

F I N A L P R O G R A M

# 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  
**TRAUMATICstress**  
STUDIES

AND THE DARTMOUTH-HITCHCOCK MEDICAL CENTER

Co-sponsored by The American Psychological Association

[www.istss.org](http://www.istss.org)

# GlaxoSmithKline

*is proud  
to support  
the work of the*

*International Society  
for Traumatic Stress Studies*

## 17th Annual Meeting

New Orleans, Louisiana  
December 2001



# Table of Contents

Letter from the Chair .....	4	General Information
17th Annual Meeting Program Committee .....	4	
General Meeting Information .....	5	
Meeting Features.....	6-7	
Annual Meeting Exhibitors .....	8	
Hotel Floor Plans .....	9	Schedule-at-a-Glance
Schedule-at-a-Glance .....	10-13	
New September 11 Track.....	14-17	Featured Sessions/PMTs Films/Plenary
Plenary Sessions .....	18	
Pre-Meeting Institutes .....	19-21	
Featured Sessions .....	22-25	
Multimedia/Film Presentations .....	26-27	
Concurrent Sessions Friday, December 7 .....	28-51	Friday, Dec. 7
Concurrent Sessions Saturday, December 8 .....	52-74	Saturday, Dec. 8
Concurrent Sessions Sunday, December 9 .....	74-85	Sunday, Dec. 9
Poster Sessions Friday, December 7 .....	86-116	Friday Posters
Poster Sessions Saturday, December 8 .....	117-146	Saturday Posters
Author Index .....	147-53	Index
Annual Meeting Sponsors .....	Inside Back Cover	

**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	Joe Rudolph
Jean Beckham	Ruth Ann Ryan
Charles Benight	William Schlenger
Jonathan Bisson	Paula Schnurr
John Briere	Joseph Scotti
Alain Brunet	Raymond Scurfield
Lisa Butler	Katherine Steele
Kathleen Chard	Andrew Stone
Claude Chemtob	Joe Thornton
Catherine Classen	Elisa Triffleman
Daniella David	Farris Tuma
Lori Ebert	Madeline Uddo
Sherry Falsetti	Paul Valent
Greg Febbraro	Onno van der Hart
Merle Friedman	Lynn Waelde
B. Christopher Frueh	Carole Warshaw
Michael Griffin	Frank Weathers
Rochelle Hanson	Agnieszka Widera-Wysoczanska
Dawn Hughes	Rose Zimering
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	

## 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 security 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

## 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: cornelvv@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

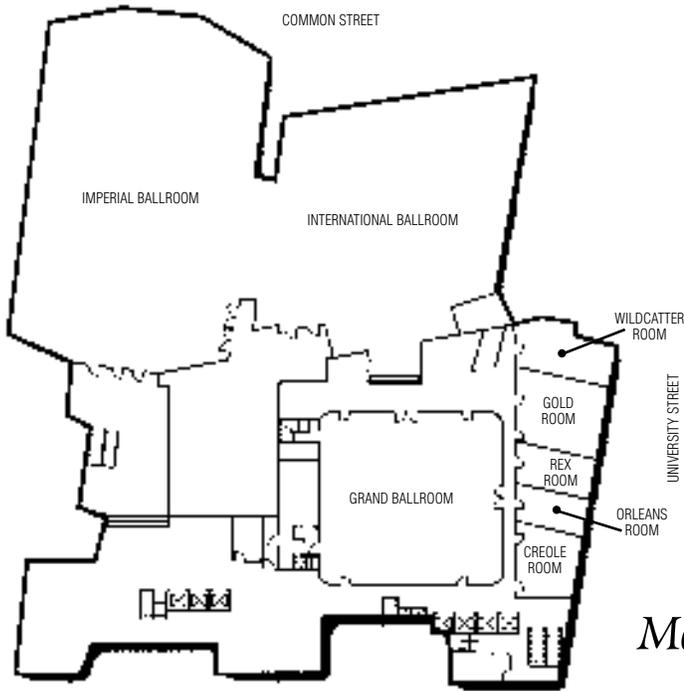
### **Vancouver Trauma Treatment Associates**

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

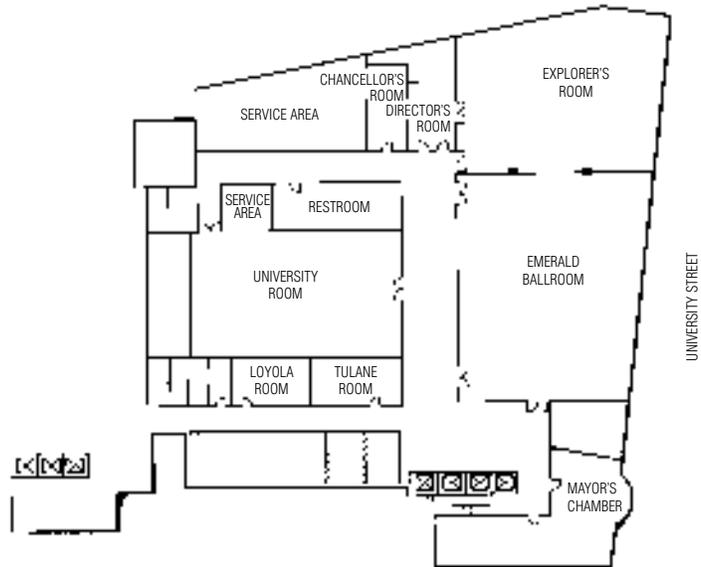
123 Baronne Street  
New Orleans, Louisiana 70112

Hotel Floor Plans

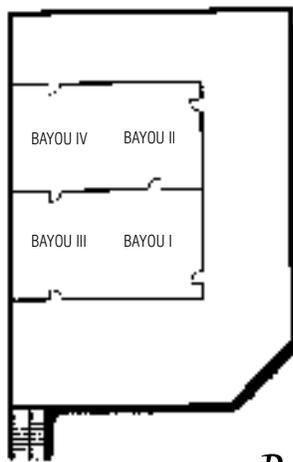


Mezzanine Floor

CANAL STREET



Second Floor



Bayou Level

# Schedule at a Glance

Room	Imperial Ballroom Mezzanine Floor	Wildcatter Mezzanine Floor	Rex Mezzanine Floor	Child & Adolescent Sessions 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	<b>Pre-Meeting Institutes (see page 19)</b>					<b>Various Rooms—See Insert</b>	
7:00 PM–8:30 PM	<b>Opening Plenary Session: No Healing Without Justice</b>				Rev. Marie M. Fortune	<b>Imperial Ballroom—Mezz Floor</b>	
8:30 PM–10:00 PM	<b>Opening Welcome Reception, Sponsored by Pfizer CNS</b>					<b>Grand Ballroom—Mezz Floor</b>	

## 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	<b>Keynote Address: The Necessity of a Coordinated Community Response in Violence Prevention</b>				Janet Reno, U.S. Attorney General 1993-2001	<b>Imperial Ballroom—Mezz Floor</b>	
10:00 AM–5:00 PM	<b>Poster Display I</b>					<b>International Ballroom—Mezz Floor</b>	
10:00 AM–7:00 PM	Exhibits & Photography Display					International Ballroom—Mezz Floor	

Schedule at a Glance

SESSION I 10:00 am–11:15 am	<b>WORKSHOP 1153</b> The Impact of Racism on Recovery from Trauma <i>Yassen</i>	<b>PANEL 1339</b> Designing and Implementing a Collaborative Approach to a Community Problem: Providing Treatment for Survivors of Domestic Violence <i>Hill</i>	<b>SYMPOSIUM 1167</b> The Functional Impact of Accidental Injuries <i>Schnyder</i>	<b>SYMPOSIUM 1225</b> Youth PTSD Assessment: Psychometric Investigation of PTSD Self-Report Instruments <i>Rodriguez</i>	<b>SYMPOSIUM 1492</b> The Use of Ritual in Healing <i>Fabri</i>	<b>SYMPOSIUM 1377</b> ERP Correlates of Attentional and Hippocampal Functioning in PTSD <i>Kimble</i>	<b>WORKSHOP 1287</b> Counter Transference in Psychotherapy with Underserved Populations <i>Conte</i>
	Track 10	Track 1	Track 3	Track 8	Track 10	Track 5	Track 8
SESSION II 11:30 am–12:45 pm	<b>SYMPOSIUM 1524</b> Developing Collaborative Models for Addressing Violence Against Women within Health, Mental Health and Advocacy Settings <i>Stevens</i>	<b>WORKSHOP 1139</b> A Community-Based Preventative Model for Dealing with Traumatic Stress <i>Berger</i>	<b>WORKSHOP 1216</b> Peru Shining Path Violence: Psychosocial Assessment and Intervention <i>Snider</i>	<b>CASE STUDY 1170</b> The Psychological Care of a Child Traumatized by Massive Burns <i>Stolbach</i>	<b>WORKSHOP 1490</b> Restoring Healthy Boundaries for the Traumatized Individual <i>Minton</i>	<b>SYMPOSIUM 1497</b> The Refugee Process: From the Trauma of Mass Violence to Resettlement and Recovery <i>McKenzie-Pollock/Jaranson</i>	<b>WORKSHOP 1559</b> What Every Trauma Therapist Should Know about Panic, Phobia, and OCD, Presented by the Anxiety Disorders Association of America <i>Winston</i>
	Track 8	Track 8	Track 1	Track 8	Track 8	Track 10	Track 8

1:00 PM–2:15 PM **ISTSS Business Meeting** Grand Ballroom—Mezz Floor

SESSION III 2:30 pm–3:45 pm	<b>PANEL 1395</b> Community Based Work with Torture Survivors, an Ethnographic Approach <i>Duff</i>	<b>WORKSHOP 1149</b> Unremitting PTSD: The Challenges of a Caring Commitment in a Community Clinic Setting <i>Williams-Keeler</i>	<b>SYMPOSIUM 1403</b> Empowerment of Female Juvenile Offenders <i>Walker</i>	<b>WORKSHOP 1014</b> Traumatic Grief-focused CBT for Children <i>Cohen</i>	<b>WORKSHOP 1379</b> The Strength of Africa: Community Interventions for the War Affected <i>Baron</i>	<b>PANEL 1188</b> Is Standard Trauma Transferable to Underserved Populations? <i>Munroe</i>
	Track 2	Track 8	Track 1	Track 8	Track 8	Track 8
SESSION IV 4:00 pm–5:15 pm	<b>WORKSHOP 1500</b> But It Can Happen Here: Preventing, Coping with, and Healing from School Violence and Trauma <i>M. Williams</i>	<b>WORKSHOP 1237</b> Prolonged Exposure (PE) Therapy for Chronic PTSD: Tailoring Treatment for Complex Clients in Routine Community Practice <i>Feeny</i>	<b>CASE STUDY 1228</b> The Relationship of Trauma Exposure to Adolescent Sex Offending Behavior—Two Cases <i>McMackin</i>	<b>SYMPOSIUM 1203</b> PTSD Symptom Fluctuation: Longitudinal Measurement and Change <i>A. Smith</i>	<b>SYMPOSIUM 1162</b> Cultural Context of Interpersonal Violence: Intervention and Prevention <i>Freyd</i>	<b>SYMPOSIUM 1083</b> Recent Developments in Clinical Research on Complex PTSD (DESNOS): a follow up from last year's popular session, <i>Spinazzola</i>
	Track 8	Track 8	Track 8	Track 5	Track 8	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	<b>ISTSS Special Interest Group Meetings—All are welcome</b>				
	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	<b>Plenary Session: Creating the Opportunities for Epiphanies in Populations Challenged by Violence</b>				Oliver J. Williams, Ph.D.	<b>Imperial Ballroom—Mezz Floor</b>
10:00 AM–5:00 PM	<b>Poster Display II,</b>					<b>International Ballroom—Mezz Floor</b>
10:00 AM–7:00 PM	Exhibit and Photography Display					International Ballroom—Mezz Floor

**Featured Sessions**

**Explorer's Second Floor**

**Emerald Second Floor**

**Bayou I Bayou Level**

**Bayou II Bayou Level**

**Bayou III Bayou Level**

**Mayor's Chamber Second Floor**

**Blue Room Lobby Floor**

Schedule at a Glance

**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 Osafsky*

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

Research to Practice

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).**

**Disclaimer**

ISTSS is not responsible for the opinions expressed by presenters or participants in annual meeting sessions or for the content of presenter handout materials.

# 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	<b>WORKSHOP 1180</b> Multilevel Strategies to Improve the Socio-Ecological Context of Psychiatric Out-Patients with War-Related Trauma <i>Ekblad</i> <b>Track 1</b>	<b>SYMPOSIUM 1365</b> Intergenerational Transfer of Trauma in Native Americans: Spirit Wounds <i>H.E. Stamm IV</i> <b>Track 10</b>	<b>PANEL 1342</b> Armenian-Turkish Reconciliation: Past, Present and Future <i>Kalayjian</i> <b>Track 6</b>	<b>WORKSHOP 1026</b> The Trauma of Child Sexual Abuse: Difficult Treatment Issues <i>Kimball</i> <b>Track 8</b>	<b>CASE STUDY 1532</b> A Psychiatric and Legal Case Presentation of an Asylum-Seeking Torture Victim with PTSD <i>Stone</i> <b>Track 6</b>	<b>SYMPOSIUM 1035</b> 3 Controlled Trials for PTSD: PE Compared to 1) EMDR; 2) CPT and 3) CR <i>Rothbaum</i> <b>Track 2</b>	<b>SYMPOSIUM 1194</b> News Coverage of DV: Part of the Problem, Part of the Solution <i>Simpson</i> <b>Track 9</b>
--------------------------------	--	---	--	--	---	--	---

SESSION VI 11:30 am–12:45 pm	<b>SYMPOSIUM 1405</b> Sex Offenders: Trauma Victims and Perpetrators <i>Shapiro</i> <b>Track 4</b>	<b>PANEL 1212</b> Reaching Across the Clinical-Research Interface: A Dialog About Issues <i>Triffleman</i> <b>Track 1</b>	<b>SYMPOSIUM 1252</b> Neural Mechanisms in Posttraumatic Stress: Part II <i>Bremner</i> <b>Track 4</b>	<b>SYMPOSIUM 1175</b> Illness, Injury and Post-Traumatic Stress in Youth and Parents <i>Kassam-Adams</i> <b>Track 5</b>	<b>CASE STUDY 1267</b> Journalists in the Aftermath of War <i>Ochberg</i> <b>Track 9</b>	<b>SYMPOSIUM 1218</b> Predicting Long-term Adjustment from Acute Symptoms <i>O'Donnell</i> <b>Track 3</b>	<b>SYMPOSIUM 1171</b> Efficacy of Two Models of Group Therapy for Treating PTSD in Male Veterans <i>Schnurr</i> <b>Track 2</b>
---------------------------------	---	--	---	--	---	--	---

### ISTSS Special Interest Group Meetings—All are welcome

SIG MEETINGS 1:00 pm–2:15 pm	Creative, Body Energy Therapies	Criminal Justice	Early Interventions	Dissociation	Research & Methodology
---------------------------------	---------------------------------	------------------	---------------------	--------------	------------------------

SESSION VII 2:30 pm–3:45 pm	<b>CASE STUDY 1134</b> Two Roads Diverged: Integrating Treatment of Young Victim/Offenders <i>Smalley</i> <b>Track 8</b>	<b>WORKSHOP 1476</b> An Ecological Model of Trauma Focused Therapy for Socially Marginalized Women <i>Bradley</i> <b>Track 8</b>	<b>PANEL 1406</b> School-Based Post-Disaster Intervention: Barriers and Solutions <i>McCqmmn</i> <b>Track 8</b>	<b>WORKSHOP 1137</b> Perceived Disability in Female Mass Displaced from Kosovo Province Having Temporary Protection in Sweden—Lessons Learned <i>Ekblad</i> <b>Track 10</b>	<b>PANEL 1337</b> Early Intervention to Prevent PTSD: Visions of the Next Generation of Services <i>Ruzek</i> <b>Track 8</b>	<b>SYMPOSIUM 1438</b> Objective Theory-Based Trauma Assessment: The TSI Belief Scale <i>Pearlman</i> <b>Track 8</b>
--------------------------------	---	---	--	--	---	--

SESSION VIII 4:00 pm–5:15 pm	<b>WORKSHOP 1205</b> Police Culture and Trauma: Fuel for the Fire <i>Klco</i> <b>Track 3</b>	<b>PANEL 1420</b> Stress on the Press: Helping Journalists Learn About Traumatic Stress <i>Zalin</i> <b>Track 9</b>	<b>SYMPOSIUM 1533</b> Psychological Intervention Provided to Populations Exposed to Disasters and Violence <i>Goerjan</i> <b>Track 1</b>	<b>SYMPOSIUM 1045</b> Prevention of Intergenerational Transmission of Effects of Trauma <i>Portney</i> <b>Track 4</b>	<b>SYMPOSIUM 1033</b> Mental Health and Attitudes of Refugees After Violent Conflict <i>Lopes Cardozo</i> <b>Track 3</b>	<b>SYMPOSIUM 1511</b> Trauma and Resilience in Policing <i>Merle Friedman</i> <b>Track 3</b>
---------------------------------	---	--	---	--	---	---

5:30 PM–7:00 PM Poster Presentations/Wine and Cheese Reception II, Sponsored by GlaxoSmithKline  
 6:00 PM–7:30 PM Debriefing Session J. Munroe  
 International Ballroom—Mezz Floor  
 University Room—Second Floor

### Movie/Multimedia Sessions

MOVIE/MULTIMEDIA SESSIONS 7:00 pm–10:00 pm	[Empty space for multimedia sessions]					
---	---------------------------------------	--	--	--	--	--

### SUNDAY, DECEMBER 9

8:00 AM–1:00 PM Bookstore  
 8:00 AM–1:00 PM Tape Desk  
 7:30 AM–8:30 AM Coffee and Tea  
 8:00 AM–12:30 PM Registration  
 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	<b>WORKSHOP 1512</b> Trauma, Grief and Healing within the Community: The Role of Firefighters & EMS Workers <i>De Soir</i> <b>Track 8</b>	<b>WORKSHOP 1319</b> The Development of an Assertive Outreach, Case Management and Therapy Model for Victims of Violence in a Public Hospital <i>Kelly</i> <b>Track 1</b>	<b>SYMPOSIUM 1371</b> Domestic Violence Victims in Japan <i>Kim</i> <b>Track 10</b>	<b>SYMPOSIUM 1505</b> Young Murderers: An International Perspective for Forensic Practice <i>M.B. Williams</i> <b>Track 8</b>	<b>WORKSHOP 1418</b> The Forensic Assessment of Asylum Seekers and Refugees <i>Turner</i> <b>Track 6</b>	<b>SYMPOSIUM 1506</b> Trauma Behind Bars: Treating Traumatic Stress in a Criminal Justice Population <i>Gillece</i> <b>Track 1</b>	<b>SYMPOSIUM 1392</b> Sexual Harassment as Trauma: Theoretical and Empirical Justification <i>L. Fitzgerald</i> <b>Track 3</b>
---------------------------------	--	--	--	--	---	---	---

SESSION X 11:30 am–12:45 pm	<b>SYMPOSIUM 1277</b> Assessment of and Intervention for the Trauma of Kosovar Refugees in the US and Sweden <i>Ai</i> <b>Track 1</b>	<b>WORKSHOP 1456</b> Bringing the New York City Model for Sexual Assault Examiner Programs to Underserved Populations <i>Xenarios</i> <b>Track 1</b>	<b>WORKSHOP 1397</b> Secondary Traumatization in Acute Stress Disorder <i>Zimering</i> <b>Track 8</b>	<b>PANEL 1539</b> Reaching Underserved Trauma Survivors Through Community-Based Programs <i>Deosker</i> <b>Track 6</b>	<b>WORKSHOP 1284</b> Question of Forgiveness in Recovery Process of Trauma Survivors <i>Gorman</i> <b>Track 8</b>	<b>SYMPOSIUM 1037</b> Multiple Dimensions of Partner Abuse: Physical, Mental Health Outcomes <i>Mechanic</i> <b>Track 3</b>	<b>SYMPOSIUM 1471</b> Traumatic Stressor Exposure and PTSD in Homeless Populations <i>Carlson</i> <b>Track 3</b>
--------------------------------	--	---	--	---	--	--	---

12:45 PM ISTSS 17th Annual Meeting Adjourns

Schedule at a Glance

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

\* Sponsored by Division of Educational and Psychological Studies, Dillard University

**ISTSS Special Interest Groups Meetings—All are welcome**

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

**Movie/Multimedia Sessions**

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

**Meeting Tracks**

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

**Disclaimer**

ISTSS is not responsible for the opinions expressed by presenters or participants in annual meeting sessions or for the content of presenter handout materials.

Schedule at a Glance

- Track 1  
Community Collaborations
- Track 2  
Intervention Research
- Track 3  
Epidemiology
- Track 4  
Research to Practice
- Track 5  
Basic Research
- Track 6  
Human Rights, Social Policy & Advocacy
- Track 7  
Ethics
- Track 8  
Clinical
- Track 9  
Media
- Track 10  
Cross-Cultural

# 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 Gurwitsch, 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 Gurwitsch 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. Secondly, 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.

New Sept. 11 Track

**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 liaised 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.

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

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.

New Sept. 11 Track

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

# Plenary Sessions

## 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

### **I 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'Souza, *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 misuing 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-traumatizing 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**

### **I** 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.

# Featured Sessions

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

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

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

We will present results from a series of laboratory investigations of memory processes in individuals with dissociative tendencies as compared with control samples. Our earlier work suggested that the cognitive capacities of high dissociators are impaired under conditions of focused (selective) attention, but not under conditions of divided

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

#### **DIRECTED FORGETTING IN ACUTE STRESS DISORDER**

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

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

### *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

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

## PSYCHOMETRIC EVALUATION OF COMPLEX TRAUMA EFFECTS: EMPIRICAL ISSUES

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

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

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

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

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

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

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

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

## 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 PSYCHOPATHOLOGY, QUALITY OF LIFE AND DISABILITY IN (POST-) CONFLICT AREAS IN ALGERIA, CAMBODIA, ETHIOPIA AND GAZA

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

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

## 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.

# Featured Sessions

## 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.

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

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

Kathy H. Steele, Private practice

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

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

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

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

### *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

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 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.

### 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.**

# Multimedia/Film Presentations

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 advice 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.