was significantly higher when multiple traumas were considered and avoidance symptoms were especially likely to be more frequently endorsed. Conceptual and treatment implications of these findings will be discussed.

S420 **Basic Research**

PSYCHOMETRIC VALIDATION OF A SEXUAL ABUSE MEASURE: THE SAEQ-BOYS

Elizabeth A. Rupp, Tina R. Houston, Erin Smith, Marjorie L. Graham Howard, Fuller Graduate School of Psychology; Brian T. Madvig, Alliance CL Association; David W. Foy; GSEP, Pepperdine University, Fuller Theological Seminary

Although sexual abuse in young children is a well-documented concern in trauma literature, few instruments assessing such abuse have been standardized and published. Traditionally these have been interview assessments. A need exists for a general screening tool that can be more easily used in intake sessions. This study presents and evaluates psychometric properties of the boys version of the Sexual Abuse Exposure Questionnaire (SAEQ - Boys)- adapted from the original SAEQ. This investigation utilizes archival data from 58 boys in residential treatment and 19 boys in an outpatient clinic (N=77, ages 6-16, M = 10.6) who completed the SAEQ and a measure of PTSD symptoms. Results revealed a 10-item reliability of a= .83, with construct validity represented by a correlation of r = .34, p <. 01 between PTSD and total SAEQ scores. Concurrent validity between SAEQ-boys self-reported sexual abuse and documented sexual abuse was 67% within the residential treatment sample with 57% sensitivity and 77% specificity. Findings suggest the SAEQ-Boys may be a useful initial screening tool for sexual abuse in school-aged males.

S421 **Basic Research**

PSYCHOMETRICS OF THE COMPASSION SATISFACTION AND FATIGUE TEST

B. Hudnall Stamm, Terresa Knox, Kelly Davis, Idaho State University Institute of Rural Health; Craig Higson-Smith, South African Institute for Traumatic Stress; Joseph M. Simons-Rudolph, North Carolina State University

This poster presents data on the Compassion Satisfaction and Fatigue test.. The CSF has three scales, Burnout, Compassion Satisfaction and Compassion Fatigue. Data (n=700) have been compiled from four countries and from a variety of helpers including volunteer debriefers in a business setting, humanitarian aid workers in war zones, rape crisis workers, nurses, trauma therapists, and health professionals in training. One third of the respondents are male, two-thirds female. The mean age of the respondents is 36 (SD 11.5). Alpha reliabilities for the three subscales range from .84 to .86 with an overall reliability of .84 Using exploratory factor analysis, the data clearly show three scales, characterized by (1) Fear, intrusive and avoidant activities and hyperarousal, (2) Sense of helplessness, failure, lack of balance and self-awareness that things were not ok, and (3) pleasure, joy, invigoration, and wanting to keep doing the work. These fit with the scales as designed (1) Compassion Fatigue (TS symptoms), (2) Burnout, and (3) Compassion Satisfaction. Normative data from the existing database will be presented, as will be plans for a US, randomized study to establish baseline for physicians, nurses, psychotherapists, and administrators in the healthcare field in the US.

S422 **Basic Research**

HPA AXIS FUNCTIONING IN TRAUMA-EXPOSED POLICE OFFICERS: INITIAL FINDINGS

Alain Brunet, McGill University & Douglas Hosp. Res. Ctr; Thomas C. Neylan, Nnamdi Pole, Suzanne R. Best, Daniel S. Weiss, Charles R. Marmar, University of California, San Francisco

Is the pattern of HPA axis downregulation frequently observed in PTSD specific to this group, or is it an expected adaptation observed in everyone exposed to trauma irrespective of PTSD status? Given the mixed research findings, we designed a study aimed at examining this question. Data were collected in a sample of 50 non-treatment seeking police officers who agreed to participate in a clinical interview on posttraumatic stress and other psychiatric symptoms. The biological outcome variables include (1) basal salivary cortisol samples collected the first hour of awakening, and (2) the reduction in waking cortisol levels following a low-dose dexamethasone challenge. Analyses examined the relationship of these biological variables with level of exposure to critical incidents, peritraumatic responses to the worst critical incident, and duty-related PTSD symptoms.

S423 **Basic Research**

FEAR-POTENTIATED STARTLE IN URBAN POLICE OFFICERS

Nnamdi Pole, Thomas C. Neylan, Suzanne R. Best, Charles R. Marmar, University of California, San Francisco

Exaggerated startle response is such a common clinical complaint among PTSD patients that it has been included in the DSM-IV diagnostic criteria for this disorder. Yet, the empirical evidence for exaggerated startle in PTSD has been equivocal. It seems that the most consistent relationship between PTSD status and exaggerated startle has been observed when the startle data were obtained in a threatening context. Thus, we decided to examine the relationship between fear-potentiated startle and PTSD symptoms in a sample of 55 urban police officers. Participants were exposed to a series of sudden (0 ms rise-time), loud (115dB) sounds (white noise bursts) while simultaneously watching a cue that occasionally warned them of an impending electric shock. Physiologic responses (including electromyogram of orbicularis oculi and skin conductance levels) were assessed following each acoustic stimulus. Analyses revealed that greater PTSD symptoms were associated with greater physiologic responses to fear-potentiated startle.

S424 **Basic Research**

FACTOR STRUCTURE OF THE PTSD CHECKLIST IN SEXUALLY HARASSED WOMEN

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

Posttraumatic Stress Disorder (PTSD) is characterized by a constellation of symptoms purportedly resulting from one or more traumatic events. In the DSM-IV these symptoms are separated into three clusters: re-experiencing, avoidance, and hyperarousal. Recent research, however, has generally favored a 4-factor conceptualization of PTSD symptoms in which the DSM-IV avoidance cluster is separated into two distinct factors of avoidance and emotional numbing. The PTSD symptom criteria are largely based on clinical and research work with combat veterans. However, the pattern of symptoms for these individuals may not generalize to all trauma populations. Thus, there is a need for research on symptom structure for various trauma types. In this study 1,218 women participating in a class-action sexual harassment lawsuit against a large, financial services firm completed an extensive survey that included the PTSD Checklist (PCL). Complete-linkage cluster analyses and confirmatory factor analyses were conducted to identify the underlying structure of sexual harassment-related PTSD symptoms. The results mostly supported the four-factor model, thereby demonstrating some generalizability across stressor type. Factor structure results for different subtypes of sexual harassment will also be reported.

S425 **Basic Research**

MEMORY COMPLAINTS AND PERFORMANCE DEFICITS IN INDIVIDUALS WITH PTSD

Catherine J. Kutter, Rebecca S. Prestel, Danny G. Kaloupek, Steven H. Woodward, Matthew O. Kimble, Lorraine P. Stewart; Wendy K. Stegman, Ned J. Arsenault, National Center for PTSD

Previous investigators have document memory impairment in individuals with PTSD. Within a larger study of the effects of combat stress on the brain, we assessed 54 Vietnam veterans' memory complaints as well as their performance on several measures of memory functioning. Participants reported perceptions of their own memory deficits on the Cognitive Symptom Checklist and completed several performance measures: The Rey-Osterreith Complex Figure Test, the Wechsler Memory Scale (Logical Memory subscale), the Rey Visual Design Learning Test, and the Hopkins Verbal Learning Test. Although individuals with PTSD demonstrated only mild and inconsistent memory deficits on performance measures, their memory complaints were dramatically elevated relative to individuals without PTSD. On the Cognitive Symptom Checklist, participants with PTSD endorsed over five times as many memory difficulties as participants without PTSD. Preliminary analyses suggest that memory performance and memory complaints are differentially associated with certain demographic and symptom measures. As further data are collected in this ongoing investigation, we will explore the correlates of memory complaints and performance deficits. Data are also being collected on Gulf War Veterans, and further analyses will evaluate the possibility of an age effect on the observed relationships. Implications of these findings and future directions will be discussed.

S426 **Basic Research**

PRELIMINARY PSYCHOMETRIC PROPERTIES OF THE RACE-RELATED EVENTS AND REACTIONS SCALE (RERS) AMONG COLLEGE STUDENTS

Lynn C. Waelde, Pacific Graduate School of Psychology

Although there has been considerable interest in health outcomes of exposure to racism, few studies have examined the traumatic impact of racism. The Race-Related Events and Reactions Scale (RERS) is a 37-item self-report measure of exposure and reactions to potentially traumatizing experiences of racism. The scale is designed to assess DSM-IV posttraumatic stress disorder criteria for exposure to a traumatic event and reactions to the event (criteria A1 and A2). Exposure to racism was assessed by indicating whether respondents had ever experienced any of 23 experiences of racism, such as "someone threatened to kill me because of my race or ethnicity." Respondents then selected the "worst event" and answered 14 items concerning their reactions at the time the event was occurring (e.g., "I felt helpless"). Participants (N = 300) were meeting a requirement for an undergraduate psychology class. Preliminary psychometric data regarding the validity, internal consistency and one month test-retest reliability will be presented. These preliminary findings suggest that the RERS is a potentially useful measure of the traumatic impact of experiences of racism.

S427 **Basic Research**

CHILDHOOD INTERPERSONAL AND OTHER LIFETIME TRAUMA IN DEPERSONALIZATION DISORDER

Daphne Simeon, Orna Guralnik, Margaret Knutelska, James Schmeidler, Department of Psychiatry, Mount Sinai School of Medicine

In contrast to the other dissociative disorders, the relationship of trauma to depersonalization disorder is unknown. The purpose of this study was to systematically investigate the role of childhood interpersonal trauma and other lifetime traumatic stress in depersonalization disorder. Method: Forty-nine subjects with DSM-IV depersonalization disorder (DPD) and 26 healthy comparison subjects (HC) free of lifetime Axis I and Axis II disorders, of comparable age and gender, were administered the Dissociative Experiences Scale and the Childhood Trauma Interview (CTI), which measures separations, physical neglect, emotional abuse, physical abuse, witnessing violence and sexual abuse. A subset of subjects (31 DPD and 16 NC) were also administered a Lifetime Traumatic Stressors Questionnaire (LTSQ), which measures childhood and adulthood traumatic events exclusive of those in the CTI. Results: Childhood interpersonal trauma as a whole was highly predictive of both a diagnosis of depersonalization disorder, and of dissociation, pathological dissociation, and depersonalization scores. Emotional abuse, both in total score and in severity, emerged as the most significant predictor both of depersonalization disorder diagnosis and of depersonalization scores, but not of general dissociation scores which were better predicted by combined emotional and sexual abuse. The majority of perpetrators in the category of emotional abuse were either or both parents. With regard to other lifetime traumatic stress, DPD subjects scored significantly higher than HC subjects on both total events and adjustment scores to those events. CTI and LTSQ scores were weakly but significantly correlated. When examined by stepwise logistic regression, both childhood interpersonal and other lifetime trauma made statistically significant independent contributions to the prediction of diagnosis. Conclusions: Childhood interpersonal trauma, and in particular emotional abuse, may play a role in the pathogenesis of depersonalization disorder. Other lifetime traumatic stressors may also contribute to the pathogenesis or to the perpetuation/potentiation of dissociative symptoms over time.

S428 **Basic Research**

POSTTRAUMATIC STRESS RESPONSE IN CHILDREN AND MOTHER FOLLOWING PEDIATRIC KIDNEY TRANSPLANTATION

Jodie M. Ambrosino, A.I. duPont Hospital for Children

2000 Student Research Award Winner

S429 **Basic Research**

PRELIMINARY EVIDENCE FOR THE DIFFERENTIAL EFFECTS OF PHYSICAL AND NONPHYSICAL VIOLENCE ON HEALTH AND HELP-SEEKING AMONG BATTERED WOMEN LIVING IN HAWAII

Jennifer E. Daly, University of Hawaii School of Social Work

This study examined predictors of health and help-seeking among 100 battered women of Caucasian, Asian-Pacific Islander, and mixed ethnicity. Measures of physical violence (Conflict Tactics Scale), psychological abuse (Psychological Maltreatment of Women Index), physical health (Cohen-Hoberman Index of Physical Symptoms), and psychological distress (Brief Symptom Inventory) were used to predict the total number of services sought in the past 6 months. A step-down strategy was used to minimize Type I errors associated with correlated variables (i.e., physical health, psychological distress, and helpseeking). Results indicate that after controlling for psychological

abuse and distress, only exposure to physical violence uniquely predicted women's physical health symptoms. In analyses of psychological distress (controlling for physical health), increased domination/isolation in the past 6 months, not physical violence, was a significant predictor. Increased levels of dominating/isolating behaviors were also significantly associated with a greater number of services even after controlling for physical violence, health symptoms, and psychological distress. Exploratory analyses found no significant differences in health or helpseeking as a function of ethnic identification and belonging (using the Multiethnic Identity Measure). Results suggest a differential effect of violence on women whereby physical violence predicts physical symptoms and psychological abuse predicts psychological symptoms. Findings also indicate that psychological abuse, especially dominating and isolating experiences, may significantly increase the number of services sought. Implications of these results for medical, mental health, and domestic violence services among multi-ethnic battered women are discussed.

S430 **Basic Research**

LONG-TERM TREATMENT OF CHRONIC PTSD WITH PAROXETINE: A CONTROLLED CLINICAL TRIAL

Katherine L. Beebe, GlaxoSmithKline; Randall D. Marshall

S500 **Human Rights**

WORK TRAUMA RESULTING FROM INJURIOUS BULLYING

Gary Namie, Ruth Namie, Campaign Against Workplace Bullying

One in six U.S. workers experiences Psychological Violence at work. Workplace Bullying, the imported UK term for emotional abuse, is repeated, health-endangering, illegitimate assault of a person that can trigger a traumatic injury. The workshop's first topic is the results of a survey of 1335 self-described targeted individuals. Variables included perpetrator and target characteristics, the rationale for selection as a target, impact on the target's psychological and physical health, sources and extent of social support and economic consequences. The second presentation explores barriers to treating this special traumatized population based on experience with 4,000 cases. This population, of mostly women (77%), has been intentionally bombarded by nearly daily threats by one or more people on the job over a prolonged period resulting in the destruction of their sense of security and safety. Barriers to treatment and full recovery include (1) access problems from little to no income, (2) biases of mental health and EAP professionals, (3) protracted involvement in complaint processes, (4) a lack a social support, and (5) a paucity of legal remedies making externalization difficult, lengthening recovery through self-blame. The suffering by those with Work Trauma who face societal and professional rejection is America's "Silent Epidemic."

S501 **Human Rights**

TRAUMA AND DISCLOSURE: EXPERIENCES OF 6 TO 13-YEAR-OLD CHILDREN FOLLOWING SEXUAL ABUSE

Jacqueline V. Hatlevig, Winona State University

The experiences of rural children from 6 to 13 years of age within three years following the discovery of sexual abuse was explored using a qualitative approach. A small sample from rural Midwest United States was selected for in-depth interviews and was asked to complete a series of drawings. The transcripts were initially coded for content and themes about the transition process following sexual abuse. A secondary analysis was conducted to explore environmental factors influencing the transition process following sexual abuse. For these participants, sexual abuse was a critical life event. The life transition of the children involved two disrupting events, the sexual abuse and the disclosure process. Managing the aftermath of the trauma involved developing skills that would mediate the relationships in their lives and contain the intrusiveness of others. Findings raised questions about the failure of the legal system to protect these children and the difficulties of children living in rural poverty. Implications for professionals include having a better understanding of the numerous confounding problems these children encounter following abuse. Some of the confounding variables reported by the children were problems with the investigation and court process and problems with family members, extended family members and community members.

S502 **Human Rights**

BARRIERS TO ACCESS: THE NEED TO REACH OUT

Eric Harper, Amber E. L. Gray, Rocky Mountain Survivors Center

In this poster presentation we will explore the ways in which traditional psychotherapy can be insufficient to meet the specialized needs of survivors of war trauma and torture, because of a historical reluctance to be open to new and creative approaches. These approaches, which we discuss, cannot necessarily be known before hand; they are co-constructed and come into being in the process of outreach and therapy. What the practicioner of this approach brings to the work is a 'methodological skeleton' upon which this co-construction takes place. The 'methodological skeleton' is applied through the dimensions of tactics, strategy and policy. Tactics are a way to engage the client; strategy can be defined as both the deciphering of what is at play, and resourcing the client. Policy is the ethics that the practitioner brings to the work so as to be able to take up a position with the individual and community. In this poster, we will explore the application of these dimensions as a way to overcome barriers that make seeking help for survivors of war trauma and torture difficult. Barriers are social, legal, medical, psychological and cultural. We will begin by asking wheter or not the diagnosis of Post Traumatic Stress Disorder (PTSD) for this population is a barrier in itself. Torture, as a traumatic experience, creates sequelae that are far more sever than the diagnosis of PTSD allows. Additionally, torture is a dehumanising trauma, and the focus of the work must be on the human being. We will discuss the importance of the use of the ritual when working cross culturally with people with limited resources. We will offer a new paradigm in which we look at culture as a resource as opposed to a barrier. We also see ritual as a cultural resource, in which therapy is one of the many healing rituals. We will present several of the approaches and interventions we have used the Rocky Mountain Survivors Center to meet the needs of this population.

S600 **Ethics**

ETHICS, TRAUMA, AND THE THERAPIST'S FAMILY OF ORIGIN

Bruce Lackie, Walden University

While ethical codes provide a rational, left-brain approach to the conduct of practice, often the practitioner's personal history, particularly as learned in the family of origin, shapes the actual practice in invisible ways. This has led to the traditions of supervision, consultation, and personal therapy. No one is immune from the potential for re-enactment of old, unresolved issues. Like a slow burning fire in a coal mine, these issues can burn for years and can go unrecognized unless one travels to that part of the earth, the underworld. Ethical dilemmas are often rooted in and evoked by old trauma wounds in the caretaker. They can take us by surprise, and because it is the nature of PTSD to avoid that which scares us, it can be that hole in the sidewalk that welcomes us back with its familiar grasp. The presentation is in three parts: The first deals with the nature of ethics and the variations on that theme; Part II revisits the therapist's family of origin and illustrates how parentification has a life of its own, often leading to a career in the helping professions; Part III revisits the concepts of ethical dilemmas and compassion fatigue. How one recognizes and resolves ethical dilemmas is not always sufficiently addressed by the professional code we practice by. Without understanding the personal code we live by, we can be at risk of re-enactments based on basic assumptions of destructive entitlement. This workshop serves as a supplement to the overt guidelines of our professions, by making more visible the covert guidelines of our personal, living history.

S700 **Clinical Theory/Clinical Practice**

MALADAPTIVE COGNITIONS IN ADULT CHILD SEXUAL ABUSE SURVIVORS

Debra L. Kaysen, Christine D. Scher, Patricia A. Resick, Center for Trauma Recovery-UMSL

Child sexual abuse (CSA) has been linked to PTSD development. While theoretical models of PTSD have posited that traumatic events either invalidate preexisting adaptive schemas or confirm maladaptive ones, causing PTSD symptomatology, this has not been explored in CSA survivors. Moreover, while CSA survivors are at risk for

revictimization, the effects of revictimization on maladaptive beliefs has not been investigated. This study examined differences in maladaptive schemas among victimized women with and without CSA histories. Participants were adult women who had been raped (N=137) or physically assaulted (N=74). Maladaptive cognitions were assessed at 1-month post-crime using the Personal Beliefs and Reactions Scale (PBRS). One hundred women reported no CSA while 107 women reported abuse. There were no statistical differences in CSA between the assault and rape groups. A 2 (trauma) x 2 (CSA) MANOVA on PBRS subscales was significant for both CSA and trauma. Women with CSA histories had more maladaptive beliefs about esteem, intimacy, power, safety, and trust. The raped women had more maladaptive beliefs about esteem, intimacy, power, and trust than assault survivors. A MANOVA of two additional PBRS subscales showed significant main effects for both CSA and trauma. Women with CSA histories had more maladaptive beliefs about self and others while rape survivors had more maladaptive beliefs about self. These results highlight the need for continued research on interpersonal victimization and cognitive distortions.

S701 **Clinical Theory/Clinical Practice**

ATTACHMENT PATTERNS OF ADULT SURVIVORS OF CHILDHOOD ABUSE: APPROACHES TO TREATMENT

David Wright, Gillian Templeton, Homewood Health Centre; Kim L. Harper, Carol A. Stalker, Wilfrid Laurier University

Community-based programs for adult survivors of childhood abuse often use abuse specific or PTSD based treatment approaches. Recent research, however, has found that attachment patterns affect how trauma survivors cope with the aftermath of abuse. Attachment patterns can explain an array of difficulties that survivors experience including problematic relationships with partners, families, friends, and therapists. Research with adult childhood abuse survivors found that insecure attachment patterns predicted disruptions in beliefs about self and others, greater emotional disturbance, increased PTSD symptoms, and decreased self-esteem. Insecure attachment patterns were also related to difficulties in developing social support. This research is being used to develop treatment methods to address attachment issues of adult survivors and assist them in identifying and maintaining supportive people in their lives. This presentation will examine treatment methods that can assist clinicians in helping survivors of childhood abuse to identify attachment difficulties and the effects on their relationships; define support and identify supportive people; and learn how to change their problematic relationships. The presentation will also address issues of therapists' countertransference when working with survivors with problematic attachment patterns. Participants will be encouraged to respond to the material and contribute their ideas to the discussion of treatment methods.

S702 **Clinical Theory/Clinical Practice**

TREATMENT OF SEXUAL ASSAULT SURVIVORS UTILIZING COGNITIVE AND CLINICAL ART THERAPY

Christine A. Volker, California Dept. of Corrections, State of California

The present study examined the relationship between self-esteem and symptoms of post-traumatic stress disorder. A treatment-outcome study design examined the efficy of utilizing cognitive and clinical art therapies within a solution-centered approach to victimization. The review of literature explores the effects of victimization with a focus on perceived coping; examines the research pertaining to group therapy as it encompasses cognitive therapy and art therapy; and investigates theoretical views in imagery, cognition and affect, with particular attention to post-traumatic stress disorder. Seventeen adolescent and young adult female subjects with a history of sexual assault (3-6 months prior) were given a brief structured clinical interview, the Beck Depression Inventory (BDI), the Impact of Event Scale (IES), the Trauma Symptom Checklist-40 (TSC-40), and the Multi-Self-Esteem Inventory (MSEI). Subjects were then randomly assigned to a treatment group (n=8) or a control group (n=9). Subjects in the treatment group participated in ten 90-minute sessions of weekly group psychotherapy. Multivariate analysis of variance between treatment and control groups on the IES ($p<.0573$) was marginally significant, with group means pointing to fewer symptoms of PTSD in the treatment group than in the control group. Examining the correlations between symptoms of PTSD as evidenced in the TSC-40 and self-esteem, as evidenced in the MSEI, revealed a strong trend which approached significance ($p<.0596$) that there would be an inverse relationship between symptoms of PTSD and self-esteem. Not related to any hypothesis in this study was the significant finding that the treatment group evidenced lower scores on the BDI than the control group ($p<.0480$). As exploratory research, these findings were encouraging and suggest several new areas of research to be explored.

S703 **Clinical Theory/Clinical Practice**

TRAINING AND SUPERVISION AS ESSENTIAL COMPONENTS OF COMMUNITY-BASED ABUSE SPECIFIC PROGRAMS

Jennifer Steadman, South Lake Regional Health Centre; Kim L. Harper, Wilfrid Laurier University

This presentation will describe the developmental changes in a multi-agency, multi-disciplinary community-based organization for treatment of sexual abuse through the lifespan. At its inception in 1987, there were no abuse specific programs in this rural/suburban area north of Toronto, which covers 687 square miles. Its diverse population is ethnically mixed in the south and includes a First Nation reserve in the north. This program, owned by the community, depended on the participation of all social service, health, education, and legal services. Professionals from these agencies were trained to provide group treatment for sexually abused children, teens, their families, and offenders. Agencies were required to provide assessment, case management, and other treatment services. Sexual abuse specific training and group supervision of group therapists were essential components of the program that were repeatedly modified in structure and process as greater understanding of the processes developed and the organization grew. The presenters, who are founders of the organization, will discuss what they learned over 13 years of working together about program development, training, supervision, and group treatment. The reenactment of abuse scenarios in training,supervision and treatment groups was striking. Presenters will describe the intensity of these processes and their unrelenting challenges.

S705 **Clinical Theory/Clinical Practice**

RESILIENCE AND POSTTRAUMATIC GROWTH: A TRANFORMING EXPERIENCE IN CAMBODIAN REFUGEES

Edith Shiro, Carl Auerbach, Yeshiva University

Experiencing trauma can be devastating and often results in negative consequences in both the physiological and psychological realm. Yet, some individuals are able to bounce back from traumatic experiences without having long-term posttraumatic stress and other symptoms. Furthermore, some individuals endure the traumatic event and are able to grow from the experience by undergoing a process of change and transformation. Current literature on resilience and posttraumatic growth has been overly reductionistic or has defined the concepts in a negative way (i.e. lack of symptoms). The purpose of this qualitative study was to identify the main issues articulated by people who have endured traumatic experiences and grew and were transformed by it. Particularly, explore the perceived benefits and positive changes that these individuals experienced in the aftermath of traumatic stress. Refugees from the Cambodian community in the Bronx were interviewed using a semi-structured interview that consists of open-ended questions referring to issues suggested in the literature about resiliency and posttraumatic growth. The interviews were audiotaped and transcribed. The data was analyzed for emerging themes in accordance to the grounded theory of qualitative research developed by Strauss and Corbin (1990) and Auerbach (1997). The results of the study pointed to the importance of spirituality and meaning as well as the sense of belonging and connection wihtin a community as reported by the experience of growth after trauma. The study helped gain a better understanding of the impact of trauma in Cambodian refugees's lives and the process of change and transformation by traumatic experiences. Implications for clinical and community interventions are discussed.

S706 **Clinical Theory/Clinical Practice**

SLEEP DISORDERS AS SYMPTOMS OF ANXIETY AND DEPRESSION IN PTSD

Krzysztof Rutkowski, Chair in Psychiatry, Jagiellonian University

Subjects were victims of persecution for political reasons in Poland between 1944 and 1956. 90 persons were examined. From among 90 victims of tortures recurrent dreams of content directly connected with the trauma were present in 68 persons (76%) (group I), in 22 persons (24%) the symptom was absent (group II). According to 24 item Hamilton Scale arithmetic mean for group I is 10,6 and is significantly lower than in group II (17,8) and the differences are statistically significant (t=4,96, p<0,001). Anxiety state and trait arithmetic means are similar no statistically significant differences were present. Results obtained indicate correlation between presence of nightmares and high level of anxiety only, absence of nightmares is correlated with significant high level of depression. Focusing on the symptom of nightmares concerning traumatic event may accelerate the process of diagnosing, indicating not only PTSD diagnosis but also its course with expressed anxiety symptoms. The researches indicate that PTSD and Major Depressive Disorder are independent effects of trauma, both disorders should be considered in diagnostics and therapy of posttraumatic disorders.

S707 **Clinical Theory/Clinical Practice**

THE RELATION BETWEEN ABUSE-SPECIFIC ATTRIBUTIONS AND PTSD AMONG SEXUALLY ABUSED CHILDREN: AN INFORMATION PROCESSING MODEL

Deborah C. Wise, Jeffrey N. Wherry, Children's Advocacy Services of Greater St. Louis

Information processing theory has been proposed to explain the etiology of posttraumatic stress disorder among survivors of various traumatic experiences, including rape, combat, and child sexual abuse (Foa, Steketee, & Rothbaum, 1989; Hartman & Burgess, 1988; 1993; Horowitz, 1976; Janoff-Bulman, 1989; Resick & Schnicke, 1992). According to information processing theory, a victim's interpretation of events as threatening basic assumptions of safety leads to posttraumatic stress symptoms. This study will test the hypotheses that perceptions of the world being dangerous, of being vulnerable, and of being disempowered will be related to higher levels of posttraumatic stress symptoms among sexually abused children. Multiple regression analyses will be performed using a sample of 261 sexually abused children, ages 6 to thirteen. The collection of this archival data was supported by a grant from the National Institute of Mental Health. The Children's Impact of Traumatic Events-Revised (Wolfe, Gentile, Michienzi, Sas, & Wolfe, 1991) was used to measure attributions regarding sexual abuse experiences; the Diagnostic Interview for Children and Adolescents-III-Revised (Reich, Welner, & Herjanic, 1992) was used to assess posttraumatic stress symptoms; and the Abuse Dimensions Inventory (Chaffin, Wherry, Newlin, Crutchfield, & Dykman, 1997) was used to measure abuse-related characteristics and severity.

S708 **Clinical Theory/Clinical Practice**

GROUP WORK WITH REFUGEE CHILDREN

Priscilla Schulz, Jelena Todic, Davorka Marovic-Johnson, The War Trauma Recovery Project Inc.

The War Trauma Recovery Project (WTRP) provides community education and psychological treatment programs to war refugees suffering from trauma. WTRP is located in St. Louis, Missouri-home to the largest Bosnian refugee population in the U.S. Despite the persistence of often disabling PTSD and comorbid disorders, few refugees seek treatment. Additionally, few existing mental health services effectively address war refugees' mental health needs. Refugee children also suffer emotional aftereffect from war and resettlement. Thousands of refugee children from war zones live in resettlemnet countries, but little is written describing effective programs that address their needs. Traumatization and uprooting can intefere with children's psychological development. For some, behavior regressed to an earlier stage of development. Sometimes the traumatic effects of war and resettlement appear as agressive behaviors or play that reenacts traumatic events. WTRP collaborates with a local school to provide social group work services to Bosnian refugee children. Trauma Symptoms Checklist-Children scores identify areas of clinical concern and direct intervention. Home visits by WTRP and school personnel provide psychoeducation and counseling to parents and family members. Our poster presentation will describe the results of services to these elementary school children and their families including problems addressed, goals and session-by-session intervention.

S709 **Clinical Theory/Clinical Practice**

WAR TRAUMA RECOVERY PROJECT, INC.—CASE STUDY

Priscilla Schulz, Jelena Todic, Davorka Marovic-Johnson, The War Trauma Recovery Project, Inc.

The War Trauma Recovery Project (WTRP)a is community based psychological treatment program for war refugees suffering from trauma. WTRP is located in St. Louis, Missouri. Estimates are that 30% or more refugees are tortured before fleeing home countries. Recent proceedings at the Hague War Tribunal have prosecuted the imprisoment, rape and torture of countless women during the civil war in the former Yugoslavia. As many as 50-65% of war refugees, including rape and torture survivors, suffer from PTSD. Despite the persistence of often disabling PTSD and comorbid disorders, few refugees seek treatment. Additionally, few existing mental health services effectively address war refugees' mental health needs. Since 1997 WTRP has provided native-language based, culturally sensitive treatment to war refugees, some of whom have been rape and tourture survivors. WTRP's program includes psychoeducation, psychosocial rehabilitation and cognitive-behavioral treatment. This poster presentation will outline WTRP's services to one female rape and torture survivor from war in the former Yugoslavia. A chart of Posttraumatic Symptom Scale scores will be presented along with WTRP's adaptation of exisiting trauma treatments to fit this client's needs. The presentation problems and psychopathology of this case, treatment goals, interventions and improvements in social and occupational functioning will also be described.

S710 **Clinical Theory/Clinical Practice**

SECONDARY VICTIMIZATION AS AN OCCUPATIONAL HEALTH AND SAFETY HAZARD ... HEALTH CARE PROVIDERS

Judy A. Stein, University of Victoria; Barry M. Stein, Sh'ulhetun Health Society

The workshop will raise awareness and provide understanding for health care providers that service Aboriginal clients and other high risk groups. Secondary victimization is an occupational hazard for health care professionals such as nurses, psychologists as well as para-professionals that repeated cousel and respond to victims of abuse. The experience of First Nations peoples in British Columbia is replete with extreme examples of victimization. The legacy of Residential Schools - a system that existed for nearly 100 years and was designed to destroy aboriginal culture has had widespread impact leading to many Native peoples suffering from PTSD. Health care workers inadvertantly may experience stress and burnout from working with this population by listening to the traumatic incidents and responding to a seemingly never end of daily crises.

S711 **Clinical Theory/Clinical Practice**

THE TREATMENT CHALLENGES OF PTSD IN A PEACEKEEPING POPULATION: TWO CLINICAL CASE PRESENTATIONS

Susan R. Brock, Chartier Arnold Brock and Associates; Lyn H. Williams-Keeler, A.F.F.T.E.R., A Trauma Centre

This workshop will present two distinctly different long-term PTSD therapy cases in a Canadian peacekeeping population. The presentations will highlight the importance of thorough assessment in tailoring a creative and flexible treatment plan that incorporates empirically driven treatment techniques with individual characteristics and needs. In particular, the role developmental experiences, personality traits and the pre- and post-trauma milieu play in how soldiers respond to the cumulative traumas that so often characterize their peacekeeping role will be discussed with an emphasis on how

an understanding of these factors can be utilized to facilitate healing. Workshop participants will be encouraged to participate in sharing their own insights and experience in working with this challenging population. The presenters, Dr. Susan Brock and Lyn Williams-Keeler, MA both specialize in trauma treatment with military, Veteran and police personnel. Susan works in private practice in Saskatchewan and Lyn works in private practice in Ottawa. Both presenters work from an eclectic theoretical orientation. Dr. James Munroe, a psychologist with the Boston VA Outpatient Clinic with extensive clinical experience in long-term outpatient treatment of Vietnam Veterans, will be the discussant.

S712 **Clinical Theory/Clinical Practice**

CORRELATES OF SCHIZOPHRENIC WOMEN WITH SEXUAL OR PHYSICAL ABUSE HISTORY

Daeho Kim, research fellow, Samuel Noh, senior research scientist, CCHS CAMH/Clarke; Jyunghyun Nam, Professor, Dept. of Psychiatry, Hanyang University Medical Center

The history of abuse and related characteristics in 100 female schizophrenic inpatients were investigated with the Symptom Checklist-90-Revision(SCL-90-R), the Dissociative Experiences Scale, and the Barron Ego Strength Scale, the Positive and Negative Syndrome Scale(PANSS), interview on delusion and hallucination, and finally semistucured interview on abuse history. Fifty two patients(52%) were sexually or physically abused in the past and one third of abused patients were abused both in childhood and adulthood. When compared with those without such history, they are more likely to have family history of father's alcohol problem and spousal abuse, personal history of suicidal attempts, run away and promiscuity and likely to be diagnosed as undifferentiated type. They scored significantly higher level of overall symptoms, multiple symptoms(e.g., anxiety, somatization, depression, etc), and dissociation, together with lower ego strength. No difference was found in psychotic symptoms dimension. Logistic regression analysis showed father's spousal abuse, run away, promiscuity, undifferentiated subtype and higher PANSS global psychopathology score differentiated the abused patients from non-abused most. Clinicians should be aware of the high prevalence of past trauma in this population and relevant approaches should be considered.

S713 **Clinical Theory/Clinical Practice**

AN ECOSYSTEMIC MODEL OF TRAUMATIZATION IN UNDERSERVED COMMUNITY POPULATIONS

William A. O'Connor, University of Missouri at Kansas City

The purpose of this study was to develop a model which supports access and treatment for survivors as well as prevention of victimization and re-victimization. The model assumes that victimization is not randomly distributed across settings, but can be predicted by specific characteristics of community settings. Alternate causal models of victimization were tested in samples from a population which is both at-risk and underserved by comunity resources via Structural Equation Modeling (SEM) techniques. Data were collected from 801 recipients of mental health services in an urban core catchment area, including both Person (vulnerability) measures and Setting measures (stress, supports, and setting structure)associated with the criterion violent event measure. Both Vulnerability and Situation measures were associated with the occurrence of violent assaults, but a situation-mediated model (vulnerability varies by setting) provided a significantly better Goodness-of-Fit (GFI=.960) than single path models in which person variables contribute directly. The best-fit model supports the conclusion that traumatic interpersonal violence is not adequately conceptualized by person descriptors (of either victim or perpetrator) as if random across settings. The application of this type of model in a community-based service delivery setting is discussed.

S714 **Clinical Theory/Clinical Practice**

ANSAR FOR KIDS, COMMUNITY OUTREACH TO BOSNIAN CHILDREN

Stefanie F. Smith, University of Connecticut; Martha B. Mingel, ANSAR for Kids

A community based program is presented that was created to provide spiritual and therapeutic guidance to the increasing number of Bosnian children survivors of the Bosnian-Serbian war that are now living in a city of the United States. The program meets once a week and serves an average of 67 children aged 9 - 17 years. All children participate in a psychoeducational group on PTSD and then receive a brief screening interview for PTSD. Children who may have PTSD are assessed again through art and a structured, validated PTSD interview. These children then participate in therapeutic groups for part of the day. Some receive individual work or are referred elsewhere for treatment. The other children participate in alternative activities such as reading and art. All children participate in religious studies (Muslim) and various recreational and educational activities. This presentation will present the philosophy and more detailed description of the program for the PTSD and non-PTSD diagnosed children, a discussion of the unique challenges in serving this population (language, religion, and culture issues), samples of art produced by the children, and evaluations of treatment efficacy by examining the differences between initial interviews and 3 and 6-month follow-ups.

S715 **Clinical Theory/Clinical Practice**

BEARING WITNESS THROUGH THE GIFT OF EMPTY SPACE

Eric Harper, Rocky Mountain Survivors Center; Angela Rackstraw

The theoretical and practical context which gives rise to the problem addressed in this paper, is that many traumatized individuals exposed to political violence in South Africa find themselves marginalized, and do not 'come knocking at our door'. In some cases this is due to the manner in which some practitioners cling to, and expect clients to conform to a particular therapeutic frame, while in other situations there are often no care-givers sufficiently concerned (about these children) to refer them. This is partly because the care-givers themselves have been silenced into a conspiracy of coping due to the accumulation of their own pain. The framework mentioned above holds the client ransom to a 'language game' restricting the client's capacity to speak, subjecting the client to a particular kind of social-bond and alienating those that are unable to adapt and comply with this therapeutic framework. Three-community outreach projects will be presented: 1) Art psychotherapy groups with black children living in impoverished areas, suffering from physical and sexual abuse as well as other forms of violence; 2) Community outreach work with ex-political prisoners living in South Africa; 3) A 'critical incident crisis response' team working with individuals exposed to violence (bomb blasts, hijackings, family members murdered, etc). The work all involved multidisciplinary collaboration, and with ex-political prisoners - the use of healing rituals that formed part of that community. This was pioneering work that evolved as we went along. The paper explores non-intrusive ways of reaching out to clients through the co-construction of a framework in which the work can take place, and which draws upon existing support structures within that community. In the case of the Art therapy groups, images will be shown to help illustrate the clinical work, where the children's artworks serve to help them find a voice. This presentation will conclude by arguing that the gift of empty space (ethics) is what the practitioner brings to the work, whilst the therapeutic framework is co-constructed with the client, and draws upon structures that have offered some solutions to the client group. But sometimes there are no solutions, no easy answers, and all that the practitioner can do, is to bear witness to what the client is able to bring into this space, as well as to what they leave out of it.

S716 **Clinical Theory/Clinical Practice**

HOME VISITS WITH REFUGEE FAMILIES: STEPS TOWARDS HEALING AND COMMUNITY CONNECTIONS

Joan M. Liautaud, Mary P. Black, Nela Krosnjar, Chicago Health Outreach; Thad S. Rydberg, The Center for Multicultural and Multilingual Mental Heath

Refugees who are survivors of war, genocide and torture are a severely underserved population. Arriving in this country with overwhelming needs including, displacement, adaptation, new language and lifestyles, coping with traumatic memories, living with unspeakable losses, and facing misunderstanding and prejudice - traumatized refugees are often unaware or unable to negotiate social services and other systems established to assist them. Refugees' needs for services and support in a new country are tremendous and the resources designed to meet these needs are often inaccessible - putting refugees at further risk. This case presentation will focus on how a community-based program, delivering mental health services to refugee children and families, works with families in home settings. Three families from distinctly different countries will be presented; each initially isolated and at risk. Details describing how working within clients' homes fosters collaborative problem solving, insight into unique strengths and challenges, as well as vital links to community resources will be discussed. Presenters will also discuss the need to question traditional boundaries by stepping outside of expert roles, modeling how to negotiate new systems and caring for basic needs - needs that once addressed, allow individuals to focus on psychological healing and rebuilding their lives.

S717 **Clinical Theory/Clinical Practice**

CREATING AND IMPLEMENTING A VIOLENCE INTERVENTION AND PREVENTION CENTER

Robert C. Stone, Ellen Taliaferro, Trevor Mills, UT Southwestern Medical Center, Dallas

The Parkland Health & Hospital System's Violence Intervention and Prevention (VIP) Center is the first medically directed, clinically oriented Center for victims of violence in the United States. The Center opened in May of 1999 and offers a network of support and clinical services. On-site services include medical evaluation and care, psychiatric evaluation and treatment, support with criminal justice, legal and safety concerns and assistance with economic challenges. The Center is also a model for the use of education with continuous training for healthcare providers and members of the community in addressing the needs of violence victims. This workshop will discuss the process of developing and implementing a full-service, multi-disciplinary domestic violence clinic. Details will be given on how to create a violence treatment center to provide medical and psychiatric evaluation and treatment services while integrating with existing social service agencies. Additional emphasis will be placed on conducting research and providing forensic support in a VIP Center.

S900 **Cross-Cultural**

ISSUES IN RACE/GENDER MATCHING BETWEEN THERAPIST AND TRAUMA GROUP

Judith A. Lyons, VAMC-South Central MIRECC/U. MS Medical Center; Cho Lam, Seth A. Brown, Veterans Affairs/U. Misssissippi Medical Center

Traditionally, trauma processing groups have been led either by a fellow trauma survivor or by a therapist who, although not a trauma-survivor, is viewed by clients as non-threatening. It is not the norm to use a therapist who resembles the perpetrator of the trauma. This paper presents clinical cases where the traditional arrangement was not observed. What happens when a man co-leads a women's sexual trauma group? When an Asian therapist co-leads a Vietnam trauma group? Should qualified trainees be denied the opportunity to work in such groups if their gender or race might make clients uncomfortable? What if other anxiety-disorder training options are not available? What if clients object? Can therapist-group "mismatching" cause harm? Can it be therapeutic? These questions are addressed through recent examples of psychology interns rotating through a PTSD treatment program. "Mismatched" placements were met with concern by patients and staff. Special precautions taken before and during group placements are reviewed. Case examples of positive and negative clinical outcomes are discussed. Patient perspectives expressed during treatment and in subsequent focus groups are presented. Recommendations are offered regarding when such "mismatches" are most likely to be beneficial, and how they can be implemented most smoothly.

S901 **Cross-Cultural**

THE IMPACT OF NATIONAL AND ETHNIC IDENTITY ON COPING WITH TRAUMA

Rony Berger, Natal & Al Quds University

The recent clashes between the Israeli Arab population and the Israeli law enforcement authorities have left significant traumatic imprints on this community highlighting the need to address the special needs of this population. The condition of the Arabs in Israel is unique, not only because they are considered disloyal ethnic minority deprived of many citizens rights, but primarily because they consider themselves part of the Palestinian people, with whom Israel has had hostile conflict for the past 50 years. The split identity of Arab Israelis have contributed to their stressful conditions impacting the way in which this community has coped with the recent traumatic events. Since we assume that national and ethnic identity are important ingredients in contributing to community resilience, we believe they should be taken in consideration when planning either a community preventive trauma relief program or in treating trauma victims. In this presentation we will outline the theoretical background to the assumptions we suggested and examine this formulation in the context of two traumatic experiences within the Arab Israeli community. It is our hope that our concepts are applicable not only to Israel but also to other national or ethnic conflicts worldwide.

S902 **Cross-Cultural**

REACHING OUT FOR THOSE WHO REALLY NEED IT

Vedrana Mladina, Austria

The aim of this community based project is to give a psycho-social support to refugees and asylum seekers in Graz, Austria. These persons are in a way living in a vacuum, because their legal status in Austria is either unsolved or very uncertain, so that most of them have to deal with it for years. Not having a security and future perspective on the one side and having to deal with the severe traumatic experiences, which resulted from difficult circumstances under which they had to leave their countries on the other side, leaves not really enough space for well being. That´s why it is important to offer these persons appropriate psycho-social assistance by meeting them in their everyday setting. Under such conditions, where there is no realistic progress in terms of problem solving to be seen and where the uncertainty doesn`t allowed the classical form of trauma therapy, the best and only strategy is the strengthening and empowerment of the personal resources. This is an attempt to create or to renew the lost self esteem base and to fight against learned hopelessness, which can be helpful for both -process of trauma healing and for the future problem solving abilities as well. This summarized project description should demonstrate how outreaching psycho-social assistance can be well applied in an refugee shelter in Graz, Austria, where 50 refugees and asylum seekers with different cultural backgrounds are living together.

S903 **Cross-Cultural**

COMPARISONS OF PALESTINIAN CHILDREN'S PROJECTIVE DRAWINGS BETWEEN FIRST AND CURRENT INTIFADA

Ahmad M. Baker, Birzeit University, Palestine

This research is a continuation of previous research conducted on Palestinian children during the first Intifada (1987 - 1993) in which projective drawings of children were used to assess their perception and response to the political and military violence to which they were subjected. Although the current research is in progress, preliminary data on nearly 300 drawings of children have been gathered, analyzed, and compared with the data obtained on children during the first Intifada. Each child was given a set of crayons (eight colors) and a sheet of paper with eight frames in which the child was asked to complete the drawing in the colors (s)he desires. Demographic data (e.g.,

age, gender, residence) were recorded to aid in the analysis, with particular attention paid to residence (certain neigborhoods were subjected to violence more than others). The drawings were then analyzed in terms of the themes depicted and the colors chosen according to the child's age, gender, and degree of subjection to military violence. The results were then compared with the findings gathered during the first Intifada. Preliminary results show that the response of Palestinian children has been modified since the first Intifada in terms of themes depicted and colors chosen. These findings will be discussed in terms of their relevance to psychosocial, cultural, and political variables. Special emphasis will be placed on the relevance of the findings to the advancement of our knowledge about how trauma is perceived and processed by children of nonWestern cultures.

S904 **Cross-Cultural**

BOSTON CENTER FOR REFUGEE HEALTH AND HUMAN RIGHTS: SERVING SURVIVORS OF MASS VIOLENCE AND TORTURE

Linda A. Piwowarczyk, Deborah L. Blumberg, Boston Center for Refugee Health and Human Rights, BUSM; Peter S. Bachrach, National Center for PTSD, BUSM; Terence M. Keane, National Center for PTSD, BUSM, BCRHHR

The Boston Center for Refugee Health and Human Rights is a collaboration between the clinical departments of Boston Medical Center and the Boston University Schools of Medicine, Public Health, Law, and Dentistry. A chart review was conducted on a sample of 110 refugees seen by the International Mental Health Program between January 1999 and September 2000. Refugees and asylum seekers from 26 countries were treated. They ranged in age from 18 - 78, 53.6% were female, 69.1% were unemployed, 54.5% had no insurance. Approximately two thirds (62.7%) had histories of torture using the World Medical Association definition. 23.6% experienced rape or attempted rape. Nine out of ten fled secondary to policital reasons, followed by ethnic and religious persecution. In our sample of 110, 34.5% of our patients had first degree relatives who were killed, 33.6 tortured, or arrested/imprisoned 25.5%. Seven out of ten suffered from PTSD, generally co-morbid with depression. Most common medical problems included headaches, chronic pain, gastrointestinal symptoms, TB exposure, and hypertension. Conclusion: Primary care providers are often the first health care professionals to treat refugee victims of torture and mass violence. When interviewing a refugee, it is important to ask about previous history of torture, including sexual trauma, in addition to possible trauma experienced by the family to more fully understand one's exposure to trauma and clinical presentation.

S905 **Cross-Cultural**

PSYCHOSOCIAL PROGRAMMING IN KOSOVO: SOCIAL AND CULTURAL IMPLICATIONS FOR ASSISTING CONFLICT-IMPACTED COMMUNITIES

David Hutton, University of Manitoba; Jan Field, Consultant

This paper discusses community-based psychosocial programming in mitigating the mental health impacts of the war and trauma, in this case the 1998 conflict in Kosovo. The need to provide a multi-disciplinary service approach is emphasized. In many war-impacted countries like Kosovo, populations must not only cope with widespread atrocities and destruction, but also economic deprivation and impoverishment. Physical survival needs not only compound people's distress, but prevent people from pursuing positive alternatives which can help rebuild lives and ameliorate the loss and despair of war. To this end, psychosocial programming must go beyond addressing individual needs through a clinical perspective, and integrate mental health into a community development approach which also promotes economic and social rehabilitation. Programming as such is most effective when adopting a participatory, approach which complements and strengthens indigenous resources and capacities, rather than reproducing Western models of psychosocial intervention. Post-trauma interventions in this context may assume a socio-ecentric perspective, in contrast to the more egocentric Western perspective, assisting communities to maintain and develop natural social coping mechanisms which enhance adaptive functioning and self-determination.

S906 **Cross-Cultural**

CULTURAL BELIEFS AND THE USE OF HEALTH CARE BY RAPE VICTIMS

Madhabika B. Nayak, Dept. or Family & Community Medicine, Kuwait University Faculty of Medicine

Cultural beliefs about violence are important influences on the process of recovery from experiences of violence. Health care interventions must integrate information on beliefs regarding violence and the use of health care due to experiences of violence . Using data from a larger project on health and violence, this study examined beliefs related to rape among a sample of 103 adult women (aged 16-49) in Kuwait. Women attending gynecology clinics and undergraduate students completed a survey on their beliefs about rape as an act of violence, its health impact, and options available to women who have experienced rape. Overall, half of all respondents stated that victims should not tell anyone about their assault and that a victim never recovers from the experience. However, 86% felt that victims should seek health care, preferably from a social worker, psychologist or gynecologist. The presentation will explore the influence of different factors (including personal victimization) on beliefs about rape and how beliefs may affect victims' use of health interventions.

S907 **Cross-Cultural**

AN ASSESSMENT OF COMMUNITY SERVICES TO AN INDIGENOUS COMMUNITY

Gretchen C. Seirmarco, New York State Psychiatric Institute

This poster demonstrates an assessment which was undertaken of community services available to an ethnically mixed community which pre-dates the Revolutionary War. This community is located in proximity to one of the largest cities in the United States and is in one one of the most affluent states in the nation yet is an underserved population. Historic,geographic and sociocultural aspects of this mountain community play an important role in the relative isolation of these proud indigenous peoples. The ethnic origins of the community are Native American, African American and Northern European settlers. The history of the community is intertwined with native american history, the history of slavery, the traumatization of wars and subsequent revictimization.The church has played a role historically and in the present for this community but assessment reveals that "faith based" initiatives may not be enough

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