

# Poster Sessions - Friday, December 7

## POSTER ORGANIZATION

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

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

### POSTER NUMBERING BY TRACK IS AS FOLLOWS:

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

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

F000

Collaborations

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

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

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

F001

Collaborations

### WORKPLACE TRAUMA COUNSELING: ACCESS, COORDINATION & SELECTION OF STAFF

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

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

F002

Collaborations

### SIBLINGS OF CHILDREN WITH SERIOUS & TRAUMATIC MEDICAL ILLNESS: SIBSPPlace

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

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

F003

Collaborations

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

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

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

F004

Collaborations

**PATTERNS OF HEALTH SERVICE UTILIZATION: ADULTS WITH TRAUMA HISTORIES**

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

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

F005

Collaborations

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

Richard S. Gakuba, Intern Doctor

In 1994, hundreds of thousands of Rwandans were killed and injured during the country's genocide and civil war that lasted for three months. Many more were victims of repeated and prolonged torture and witness to multiple scenes of horrific death, mutilation, rapes and many other inhuman acts. Women and children were more predisposed to all these inhuman acts and hundreds of thousands of them were brutally tortured and raped. As a result of this genocide and violence, Rwandan women and children continue to suffer high rates of chronic PTSD, life-threatening medical disorders (AIDS/HIV), homelessness, prostitution, unwanted births and many others. In addition, there is currently a shortage of medical and mental health services, as well as

educational and occupational opportunities. Services that do exist include survivors and widows associations, UNHCR, National human rights commission and the National Psychosocial Center. However, these services are insufficient for meeting the very high prevalence of mental health problems encountered in Rwanda. This presentation will illustrate the mental health services that are currently available for victims of Rwanda genocide, as well as make recommendations for additional community based counseling, work and housing programs.

F006

Collaborations

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

Stephanie S. Bass, Ginny Sprang, University of Kentucky

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

F007

Collaborations

**PSYCHOSOCIAL INTERVENTION IN COMPLEX EMERGENCIES: TOWARDS A SHARED CONCEPTUALISATION**

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

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

F008

Collaborations

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

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

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

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

F009

Collaborations

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

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

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

F100

Intervention Research

## GROUP THERAPY REDUCES DISTRESS IN METASTATIC BREAST CANCER PATIENTS

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

Studies have shown that a substantial minority of metastatic breast cancer patients suffer clinically significant anxiety, depression and traumatic stress symptoms. Supportive-expressive group psychotherapy was developed to help cancer patients face their existential concerns, express and manage disease-related emotions, increase social support, and improve symptom management. One hundred and twenty-five women with metastatic breast cancer were randomly assigned to an intervention or a control condition. Intervention participants were offered one year of weekly supportive-expressive group therapy and educational materials. Control participants received educational materials only. Participants were assessed at baseline and every four months during the first year. Data at baseline and from at least one assessment were

collected from 102 participants. Primary analyses based on all available data indicated that participants in the treatment condition showed a significantly greater decline in traumatic stress symptoms on the IES compared to the control condition. When the final assessment occurring within a year of death was removed in a secondary analysis, there was a significantly greater decline in both mood disturbance and traumatic stress symptoms for the treatment condition compared to the control condition. These findings suggest that supportive-expressive group therapy can help reduce traumatic stress symptoms among metastatic breast cancer patients.

F101

Intervention Research

## INTEGRATING SMOKING CESSATION INTO PRIMARY MENTAL HEALTH CARE FOR PTSD

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

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

F103

Intervention Research

## CHILD ABUSE HISTORIES AND TREATMENT OUTCOME OF INCARCERATED SEX OFFENDERS

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

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

F104

Intervention Research

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

James S. Herndon, Orange County Sheriff's Office

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

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

**F105**

**Intervention Research**

## **QUETIAPINE TREATMENT IN PTSD: AN OPEN TRIAL OF ADJUNCTIVE THERAPY**

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

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

**F106**

**Intervention Research**

## **ADJUNCTIVE RISPERIDONE TREATMENT FOR CHRONIC, COMBAT-RELATED PTSD**

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

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

**F107**

**Intervention Research**

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

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

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

**F108**

**Intervention Research**

## **INDIVIDUAL DIFFERENCES IN PREFERENCE FOR PTSD-RELATED TREATMENT**

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

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

**F109**

**Intervention Research**

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

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

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

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F110

Intervention Research

## PREDICTIVE CORRELATES OF CRITICAL INCIDENT MENTAL HEALTH PERSONNEL

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

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

F111

Intervention Research

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

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

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

F112

Intervention Research

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

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

Several cognitive-behavioral treatments (CBT) including prolonged exposure, cognitive processing therapy, stress inoculation training, and eye movement desensitization and reprocessing therapy have been demonstrated to reduce symptoms of PTSD and related symptoms in trauma survivors. Despite this, change in overall quality of life after treatment has not been examined. The purpose of this study was to explore changes in perceived quality of life at post-treatment and six month followup in rape survivors receiving 9 sessions of CBT. Thirty women were administered the Quality of Life Inventory (Frisch, 1992) in addition to measures of PTSD and depression at pre-treatment, post-treatment, and six-month followup. The QOLI measures perceived

satisfaction across a variety of life domains including health, work, love relationships, friendships, money, creativity, play, goals and values, learning, and helping others. The composite score takes into consideration the importance the individual places on each component. Preliminary data analyses suggest that rape survivors report significantly higher overall quality of life at post-treatment than at pre treatment. Furthermore, these gains appear to be maintained at six-month followup. Specific aspects of quality of life which change over the course of treatment will be discussed as well.

F113

Intervention Research

## A COMMUNITY-BASED PROGRAM FOR REFUGEE CHILDREN

Carol J. Joseph, Student, New York University

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

F114

Intervention Research

## TRAUMA-INFORMED TREATMENT FOR INCARCERATED JUVENILES: A CONTROLLED STUDY

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

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

F115

Intervention Research

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

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

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

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

**F116 Intervention Research**

**THE ROLE OF SCHEMAS AMONG VICTIMS OF DOMESTIC VIOLENCE**

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

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

**F117 Intervention Research**

**PREDICTORS OF GUILT AMONG FEMALE RAPE VICTIMS**

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

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

**F200 Epidemiology**

**EVERYDAY SEXISM AND PTSD: A CORRELATIONAL STUDY**

**Susan H. Berg, Private Practice**

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

**F201 Epidemiology**

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

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

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

**F202 Epidemiology**

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

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

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

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

F203

Epidemiology

## THE GOLDEN AGE? NOT FOR CHILD HOLOCAUST SURVIVORS

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

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

F205

Epidemiology

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

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

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

F206

Epidemiology

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

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

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

F207

Epidemiology

## HIDDEN VIOLENCE: WHAT TEENAGERS REPORT ABOUT HATE

**Diane L. Elmore, University of Houston and National Center for PTSD, Honolulu; Mary W. Armsworth, University of Houston, Dept of Educational Psychology**

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

F208

Epidemiology

## PROLONGED DISASTER AND THE EFFECTS OF UNCERTAINTY: THE MONTANA WILDFIRES

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

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

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

**F209**

**Epidemiology**

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

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

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

**F210**

**Epidemiology**

## **PERSONALITY DISORDERS IN VETERANS WITH PTSD AND DEPRESSION**

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

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

**F211**

**Epidemiology**

## **SHORT-TERM PSYCHOLOGICAL REACTIONS FOLLOWING AN EARTHQUAKE**

**Guliz Elal, Zeynep Armay, Bahar Tanyas, Bogazici University**

Acute patterns of reactions to traumatic experiences are thought to influence the longitudinal course of trauma related psychopathology, yet data in this area is scanty. 151 adults who had experienced an earthquake (magnitude 5.8. on the Richter scale) in Afyon, Turkey in December 2000, were examined 5-7 days after the event. This population had been sensitised to the fears of an earthquake following a destructive earthquake in the same region in 1995 and a devastating one in another part of the

country in 1999. Participants were recruited on a convenience basis. Self-report questionnaires, including measures of dissociation (PDEQ, SDQ-20 and DES), peritraumatic distress (IES, PDI), depression (BDI) and anxiety (STAI) were administered. Past trauma history and severity of exposure were also assessed. Results indicate that immediate responses of different types of distress are common following a natural disaster. The measures employed are moderately to strongly correlated with each other. How well these measures predict long-term trauma-related distress will be investigated in follow-up assessments of the participants. Childhood traumas and sociodemographic variables (very low level of education and income, not working and being female) are associated with higher levels of distress.

**F212**

**Epidemiology**

## **PTSD SYMPTOMS IN KENYAN CHILDREN FOLLOWING A TERRORIST BOMBING**

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

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

**F213**

**Epidemiology**

## **CHILD ABUSE AT JAPANESE SCHOOLS**

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

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

F214

Epidemiology

## SEXUAL ABUSE: GENDER DIFFERENCES IN PSYCHOLOGICAL ADJUSTMENT AND COPING STRATEGIES

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

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

F215

Epidemiology

## PREDICTORS OF ACUTE REACTIONS TO COMMUNITY VIOLENCE RESULTING IN INJURY

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

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

F216

Epidemiology

## DISCLOSURE OF SEXUAL ABUSE DURING CHILDHOOD AND ADULT SYMPTOMATOLOGY

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

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

F217

Epidemiology

## SECONDARY TRAUMATIZATION IN DUTCH COUPLES OF WORLD WAR II SURVIVORS

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

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

F218

Epidemiology

## PERITRAUMATIC DISSOCIATION DOES NOT PROTECT AGAINST PERITRAUMATIC DISTRESS

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

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

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

F219

Epidemiology

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

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

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

F220

Epidemiology

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

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

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

F221

Epidemiology

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

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

Although there is a large body of research regarding the effects of the Prisoners of War (POW) experience upon psychological distress including Posttraumatic Stress Disorder (PTSD) symptoms, little is known about the relations of distress and PTSD symptoms with the quality of intimate relationships in this population. In a cross sectional survey of 614 POWs, the relationships among aspects of the intimate dyadic relationship (i.e., relationship quality, intimacy, communication, and self-disclosure),

PTSD and depression symptoms were examined. Of the initial survey of 614, 557 (90.7%) were currently married or living with a domestic partner and were sent a second survey on dyadic relationship and psychological distress. Three hundred and eight-three (68.8%) POWs responded. All intimate relationship variables examined were significantly correlated with PTSD and depression symptoms ( $p's < .05$ ). In a step-wise multiple regression model predicting PTSD symptoms, verbal aggression, intimacy, and constructive communication accounted for 30 percent of the variance. In a similar multiple regression model predicting depressive symptoms, verbal aggression, social and sexual intimacy, and violence accounted for 38 percent of the variance. Implications for couples counseling include enhancing these aspects of the relationship and possibly decreasing psychological distress among POWs.

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Epidemiology

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

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

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

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Epidemiology

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

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

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

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Epidemiology

## CONFIRMATORY FACTOR ANALYSIS OF THE SECONDARY TRAUMATIC STRESS SCALE

Brian E. Bride, The University of Georgia

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

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Epidemiology

## TRAUMATIC BEREAVEMENT IN MEXICO: EXPOSURE AND ITS EFFECTS

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

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

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## DOMESTIC VIOLENCE: A DEVELOPMENTAL AND INTERGENERATIONAL PERSPECTIVE

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

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

distress, and, finally, negative child behavior. The findings lend support to the idea of intergenerational transmission of family violence in the presence of pivotal mediators such as exposure to highly stressful life events.

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## UNIQUE STRESSORS FOR WOMEN IN THE GULF WAR

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

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

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Epidemiology

## MULTIPLE DIMENSIONS OF STRESS IN TWO COHORTS OF GULF WAR PERSONNEL

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

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

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Epidemiology

## COMMUNITY VIOLENCE EXPOSURE: PSYCHOLOGICAL AND PHYSIOLOGICAL OUTCOMES

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

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

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

**F230**

**Epidemiology**

## **EXPOSURE TO LIFETIME TRAUMA IN UNIVERSITY STUDENTS**

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

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

**F231**

**Epidemiology**

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

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

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

**F232**

**Epidemiology**

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

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

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

**F233**

**Epidemiology**

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

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

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

**F234**

**Epidemiology**

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

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

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

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Epidemiology

## TRAUMA EXPOSURE AND CORRELATES IN A SAMPLE OF INCARCERATED JUVENILES

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

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

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## TRAUMA EXPOSURE IN SOUTHEAST ASIAN HUMANITARIAN AID WORKERS

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

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

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Epidemiology

## EXAMINATION OF FIVE RISK FACTORS ASSOCIATED WITH SEXUAL VICTIMIZATION

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

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

significant predictors of sexual victimization. We focus here on a detailed analysis of changes in predictor variables over the nine weeks, as well as differences between CSA and non-CSA groups.

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## VIOLENT VICTIMIZATION AND NEUROCOGNITIVE FUNCTIONING IN WOMEN WITH SCHIZOPHRENIA

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

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

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Epidemiology

## TRAUMA AND HARM WITHIN THE PSYCHIATRIC SETTING: A PILOT STUDY

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

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

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Epidemiology

**TRAUMA EXPOSURE AND TREATMENT RETENTION AMONG ADOLESCENT DRUG ABUSERS**

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

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

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Epidemiology

**PARENT AND CHILD REPORTS OF CHILD SYMPTOMS FOLLOWING RESIDENTIAL FIRE**

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

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

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Epidemiology

**PERSONALITY VARIABLES AND THE INTERGENERATIONAL TRANSMISSION OF VIOLENCE**

**Catherine M. Coppelillo, Mary L. Wandrei, Marquette University**

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

moderate the link between childhood exposure to violence and violence enacted in one's adult intimate relationships. These results indicate a need for further inquiry into the role of personality variables in the intergenerational transmission of violence.

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Epidemiology

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

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

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

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**TRAUMA EXPERIENCES AND PTSD AMONG HOMELESS ADOLESCENTS**

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

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

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Epidemiology

**FACTORS AFFECTING THE RELATIONSHIP BETWEEN TRAUMA AND ILLNESS BEHAVIOR**

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

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

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

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

Susan A. Cadell, Wilfrid Laurier University

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

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Epidemiology

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

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

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

F248

Epidemiology

## FIREARM COLLECTION AND USE AMONG PTSD COMBAT VETERANS

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

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

firearm owners (16 out of 23) have made attempts or expressed the desire to kill others in the past; with 44% of those being in the past year. The results of this survey underscore the need to fully assess PTSD combat veteran patients regarding their collection and use of firearms.

F249

Epidemiology

## NURSING HURT CHILDREN HURTS: VICARIOUS TRAUMATIZATION OF PEDIATRIC STAFF

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

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

F250

Epidemiology

## CASE STUDIES OF VICTIMS OF INTIMATE PARTNER VIOLENCE

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

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

F251

Epidemiology

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

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

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

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

F252

Epidemiology

## TRAUMA AND PSYCHOPATHOLOGY IN RURAL MISSISSIPPI

**Maurice Preter, Sabinae Preter, University of Mississippi**

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

F253

Epidemiology

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

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

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

F254

Epidemiology

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

**Pakize Çervatou Geyran, Psychiatrist**

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

F255

Epidemiology

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

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

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

F256

Epidemiology

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

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

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

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

F257

Epidemiology

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

**Katherine L. Beebe, K. Hewett, A. Adams, H. Bryson, C.D. Pitts, L. Ruggerio, GlaxoSmithKline Clinical Research and Development; J.R.T. Davidson, Duke University; D.J. Stein, University of Stellenbosch**

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

F300

Research to Practice

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

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

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

F301

Research to Practice

## MOTHER-CHILD ATTACHMENT AND NARCISSISTIC INJURY PATTERNS IN TRAUMATIZED FAMILIES

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

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

F302

Research to Practice

## NARRATIVES OF DEHUMANIZATION: COPING WITH SEVERE CHILDHOOD ABUSE AND NEGLECT

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

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

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

F303

Research to Practice

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

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

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

F304

Research to Practice

## BODY AWARENESS, COUNTERTRANSFERENCE, AND VICARIOUS TRAUMATIZATION

Cress A. Forester, California Institute for Integral Studies

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

F305

Research to Practice

## AUTOBIOGRAPHICAL MEMORY DEFICITS & PTSD: A PARADIGM SPECIFIC EFFECT?

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

A number of studies have found that individuals with PTSD are more likely to produce "overgeneral" memories when asked to recall a specific event in response to a cue word. In other words, when presented with a cue word (e.g., candles), an individual with PTSD might be more likely to respond with a class of events (e.g., birthday parties) rather than a specific incident (e.g., my 8th birthday party when...). To assess whether this finding is paradigm specific and whether the putative bias includes personal semantic as well as episodic information, the Autobiographical Memory Interview was

administered to a group of combat veterans with (n=30) and without (n=17) PTSD. Results of this study showed that while PTSD veterans had lower scores on a measure of verbal functioning (WAIS III vocabulary), group differences failed to emerge in overall autobiographical memory functioning. Specific sub-analyses were conducted separately for age of recall (childhood, adolescence, early adulthood, recent events) and type of autobiographical information (personal semantic, episodic) but again no group differences were found. These results might suggest overgeneral memory biases found in previous research might be dependent on the word-cue paradigm.

F306

Research to Practice

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

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

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

F307

Research to Practice

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

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

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

F400

Basic Research

## EVALUATING THE DIAGNOSTIC COMPONENTS OF PTSD IN PSYCHIATRIC OUTPATIENTS

Laurel Franklin, Mark Zimmerman, Brown University

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

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

F401

Basic Research

## DIFFERENTIATING OVERREPORTING AND EXTREME DISTRESS WITH THE MMPI-2

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

This study's purpose was to examine overreporting on MMPI-2 in compensation seeking veterans with PTSD. A sample of veterans tested during a VA hospital compensation and pension exam (C&P) were given the MMPI-2 and measures of PTSD, depression, combat exposure. Veteran's MMPI-2s were only included in the analyses if their profile was extremely exaggerated, as measured by an F scale T-score above 80, did not elevate the MMPI-2 VRIN and TRIN scales, and had a primary diagnosis of PTSD (n 8). Using the Infrequency-Psychopathology [F(p)] scale, for distinguishing overreporting from distress, it was found that 99 veterans elevated profiles due to distress, while 29 elevated due to overreporting (F(p) below and above 7, respectively). Differences between groups on MMPI-2 clinical scales and the other measures were assessed. Implications of these findings for assessing veteran response style and use of the MMPI-2 with PTSD patients are discussed.

F402

Basic Research

## PTSD & MDD: THE ROLE OF OVERLAPPING SYMPTOMS IN DIAGNOSTIC COMORBIDITY

Laurel Franklin, Mark Zimmerman, Brown University

Studies of posttraumatic stress disorder (PTSD) have found high levels of comorbid major depressive disorder (MDD). One reason suggested for the comorbidity is the symptom overlap (contaminated symptoms) between the disorders. The present study investigated the contribution of contaminated symptoms (anhedonia, concentration and sleep problems) to the comorbidity of PTSD and MDD. PTSD symptoms were subdivided into two groups: the contaminated symptoms and the 14 "unique" symptoms. It was speculated that if the contaminated symptoms are responsible for the comorbidity, then they will show less specificity than the unique symptoms, will be less highly correlated with a PTSD symptom total count, and be more frequently endorsed in PTSD patients with than without MDD. These hypotheses were tested in a sample (N = 1300) of psychiatric outpatients, 260 of whom had lifetime PTSD. None of the hypotheses were supported, thereby suggesting that the comorbidity between PTSD and MDD is not an artifact of symptom overlap.

F403

Basic Research

## CELL PHONE USE IN LONGITUDINAL DATA COLLECTION

Maria L. Dietrich, The George Washington University; Mary Ann Dutton, Georgetown University Medical Center; Lisa A. Goodman, Boston College

Longitudinal data collection involving the use of cellular (mobile) phones is a recent phenomenon, and the existing literature provides very little guidance on the issues unique to this methodology. This poster details the use of cell phones in an ongoing longitudinal study of over 400 women involved to varying degrees with domestic violence settings. Benefits of cell phone use with this sample include mobility of the interviewer, flexibility in interview schedules, increased candor of participant response, and decreased interview time length. Specific guidelines for using cellular phones in longitudinal research are discussed as well as the specific needs of this sometimes difficult-to-follow population. Recent concerns regarding risks associated with

prolonged use of cell phones are addressed and recommendations specific to this concern are given. The authors conclude that cell phone use in longitudinal data collection is indeed a workable, efficient and cost-effective methodology.

F404

Basic Research

## THE ROLE OF CHILD ABUSE, PTSD AND ASSOCIATED FEATURES IN ADULT VIOLENCE

Anne M. Dietrich, University of British Columbia

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

F405

Basic Research

## NEW DEVELOPMENTS IN BASIC PROCESSES OF NICOTINE AND TRAUMA

John C. Beckham, Duke University and Durham VA Medical Centers; John A. Fairbank, Duke University Medical Center; Susannah L. Mozley

Smokers with PTSD and smokers with trauma exposure and no PTSD participated in a series of laboratory sessions in which individualized scripts (trauma-related, general stress and neutral) were presented. Following script presentations, nicotine or placebo was administered through a smoking apparatus. HR, BP, PTSD symptoms, mood and smoking craving were measured at baseline, pre-and post-script presentation and pre-and post-smoking. Across script conditions, administration of nicotine resulted in maintenance of PTSD, negative affect and state anxiety symptom report whereas placebo administration resulted in a significant decrease in symptom report. Urges to smoke were significantly decreased in both nicotine and placebo administration, with a significantly greater reduction in the nicotine condition. Nicotine reduced arousal more than placebo following neutral and stressful scripts, but nicotine significantly increased arousal compared to placebo following trauma-related scripts. In general, vividness of images faded over time with the exception that vividness of the image increased following nicotine in the trauma script condition. Psychophysiological responses generally paralleled these results. The pattern of results was similar for smokers with trauma exposure and no PTSD, but at a significantly lower response magnitude. Overall, these results suggest that nicotine maintained PTSD and related symptoms, particularly following trauma script presentation, whereas the nonspecific effects of smoking (placebo smoke) had a calming effect on mood and trauma-related symptoms.

## THE INFLUENCE OF SMOKING ON PSYCHOPHYSIOLOGICAL ASSESSMENT OF PTSD SUBJECTS

Nancy C. Bernardy, John E. Jalowiec, Matthew J. Friedman, Paula P. Schnurr, Annmarie S. McDonagh-Coyle, National Center for PTSD; Gregory J. McHugh, Dartmouth College

Numerous PTSD studies have reported increased psychophysiological reactivity to trauma-related stimuli with elevated heart rate, skin conductance and facial electromyogram responses noted. Studies of PTSD neuroendocrine levels have also been studied extensively but have yielded varying results. Researchers have shown a link between PTSD and smoking in populations with various trauma histories. However, it is currently not known if the findings of psychophysiological hyperreactivity or neuroendocrine levels are associated to smoking. This study involves an examination of the influence of smoking on psychophysiological and neuroendocrine assessment in a sample of 74 women with PTSD who experienced childhood sexual abuse. 19 women were current smokers. There were no other significant differences between the women with PTSD who smoked and nonsmokers on demographic variables. Women with PTSD who smoked had significantly higher baseline resting

heart rates, shorter intervals between heart beats, and a trend toward an exaggerated pre-ejection period measure compared to nonsmoking women with PTSD in the assessment using impedance cardiography. Women smokers with PTSD also showed a significantly elevated epinephrine level and a trend for increased cortisol at baseline. These findings suggest that abnormalities associated with PTSD may be related to nicotine use. Future studies should consider smoking status of the clinical population and control for smoking in the design as well as interpretation.

## EARLY INTERVENTION TO PREVENT POST-RAPE PSYCHOPATHOLOGY AND SA

Heidi S. Resnick, Ron Acierno, Dean G. Kilpatrick, MUSC-Psychiatry

Rape victims who report the crime to police are routinely seen for forensic medical care within 72 hours post-assault. This early care provides a unique opportunity to implement and evaluate an early intervention that might reduce development of drug and alcohol abuse, posttraumatic stress disorder (PTSD) and major depression. Data are presented from an ongoing NIDA funded randomized controlled trial of an early intervention that is delivered via video prior to conducting the emergency post-rape medical exam. The video intervention is designed to reduce acute distress during post-rape medical care as well as to provide education and instruction in strategies to cope adaptively with post-rape fear and distress. Comparison group women receive treatment as usual. Follow-up assessment of drug and alcohol abuse, PTSD and major depression is conducted at 6 weeks, 3 months, and 6 months post-rape. Preliminary data from a sample of 117 women who have completed 6 week follow-up assessment (57 video, 60 non-video) indicate that current alcohol or drug abuse was lower in the group that participated in the video condition (12%) than the group exposed to treatment as usual (25%),  $x^2=3.10$ ,  $p<.10$ . Analyses will be conducted to evaluate effects of the intervention as a function of prior history of assault, and reported use of drugs or alcohol during assault. Descriptive data will also be presented on nicotine use.

F406

Basic Research

## RELATIONS AMONG PARENTS' DISSOCIATION, HARSH AND INCONSISTENT PARENTING, AND CHILDREN'S EXTERNALIZING BEHAVIOR

Kathryn A. Becker, Jennifer J. Freyd, University of Oregon; Katherine C. Pears, Oregon Social Learning Center

The link between harsh and inconsistent parenting and children's externalizing behavior has been well established. The present study used a developmental traumatology perspective to test the hypothesis that parents' trauma symptoms were related to harsh/inconsistent parenting in a sample of traumatized and non-traumatized 4- to 5-year-olds. Results revealed moderately high correlations between parents' Dissociative Experiences Scale scores and self-reported harsh/inconsistent parenting. Parents' dissociation was also moderately related to children's externalizing behavior, and this relation was mediated by parents' use of harsh/inconsistent parenting. Correlations between children's externalizing scores and post-traumatic stress symptom scores were moderately high. These results suggest that dissociation may interfere with parents' ability to use warm and consistent parenting, and that the role of trauma and trauma symptoms should be considered when researching and treating families characterized by harsh/inconsistent parenting and child externalizing behavior.

F407

Basic Research

## EMOTION REGULATION AND COPING SELF-EFFICACY FOLLOWING MOTOR VEHICLE ACCIDENT

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

Coping self-efficacy (CSE) for traumatic recovery is predictive of psychological outcomes involving a variety of traumas (e.g., hurricanes, fire/floods, military combat, and terrorist bombings). This study extends past research by looking at the emotional reactivity related to posttraumatic re-exposure as a predictor of future CSE perceptions. Twenty-three participants mean age of 43 (SD = 16) were sampled at 1 & 3-months post motor vehicle accident (MVA). Participants completed a provocation trauma script protocol at one month including responding to the Profile of Mood States before and

after listening to a tape of their accident. Three months later participants completed a questionnaire packet including CSE perceptions. Results showed that change scores for confusion, depression, fatigue, and vigor were significantly correlated with 3-month CSE perceptions ( $r$ 's = -.46, -.49, -.52, and .68, respectively). Change in anxiety was close to significant ( $r = -.28$ ,  $p = .058$ ) and anger failed to reach significance ( $r = -.28$ ,  $p = .20$ ). These findings provide greater insight into the role of emotion regulation and its effect on perceptions of one's ability to manage post-traumatic recovery demands. Clinical and theoretical implications will be addressed.

F408

Basic Research

## DISCOVERING LOSS: LATE-ONSET STRESS SYMPTOMATOLOGY IN AGING COMBAT VETERANS

Meghan E. Rooney, Peter S. Bachrach, National Center for PTSD; Daniel W. King, Lynda A. King, Eve H. Davison, Clifford D. Evans; National Center for PTSD; Avron Spiro, Boston VA Healthcare System

LOSS, late-onset stress symptomatology, is conceptualized as a condition among older veterans who were exposed to difficult combat conditions in their early years, have functioned successfully since, but begin to register combat-related complaints 30, 40, or even 50 years later. These complaints appear to manifest after a significant later-life stressor (e.g., loss of spouse or physical illness). The present study used a focus group methodology to explore LOSS among 47 World War II, Korean Conflict, and Vietnam veterans. Focus groups involved moderator-facilitated discussions intended to allow veterans to more easily disclose their current medical and psychological health issues. The data revealed symptoms such as intrusive memories, nightmares, and rumination among the participants and pointed toward factors relevant to LOSS such as attributional style, perceptions of control, mastery, and maintenance of an active lifestyle. As expected, the older World War II and Korean Conflict veterans reported more LOSS-related content than did the younger Vietnam veterans. Our long-term goal is to further identify the symptoms and triggers of LOSS and ultimately suggest possible coping strategies for younger veterans as they enter into later life.

F409

Basic Research

## "TRAUMA" - "NO TRAUMA": WHAT'S IN A NAME?

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

Typically, when completing screening measures assessing trauma exposure persons are asked to indicate whether they have experienced a variety of 'traumatic' events. Persons who have not experienced any events are asked to describe the worst thing to happen to them and are placed in a 'no trauma' comparison group. The purpose of this paper was to determine the effect of these latter events on intensity of PTSD symptoms and level of dissociation. The participants were 566 undergraduates enrolled in either a psychology course or a university-wide orientation course. Participants completed the PTSD Checklist, the Dissociative Experiences Scale (DES), and the Traumatic Events Questionnaire. The majority of the sample (85.1%,  $n = 482$ ) reported experiencing at least one traumatic event. As expected, when comparing those who had and those who had not experienced a 'traumatic' event, there were significant differences in severity of PTSD symptoms and dissociation. However, among the 84 persons reporting 'no event,' six obtained scores of 50 or more on the PTSD Checklist, a value typically used as a cutoff score for clinical levels of PTSD severity. Similarly, seven persons had DES scores in excess of 30, reflecting severe dissociative symptoms. Methodological and clinical implications will be discussed.

F410

Basic Research

## MEN'S FEAR OF EMOTION AND ITS ROLE IN RELATIONSHIP VIOLENCE

Matthew C. Jakupek, Lizabeth Roemer, University of Massachusetts at Boston

Violence may be a behavioral expression used by individuals who lack alternatives for securing outcomes or terminating humiliation (Bandura, 1978). Given that males are less emotionally expressive (Brody, 1985) and expect negative responses to emotional expressions (Fuchs & Thelen, 1988), aggression might function to express negative

affect, allowing men to avoid demonstrating vulnerable emotions (Gilligan, 1996). To test this, 156 males attending an urban university were sampled. Stress experienced when violating male norms, or masculine gender role stress, (MGRS; Eisler & Skidmore, 1987) has been found to predict men's reports of relationship violence (RV) (Jakupcak, Lisak & Roemer, 2001). The Affect Control Scale (ACS, Williams, Chambless & Ahrens, 1997) assessed men's fear of emotions. The Conflict Tactics Scale (Straus, 1979) assessed men's RV. A hierarchical regression was used to determine if fear of emotion predicted RS beyond what was accounted for by MGRS. Results indicated that the overall model was significant  $F(3,156) = 6.40, p < .01$ . After accounting for income (Beta =  $-.31, R^2\text{Change} = .009, p > .24$ ) and MGRS (Beta =  $.20, R^2\text{Change} = .07, p < .01$ ), the ACS predicted a significant portion of variance in men's RV, Beta =  $.20, R^2\text{ change} = .04, p < .05$ .

F411

Basic Research

## PHYSIOLOGICAL CORRELATES OF PERITRAUMATIC DISSOCIATION

Douglas L. Delahanty, Doreen Royer, Kent State University; Eileen Spoonster, Summa Health System; Jay Raimonde, Summa Health System

High levels of peritraumatic dissociation increase one's risk of developing PTSD. In addition, peritraumatic dissociation has been associated with blunted autonomic reactivity during recall of a traumatic event. To determine whether dissociation was associated with lower autonomic hormone levels in the immediate aftermath of a trauma, the present study examined the relationship between peritraumatic dissociation and initial urinary hormone levels in 84 motor vehicle accident (MVA) victims admitted to a nearby trauma unit. Upon admittance to the trauma unit patients were catheterized, and 15-hour urine samples were collected to measure levels of catecholamines and cortisol. The Peritraumatic Dissociative Experiences Questionnaire (PDEQ; Marmar et al., 1997) was completed, on average, 32 hours after admittance, and the Impact of Event Scale (IES; Horowitz et al., 1979) was completed one month after the accident. Results revealed that peritraumatic dissociation was positively correlated with symptoms of intrusive and avoidant thoughts and behaviors ( $r = .483, p < .001$ ) and negatively correlated with urinary norepinephrine ( $r = -.278, p = .01$ ). High dissociators ( $>1SD$  above the mean) excreted lower levels of urinary epinephrine,  $F(1,30) = 4.3, p < .05$ , and norepinephrine,  $F(1,30) = 4.5, p < .05$ , than low dissociators ( $>1SD$  below the mean). These results suggest that peritraumatic dissociation is associated with lower autonomic activity in the immediate aftermath of a traumatic event.

F412

Basic Research

## VIOLENCE AND PTSD: FINDINGS FROM A SOUTH AFRICAN TOWNSHIP

B. Ann Dinan, University of Missouri-St. Louis; Diana M. Gibson, University of Western Cape

Recent research on violence in South African townships has been focused on political violence, however, our study gives attention to a more insidious and ongoing form of violence, i.e. community violence. We examined the incidence of community violence and PTSD with a population that had experienced community violence. Ninety women were interviewed; the average age was 35, most reported low educational attainment levels, the majority were married, most were Black or Coloured, and they reported an average of two children each. This study design is cross-sectional and non-probability sampling was employed. The women were referred by the staff at the New World Foundation, an agency that provides counseling and support to trauma victims in the Lavender Hill area of Cape Town. Our findings indicate that nearly 2/3 reported at least one traumatic experience outside of the home in the past year; 51% reported witnessing a murder or serious injury. The majority of respondents reported at least one clinical PTSD symptom with 96% meeting criterion B and 48% meeting all criteria for PTSD diagnosis. Thus, this form of violence clearly needs the attention of researchers and supports need to be provided for these women who are demonstrating mental health impairment.

## COMMUNITY VIOLENCE AND PTSD: FINDINGS FROM A SOUTH AFRICAN TOWNSHIP

B. Ann Dinan, University of Missouri-St. Louis

Recent research on violence in South African townships has been focused on political violence, however, our study gives attention to a more insidious and ongoing form of violence, i.e., community violence. We examined the incidence of community violence and PTSD with a population that had experienced community violence. Ninety women were interviewed; the average age was 35, most reported low educational attainment levels, the majority were married, most were Black or Coloured, and they reported an average of two children each. This study design is cross-sectional and non-probability sampling was employed. The women were referred by the staff at the New World Foundation, an agency that provides counseling and support to trauma victims in the Lavender Hill area of Cape Town. Our findings indicate that nearly 2/3 reported at least one traumatic experience outside of the home in the past year; 51% reported witnessing a murder or serious injury. The majority of respondents reported at least one clinical PTSD symptom with 96% meeting criterion B and 48% meeting all criteria for PTSD diagnosis. Thus, this form of violence clearly needs the attention of researchers and supports need to be provided for these women who are demonstrating mental health impairment.

## DOMESTIC VIOLENCE AND PTSD: FINDINGS FROM A SOUTH AFRICAN TOWNSHIP

George J. McCall, University of Missouri-St. Louis

Recent research on violence in South African townships has been focused on political violence, however, our study gives attention to a more insidious and ongoing form of violence, i.e. domestic violence. We examined the incidence of domestic violence and PTSD with a population that had experienced domestic violence. Ninety women were interviewed; the average age was 35, most reported low educational attainment levels, the majority were married, most were Black or Coloured, and they reported an average of two children each. This study design is cross-sectional and non-probability sampling was employed. The women were referred by staff at the New World Foundation, an agency that provides counseling and support to trauma victims in the Lavender Hill area of Cape Town. Our findings indicate that nearly 3/4 reported at least one traumatic experience inside the home in the past year; 49% reported being kicked out of their home. The majority of respondents reported at least one clinical PTSD symptom with 92% meeting Criterion B and 43% meeting all criteria for PTSD diagnosis. Thus, this form of violence clearly needs the attention of researchers and supports need to be provided for these women who are demonstrating mental health impairment.

F413

Basic Research

## TRAUMA AND EMOTION REGULATION

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

Emotion regulation has been described as the use of behaviors and thoughts to influence the recognition, selection, timing, experiencing and expression of affect. A number of studies have examined correlations between emotion regulation and cognitive processing, memory, impulse control, and other aspects of behavior. Few studies have taken into account the potential relationship between trauma history and emotion regulation, although anecdotal evidence in the clinical literature supports the relationship. The current study addresses the need for empirical support by examining the relationship between reported trauma history, PTSD, and emotion regulation strategies. Data will be collected from approximately 300 college students, male and female, using the following measures: the Toronto Alexithymia Scale (TAS-20) and the Affective Avoidance Questionnaire, both measures of emotional avoidance; the Negative Mood Regulation scale, a measure of confidence in the ability to cope with negative affect; and the Affective Control Scale, a measure of anxiety regarding emotions and confidence in one's ability to control affect. Additionally, all participants will complete the Posttraumatic Diagnostic Scale developed by Foa and colleagues to assess prior trauma history and PTSD symptomatology. Results are expected to have implications for our understanding of the role of trauma in emotion regulation disturbances.

F414

Basic Research

**HEALTH AMONG VIETNAM-ERA RPOWS: DEMOGRAPHICS AND CAPTIVITY STRESSORS**

**Peter S. Bachrach, Clifford D. Evans, Dawn M. Salgado, Meghan E. Rooney, Daniel W. King, Lynda A. King, Danny G. Kaloupek, Terence M. Keane, National Center for PTSD**

This study is part of a larger project documenting multivariate influences on long-term health and adjustment of Vietnam-era repatriated prisoners of war (RPOWs) using data housed at the R.E. Mitchell Center, Pensacola, FL. Hierarchical moderated multiple regression was used to predict physical and psychological health at repatriation from precaptivity demographics, general captivity environment, physical stressors during captivity, and their interactions. It was hypothesized that certain precaptivity demographic characteristics (e.g., rank) may uniquely predict health at repatriation above and beyond dimensions of the captivity experience, and that these characteristics may also buffer the effects of the captivity experience on health at repatriation. Bivariate correlations revealed that ratio of time spent in captivity in South Vietnam was a consistent predictor of poor health at repatriation. Multiple regression analyses indicated that 46% of the variance in PTSD scores was accounted for by a composite of demographics, physical stressors (e.g., weight change, nutrition, injuries), and the interactions between rank and these stressors while 45% of the variance in a negativity scale was explained by the same composite set. Also, the findings indicate that RPOWs of higher military rank at capture fared better on most of the health outcomes than did RPOWs of lower rank.

F415

Basic Research

**THE LIFETIME INVOLVEMENT IN VIOLENT EVENTS SCALE (LIVES): PSYCHOMETRIC PROPERTIES**

**Emily S. Davidson, Krista Benson, Emily S. Davidson, Department of Psychology, Texas A&M University; Anita L. McGruder-Johnson, Michael Reese Hospital**

In previous research, trauma has frequently been defined by the research participant. Events which are traumatic to one person may not be considered traumatic by another. It thus becomes difficult to determine whether particular events are traumatic or how frequently. In addition, research participants are often asked only about their direct experiences, although witnessing or hearing about an event may also meet the criteria for a traumatic event. The Lifetime Involvement in Violent Events Survey (LIVES) is a 43-item survey assessing frequency of directly experiencing, witnessing, or hearing about 9 physically violent events and 4 sexually violent events, as well as military experience and witnessing or being told about murder. Undergraduate students (initial N=284) were administered a questionnaire which included the LIVES, a measure of PTSD symptoms, a measure of sexual adjustment, and a measure of drug and alcohol abuse. A subset of 124 students returned in two weeks and repeated the questionnaire. An additional subset of 114 students returned in one month and also retook the questionnaire. Data regarding reliability (test-retest) and validity (predictive of PTSD symptoms and drug use) will be presented.

F416

Basic Research

**SELECTIVE NUMBING OF EMOTIONAL AROUSAL TO PLEASANT IMAGES IN FEMALE BOSNIAN SUBJECTS WITH PTSD**

**Edward J. Neafsey, Loyola University Medical Center; Aida Spahic-Mihajlovic, John Crayton, Hines VA Hospital**

Emotional responses were compared between 11 female Bosnian refugees diagnosed with PTSD (ages 30-65) and 10 female Bosnian control subjects without a diagnosis of PTSD (ages 30-80). Emotion was assessed using Lang's "Looking at Pictures" test (Psychophysiology 30:261-273, 1993) in which subjects view a series of 21 pictures and then rate each one for its subjective emotional valence (pleasant or unpleasant) and its subjective emotional arousal (high or low) using separate cartoon figure scales for valence and arousal. All subjects were also administered the PTSD Symptom Scale (PTSDSS) and the Hamilton Depression Scale. Our hypothesis was that female PTSD subjects would display the same "selective numbing" of emotional arousal for pleasant

pictures that we had previously reported for male Bosnian PTSD subjects (Abstracts International Society Traumatic Stress Studies, 1999). Our findings supported our hypothesis in that women with PTSD, like men, rated all pleasant pictures as less arousing than control subjects, with the differences on 4/7 pleasant pictures reaching statistical significance (Wilcoxon rank sum tests (WRS),  $p < .05$ ). In contrast to men with PTSD, however, women with PTSD consistently rated all pictures as less pleasant than controls, and for 10/21 pictures this difference was significant ( $p < .05$ , WRS). In fact, the picture valence ratings of female PTSD subjects were consistently less than those of males PTSD subjects, with 10/21 pictures reaching statistical significance. This additional picture valence abnormality may be related to the greater severity of PTSD symptoms in our female subjects, as measured by the PTSDSS (Median Total Scores of 48.5 in females vs. 29.5 in males with PTSD,  $p < .0007$ , WRS). Such differences may reflect differences in the original trauma precipitating the PTSD. Lastly, all of the female subjects with PTSD also displayed many symptoms of co-morbid depression as measured by the Hamilton scale, similar to what we have previously seen in men with PTSD. In conclusion, loss of emotional arousal for pleasant images ("selective numbing") is found in both female and male subjects with PTSD. In addition, our female PTSD subjects also showed abnormal picture valence ratings that were not seen in males and may be related to the greater severity of PTSD symptoms in our female subjects.

F417

Basic Research

**WORKING MEMORY MARKERS OF POSTTRAUMATIC STRESS DISORDER AND DISSOCIATIVE IDENTITY DISORDER**

**Martin J. Dorahy, Harvey J. Irwin, School of Psychology, University of New England; Warwick Middleton, Cannan Institute, Belmont Hospital**

Memory dysfunction is a primary diagnostic criterion of dissociative identity disorder and a phenomenological feature of posttraumatic stress disorder. Much of the research related to memory in DID and PTSD has related to recall deficits for autobiographical knowledge. Less emphasis has been given to studying working memory in these conditions. Some work has found greater interference effects in non-clinical high-dissociators and PTSD patients exposed to trauma-related words when using the Stroop task (DePrince & Freyd, 1999; Foa et al., 1991; McNally et al., 1990). The current study used a methodologically different task to assess aspects of working memory, including inhibition, facilitation and interference, in DID, PTSD, depressed, schizophrenic and general population control samples ( $n = 10$ ). With the exception of the schizophrenic group, all samples showed significant inhibition effects. Interference effects as assessed through an 'attend-ignore' task only reached significance in the PTSD sample. Compared to the other groups only the DID and PTSD samples showed significant facilitation effects. Finally, traditional interference effects were evident in all samples, however the DID cohort showed significantly more interference than the schizophrenic sample. This study identifies some of the specific working memory markers of PTSD and DID.

F418

Basic Research

**NONLINEAR MEASURES OF PSYCHOLOGICAL AND BEHAVIORAL PROCESSES IN INCARCERATED YOUTH WITH ALTERED RESPONSES TO STRESS**

**Susan Mirow, Div. of Youth Corrections, Dept. of Psychiatry U of Utah Med; Robert J. Porter, Directions for Mental Health**

New data analysis and system-modeling tools, drawn from nonlinear dynamics or "chaos" theory, promise to provide a detailed picture of the way the mind and body respond to stress, as well as how the altered reactivity states change with treatment. Use of these new techniques requires specialized computer hardware and software as well as opportunities to obtain physiological and behavioral measures over relatively long periods of time (24 hours or more). We examine the usefulness of several measures of this type, and present the results of our pilot project working with incarcerated youth with altered responses to stress. The vast majority of these youth have histories of early childhood trauma, having been victims of abuse and/or neglect

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and/or witnesses to violence. They have been found to be either overreactive or underreactive to stress using standard linear measures. We show the usefulness of non-linear measures in characterizing the responses of these troubled youth.

F419

Basic Research

## THE "DISSOCIATIVE SUBTYPE" IN COMBAT-RELATED PTSD

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

Numerous studies have shown that, as a group, individuals with PTSD score significantly higher on the DES than those without PTSD. However, Putnam et al. (1996) suggest there may be a distinct "dissociative subtype" of individuals with PTSD responsible for elevating PTSD-group mean DES scores across studies. This study investigates whether Putnam's typological model of dissociation in PTSD is consistent with data collected from a sample of Vietnam veterans with combat-related PTSD. Participants (N=22) completed measures of PTSD (CAPS, MISS), dissociation (DES), depression (BDI), anxiety (BAI), combat exposure (CES), and child abuse history (CTQ). Using a DES cutoff score of 20, participants with PTSD were categorized into low dissociator (N=10; DES X=11.9) and high dissociator (HD; N=12; DES X=34.1) groups. Planned t-tests revealed that, as compared to participants in the low dissociator group, participants in the high dissociator group had significantly higher CAPS total ( $p=.04$ ), CAPS hyperarousal cluster ( $p=.05$ ) total, and BAI ( $p=.009$ ) total scores, and showed a trend towards greater severity on the MISS ( $p=.06$ ). High dissociators also reported significantly higher scores on the emotional abuse subscale of the CTQ ( $p=.05$ ). Results support Putnam's model predicting a dissociative subtype in PTSD that presents in a fundamentally different manner.

F420

Basic Research

## THE 28-ITEM CHILDHOOD TRAUMA QUESTIONNAIRE: PSYCHOMETRIC PROPERTIES IN A SAMPLE OF VIETNAM VETERANS WITH COMBAT-RELATED PTSD

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

This study investigated the psychometric characteristics of the newly shortened (cut from 70 to 28 items) Childhood Trauma Questionnaire (CTQ, Bernstein & Fink, 1998) in a population of Vietnam veterans with a history of combat trauma. Cronbach's alpha for the CTQ's five subscales (physical abuse, physical neglect, emotional abuse, emotional neglect, and sexual abuse) ranged from .77 to .94, thereby indicating high internal consistency. Four of the subscales showed good convergent validity, as they significantly correlated with self-report measures of trauma-related psychopathology: PTSD, anxiety, depression, and dissociation. Using clinical cutoff scores derived by Bernstein and Fink (1998), between group comparisons showed that participants in the PTSD group reported higher rates of moderate to severe emotional and physical abuse (emotional 29.6%, physical 51.8%) than those in the Non-PTSD group (emotional 6.7%, physical 0%). The PTSD group also reported higher rates of moderate to severe emotional and physical neglect (emotional 44.4%, physical 29.6%) as compared to the Non-PTSD group (emotional 13.4%, physical 0%). These findings demonstrate that the revised version of the CTQ possesses good psychometric properties in a sample of traumatized combat veterans. Furthermore, they suggest that there may be a relationship between childhood abuse history and PTSD in this population.

F421

Basic Research

## ARE HIPPOCAMPAL ABNORMALITIES ASSOCIATED WITH DECLARATIVE MEMORY PERFORMANCE IN PTSD?

Maryann Lenoci, Thomas C. Neylan, Clare M. Henn-Haase, Charles R. Marmar, San Francisco VAMC; Norbert Schuff, Michael W. Weiner, University of California, San Francisco

A few but not all studies have found a correlation between hippocampal atrophy and explicit memory performance in participants with Posttraumatic Stress Disorder. We have shown that hippocampal N-acetyl aspartate (NAA, a neuron marker) is diminished

in PTSD in the absence of hippocampal volume changes. The focus of this ongoing study is to examine whether hippocampal volume and levels of N-acetyl aspartate are associated with declarative memory performance in participants with Posttraumatic Stress Disorder (PTSD). All participants are medically healthy veterans diagnosed with PTSD. Verbal and visual declarative memory functioning are measured with a variety of standardized tests. Hippocampal volume and levels of NAA are obtained using Magnetic Resonance Imaging (MRI) and Proton Magnetic Resonance Spectroscopic Imaging (MRSI). The results of the study and the relevance of these findings will be discussed.

F422

Basic Research

## MANIPULATED AND DELIBERATE EXPRESSIONS AND EMOTIONAL FEELINGS IN PTSD

William F. Flack, Bucknell University; Brett T. Litz, Boston VA Medical Center; Sherry A. Beaudreau, Washington University; James D. Laird, Clark University

The purpose of this study was to examine the relationship between emotional expression and emotional experience in posttraumatic stress disorder (PTSD). A self-perception approach was used in which facial expressions were manipulated, followed by self-assessments of changes in emotional feelings. Subjects were all male Vietnam combat veterans, 21 of whom were diagnosed with PTSD and 19 who had no psychiatric disorder. Facial expressions of anger, sadness, fear, happiness, disgust, and surprise were adopted via either muscle-by-muscle instruction or deliberate request. Each expression was manipulated under two auditory conditions, one consisting of white noise, and the other combat sounds. Subjects were asked to make ratings of changes in eight different feelings (corresponding to the six expressions, plus guilt and interest) following each expression manipulation. The results of multivariate analyses and planned comparisons revealed both normal and abnormal patterns in self-rated feelings in both groups. The results of correlational analyses indicated that self-rated feelings produced by both sets of expression types were related positively and more strongly in both groups during the combat sounds condition, as compared with the white noise condition. The implications of these results for future research will be elaborated in the proposed poster.

F423

Basic Research

## PAST TRAUMA AND CARDIOVASCULAR RESPONSE TO STRESSFUL TASKS

T. Mark Morey, Brooks B. Gump, Laura Simpson, SUNY-Oswego

Research has suggested an association between past psychological trauma and cardiovascular responses to current acutely stressful events. In this study, volunteer college students' self-reported most-stressful events were assessed using a variety of scales, and their cardiac reactivity was measured in response to stressful laboratory tasks and to memory of the past most-stressful stressful event itself. The extent to which the most stressful event was perceived as traumatic was significantly correlated with cardiovascular reactivity in response to both the stressful laboratory tasks and to memory of the past traumatic event. This study suggests important links between theories and practice in the trauma field and processes relevant to cardiovascular health and health psychology. It also demonstrates the potential usefulness of a paradigm for the study of traumatic stress, factors relevant to cardiac health, and interventions aimed at prevention and treatment of traumatic stress.

F424

Basic Research

## DISSOCIATION SUBFACTORS AND MEMORY FUNCTIONING IN PTSD VETERANS AND CONTROLS

Clare M. Henn-Haase, Johannes Rothlind, Thomas C. Neylan, Maryann Lenoci, Thomas J. Metzler, Charles R. Marmar, San Francisco VAMC

Many descriptive studies noted an association of dissociative symptoms and memory impairment. However it is less clear whether self-reported dissociative symptoms are reliably associated with deficits in performance on standardized tests of cognitive functioning. Dissociation is multifaceted yet is often assessed using one measure, namely, the Dissociative Experiences Questionnaire. Furthermore, few studies have explored whether there are subfactors of dissociation associated with memory

deficits. Goldberg identified three subfactors of dissociation, (Amnesia, Absorption, Depersonalization) in a normal sample, but to our knowledge this has not been studied in a PTSD population. Veterans exposed to traumatic events are susceptible to PTSD symptoms including dissociative experiences. This study will examine the relationship between subcategories of dissociation (DES) and memory in a sample of veterans with PTSD and controls. Verbal memory will be assessed using the CVLT and WMS-III subscales; visual memory will be assessed using the Rey-Osterrieth and WMS-III subscales; attention and working memory will be assessed using WMS-III and WAIS-III subscales. The DES will be used to assess dissociative experiences and subjective reports of memory failures in everyday life. The relationship of the subfactors of dissociation to performance on standardized tests of memory after correcting for IQ (WAIS-III) will be examined.

F425

Basic Research

## AN EXAMINATION OF THE PSYCHOMETRIC PROPERTIES OF THE LIFE EVENTS CHECKLIST

**Matt J. Gray, Brett T. Litz, National Center for PTSD; Thomas W. Lombardo, University of Mississippi; Julie Wang, National Center for PTSD Behavioral Sciences**

Paper-and-pencil checklists of potentially traumatic events (PTEs) can be very useful clinically because they allow the clinician to screen for a variety of traumas over the lifespan in an efficient manner. Unfortunately, data bearing on the psychometric soundness of such measures are often lacking. For example the Life Events Checklist (LEC) was developed concurrently with the Clinician Administered PTSD Scale to assess exposure to PTEs. While the CAPS has been extensively evaluated and has been found to be very sound psychometrically (e.g. Weathers et al., 1992; Keane et al., 1998), the psychometric properties of the LEC have never been formally assessed. Because the LEC is widely used due to its frequent concurrent administration with the CAPS, an examination of its psychometric properties is an imperative. The present investigation was designed to evaluate temporal consistency of the LEC by administering this inventory to a large sample of undergraduate students on two occasions approximately 1-2 weeks apart. Data bearing on the validity of the LEC will be obtained by also administering another PTE checklist (the Traumatic Life Events Questionnaire; Kubany et al., 2000) as well as a paper-and-pencil measure of PTSD symptomatology (the PTSD Checklist; Weathers et al., 1991). Additionally, clinical validation will be obtained by examining associations between the LEC and measures of PTSD and general psychopathology in a separate database consisting of measures completed by over 100 combat-veterans that have presented for treatment at the National Center for PTSD.

F426

Basic Research

## MEMORIES OF LEARNING OF THE O.J. SIMPSON MURDER TRIAL VERDICT

**Lisa D. Butler, Cheryl Koopman, Christopher Daley, Stanford University School of Medicine**

Previous research has described some memories for significant public events as flashbulb memories that are characterized by clarity, vividness, and personal significance. In a sample of 102 adults (84% Caucasian and 16% non-Caucasian) surveyed one year following the O.J. Simpson criminal trial verdict, 71% reported clearly remembering the circumstances in which they learned the verdict and only 10% did not know how or where they learned of it. Memory clarity/vividness were significantly and positively correlated with remembering the circumstances of learning the verdict, with the feeling of social significance of the verdict, and with amount of discussion of the verdict and memories of learning of it. Additionally, those who reported high personal significance of the event and those who believed Simpson was guilty, reported significantly higher levels of surprise, anger, upset, and disappointment upon learning of the acquittal. Memory clarity/vividness was not associated with the level of personal significance in this sample, although the latter was positively associated with discussing the memories of learning of the verdict. These findings indicate that a highly controversial public event, even when anticipated, may produce clear, long-lasting, flashbulb-like memories.

F500

Human Rights

## PREPARATORY/ADVISORY PROGRAMME AIDING VICTIMS OF TERRORISM IN SPAIN TO FACE COURT SESSIONS INVOLVING THEIR AGGRESSORS

**Maria Luisa Cabanas Arrate, Juan Antonio Corredor Perez, Alicia Morales Rodriguez, Spanish Association of Victims of Terrorist Attacks; Enrique Baca Baldomero, Dept. of Psychiatric, Autonomous University Madrid**

Victims of terrorism in Spain are authorized to attend court cases against terrorists in the open seats to observe the case in which they were directly involved. This kind of experience tends to add extra psychological strain on the victim - reconstruction of the events, face to face meetings with the aggressors, slow judicial procedure, sharing the same area in the court with relatives of the aggressor, etc. This is an example of what is called "Secondary Victimization" which in our experience, generally leads to the worsening even to a chronic level serious psycho-traumatic after effects of the terrorist attacks. Due to a previous lack of aid in this area and consequently a general feeling of indefensiveness and abandon on the part of victims, the Department of Psychology of Spanish Association of Victims of Terrorist Attacks initiated this programme in 1996. 122 cases have participated in this programme. The main objectives were and are to neutralize the effects of secondary victimization to reestablish the victims self-control over the situation and give them a sense of support, by providing them with maximum information and personal care and assistance during the trials. Feedback from the programme participants was acquired through a questionnaire, resulting in a very positive valoration of it.

F600

Ethics

## METHODOLOGICAL AND ETHICAL ISSUES IN CHILD ABUSE RESEARCH: A REVIEW OF REPORTED RESEARCH PROCEDURES IN JOURNAL ARTICLES PUBLISHED 1984-2000

**Kathryn A. Becker, University of Oregon**

Questions regarding the most ethical and scientific methods for studying child abuse have been debated for decades, yet seem far from resolution. This study compares the pros and cons of various samples of abused children and various methods of collecting abuse histories from participants. A review of the child abuse literature published in well-regarded developmental journals from 1984 to 2000 reveals that most studies are based on samples of children referred to children's services, and the most use children's service records as the measure of abuse history. Method sections of child abuse reports often fail to include complete information about human subjects issues, such as who gave informed consent for participation. This study suggests that most of our knowledge about abused children (that does not rely on retrospective reports from adults) comes from samples of referred children. There is a need to develop ethical methods for studying abused children who have not been referred to children's services in order to develop information that is generalizable to a wider population. Such methods are also necessary to allow comparison of findings between studies using adult samples, which are usually not restricted to samples of people who were referred as children, and studies using child samples.

F601

Ethics

## REACTIONS BY SMI ADULTS TO PARTICIPATING IN A TRAUMA ASSESSMENT STUDY

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

The effects of participating in trauma-related research continues to be of great concern within clinical and research settings. Only a handful of studies have empirically explored the question of how mental health surveys impact their participants, and fewer involve trauma studies (Jorm et al. 1994; Parslow et al., 2000; Ruzek & Zatzick, 2000; Walker et al., 1997). This study addresses the reaction of adults in community mental health services for severe mental illness who participated in a detailed trauma interview study (Ford, Fournier & Moffitt, 2000). Male and female clients at an urban community mental health center completed a structured interview for trauma history,

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PTSD, DESNOS, Axis I and II psychiatric diagnoses or symptoms, physical health status, and utilization of health care. Steps taken to ensure participants' comfort and safety during and after the study are described. After their research interview, regardless of their experience or their completion status, participants were asked to rate their experience of the study on items derived from prior psychometric research on reactions to participation in trauma studies. Both positive and negative reactions are described, and the relationship of participant reactions to trauma history and symptoms are discussed.

F700

Clinical Theory/Clinical Practice

## CAPACITAR: POPULAR HOLISTIC EDUCATION FOR TRAUMA HEALING WITH INTERNATIONAL COMMUNITIES

Patricia Ann Cane, Joan R. Condon, Capacitar, Inc.

Since 1988 Capacitar, an international community-based project, has used popular education methods to teach body-mind-spirit practices to promote self-help healing among people affected by traumatic stress due to political violence and natural disasters in Mexico, Central and South America. In 1999 after Hurricane Mitch in Honduras and Nicaragua, and after the January, 2001 earthquake in El Salvador, Capacitar trainers worked with grassroots communities teaching simple energy-based practices that people could easily use to alleviate symptoms related to PTSD. In 2001 Capacitar offered trainings with communities in Chiapas, Guatemala, El Salvador, Nicaragua, Belize, Bolivia, Chile, Colombia, East Timor, and Papua New Guinea, as well as in San Diego/Tijuana and El Paso/Ciudad Juarez. Capacitar's outreach to international communities included work with over 5,000 persons with results showing a lessening of major symptoms related to traumatic stress with the regular use of holistic practices in over 60% of participants. Holistic practices, such as Tai Chi, acupressure, massage and polarity directly lessened presenting symptoms during workshops, and if practiced on a regular basis, improved the overall mental and physical health and well-being of trainers, participants and communities. A popular education holistic approach has been shown to be effective in areas where there are few resources especially when it can complement cultural practices, existing mental health programs and community approaches to trauma.

F701

Clinical Theory/Clinical Practice

## SUICIDE RISK, TRAUMA TYPE AND POSTTRAUMATIC STRESS DISORDER

Yoram Ben Ya'acov, Marianne Amir, Ben Gurion University of the Negev, Israel

The general objective of the present study is to broaden knowledge about military and civilian traumatic events, posttraumatic stress disorder (PTSD) symptoms and suicide risk—including its predictors—in a non-clinical population. The research population included a non-clinical sample of 103 men aged 25-45. They were administered the 'Traumatic Event Questionnaire', 'PTSD Scale' and 'Suicide Risk Scale' (SRS). Findings suggest that single man with high levels of arousal and low levels of avoidance are at high risk of suicide. These findings may serve mental health professionals to relate such people as high-risk patients, taking into consideration the typical clinical picture resulting from exposure to traumatic events.

F702

Clinical Theory/Clinical Practice

## TRAUMA RESOLUTION IN WAR TORN COMMUNITIES

Warren L. Dale, The Center for Changing Systems

The people of Bosnia (1991) and Kosovo (1999) faced exposure to many traumatic incidents of war. Exposure included deprivation, displacement, combat, torture, and rape. This project was designed to provide a practical trauma resolution program for utilization by paraprofessionals, with a high probability for lowering symptoms and low probability of doing harm. A strategy was developed to find natural groups through whom trauma resolution services could be delivered. A module for training self-help group leaders was developed for rape victims, widows, and returning civilians. The module included facilitation, gatekeeping, trauma resolution, and single topic

discussions (parenting). A second module was developed for professionals treating the highest level of trauma and a third module for school teachers/pedagogues using discussion, art, and drama. All modules included a sensory debriefing model (Mitchell, 1982), the "Narrative" method (White, Epston, 1990), and methods for retraining the body to today's stimuli (Schultz, 1984). Women's groups reported positive results in using the self-help group model. Schools reported reduction in symptoms. Schools in Kosovo reported reduced symptoms and improved social and academic skills (167 students in 18 schools). This project is being repeated in El Salvador.

F703

Clinical Theory/Clinical Practice

## THE PHANTOM SELF IN PTSD

Linda M. Gantt, Louis W. Tinnin, Trauma Recovery Institute

This presentation illustrates a clinical phenomenon that is usually not evident but retards recovery. A series of case vignettes presenting the subjective experience of a phantom self is described along with the procedures used to relieve the symptom. This group of individuals with post-traumatic stress disorder experienced the phantom self as a fixed duality of existence in which there is a second external self. Some could view the world from either the phantom or real body locations. One person felt he could not "fit back" in his body after brain surgery three years earlier. Others experienced the phantom self as a constant external presence. The duration of the symptom ranged from five years to forty years. Despite the chronicity of the symptom it was quite responsive to treatment once it was identified. Three treatment procedures proved effective. A hypnotic narration of the traumatic event paired with a fusion exercise was effective, as was an art therapy graphic narration depicting the traumatic freeze, altered state, and final self-repair. A video dialogue with the phantom self was also effective. The case presentations will include drawings of the phantom selves and video clips to explain the treatment methods.

F704

Clinical Theory/Clinical Practice

## THE HIDDEN TRAUMA EXPERIENCE FOR ADULTS WITH SMI—HELPING COMMUNITY-BASED PROGRAMS MEET THEIR NEEDS

Veronica O. Bowlan, MCP Hahnemann University; Carol A. Boylan, Hahnemann University Hospital

Increase in symptoms in adults with serious mental illness usually are viewed as related to psychotic and/or substance abuse episodes. Clinical observations at a partial day program raised the question of how trauma was a factor in the symptom changes and identified the need to reevaluate the treatment process. By clinicians moving away from judgements and preconceived ideas of the meaning of symptoms, this allowed for the consumer to use their own language to explore and understand the trauma experience in their current lives. To successfully meet the needs of trauma integrated services at IMPACT, three levels of intervention were identified. First, staff training was designed to develop an awareness of trauma history and impact on symptoms. Secondly, identification of trauma assessment instruments to use as part of the initial evaluation, diagnosis and treatment planning were established. Data collection for a six-month period for program evaluation is based on the Traumatic Antecedents Questionnaire, Modified PTSD Symptom Scale and the Brief Symptom Inventory. Thirdly, integration of skills into practice enabled clinicians to bring trauma awareness into their practice and gives consumers an opportunity to understand and manage trauma-related symptoms. This workshop will present case histories, outcome data and program designs.

F705

Clinical Theory/Clinical Practice

## TRAUMA IN HIV INFECTED AND AT-RISK WOMEN: FINDINGS OF A PSYCHOEDUCATIONAL GROUP INTERVENTION

Sally E. Dodds, Catherine L. Waltz, Tamonlyn Hodge, University of Miami

Women at risk of, and living with, HIV infection, are a disenfranchised group that demonstrates high rates of trauma events, substance abuse, and mental health problems. This workshop will present the rationale, methods, and preliminary findings

of a brief group intervention that addresses the synergistic effects of these co-occurring conditions. "Safe Connections" is a 10-week, structured, psychoeducational group intervention co-facilitated by a peer counselor and a professional clinician. The non-pathologizing approach frames mental health problems, substance abuse, HIV risk behaviors, and inappropriate service utilization as adaptation to traumatic stressor events. Content is structured around the areas of Knowledge (understanding trauma and its effects; connecting trauma with unsafe behaviors); Safety (recognizing dangerous situations; creating healthy relationships); Coping (identifying stressors and triggers); and Parenting (trauma effects on parenting; parenting and HIV). Between sessions, intensive follow-ups by the peer counselor facilitate connection and support. Forty women, primarily African-American, participated in the pilot study. All had HIV/AIDS or were at risk for HIV infection. All had experienced physical/sexual abuse, met DSM-IV criteria for both substance-related disorders and mental disorder/personality disorder, and had at least two recent service episodes. Outcomes have included increase in knowledge, reduction in distress, and improvement in service utilization and adherence.

F706

Clinical Theory/Clinical Practice

## ALTERNATIVE GROUP TREATMENT FOR INDIAN COMBAT VETERANS WITH PTSD

Donna M. Finicle, Satellite VA Mental Health Clinic, Colorado

An alternative PTSD group was established in 1996 at the VA Satellite Mental Health Clinic with the idea of providing a more culturally sensitive way of helping Indian veterans heal from the effects of combat. Other combat veterans interested in this approach also attended this group which was called the Mtn. Warrior Society. Indian Spiritual leaders and elders did ceremonies, talking circles and sweat lodges with the veterans. They also taught the veterans about their history and how to make things, such as shields, rattles, leatherwork and beadwork. The VA counselor's role was as a facilitator, helping to arrange meetings and locating Indian people to do the ceremonies and sweat lodges. Benefits from participating in this alternative group have been: increasing and improving interpersonal relationships between them, their families and the community, learning ways to calm and center themselves and decreasing emotional numbness, isolation and alienation. In addition many of the veterans have regained connections with their Indian heritage and pride about that. In conclusion it appears that this kind of group has been helpful to Indian veterans and other veterans and their families, reducing some of the problems related to PTSD and giving them more ways to help themselves.

F707

Clinical Theory/Clinical Practice

## MENTAL HEALTH RESPONSE IN RURAL COMMUNITY DISASTERS: A CASE EXAMPLE OF A COMMUNITY PSYCHOLOGY APPROACH

Kimberly A. Douchis, Gilbert Reyes, Randal Quevillon, University of South Dakota, Disaster Mental Health Institute

The mental health needs of rural residents are chronically underserved. Barriers to the delivery of services include a general lack and inaccessibility of facilities, underutilization of available services, and difficulty in recruiting and retaining mental health professionals. These barriers are further compounded when disasters occur. The present poster highlights the unique challenges of meeting the mental health needs of rural communities following disasters. The American Red Cross response to a school explosion in a small Midwest town serves as a case example. Attempts to serve rural communities through traditional "clinical" approaches (e.g., relying on self-referrals, having a central location) are met with limited success in disaster situations. To more effectively meet the needs of the affected community, the responding disaster mental health services team employed a community psychology approach. Examples and recommendations based on the approach utilized by the disaster mental health services team in response to the school explosion include community outreach, networking, uniting with the community through participation in community activities, around the clock availability, collaborating with local resources, and providing interventions in informal settings. Challenges, recommendations, and future directions including follow-up will be detailed in the presentation.

F708

Clinical Theory/Clinical Practice

## TRAUMATIZED WOMEN IN COMMUNITY MENTAL HEALTH: A COMPREHENSIVE TREATMENT PROGRAM

Nicole D. Chaikin, Widener University

This presentation will propose a model for the intensive treatment of trauma for women in a community mental health center (CMHC). This program will incorporate ongoing, process-oriented therapy (individual and group) with psychoeducation, as well as utilize the resources of the community-based agency. These resources include, but are not limited to: mental health and substance abuse treatment; case management; housing; and vocational rehabilitation. Despite increasing sensitivity to the prevalence of trauma histories in women with serious mental illnesses, adequate treatment packages are not readily available. These women require comprehensive programs to holistically attend to their multiple levels of need. One recommendation in the literature is a more flexible, integrative approach to treating the complicated cases of chronic trauma survivors, and research suggests effective treatment may involve fairly sophisticated combinations of methods. Outcome measures to monitor treatment efficacy will be presented. Additionally, as CMHC's are often training sites for students in human service professions, this presentation will offer strategies for creating a teaching environment in this specialized area of mental health. The hope is that an integrated program will provide symptom resolution, reduce recidivism rates, and promote entry into a world from which most of these women have long been isolated.

F709

Clinical Theory/Clinical Practice

## SHARING A TRAUMA MODEL WITH CONGREGATIONAL CLERGY: THE FAITH COMMUNITIES RISKING CONNECTION PROJECT

Jackson H. Day, National Conference of Vietnam Veteran Ministers; Esther Giller, Sidran Traumatic Stress Foundation; Jennifer Wilkerson, Sidran Traumatic Stress Institute; Elizabeth Vermilyea, Sidran Foundation

Traumatic stress conditions are finally entering the consciousness of the mental health treatment establishment, but due to stigma, cost of care, and lack of understanding, the majority of people who suffer the effects of trauma never make it into health care. Instead, they often turn to their faith communities for help with struggles they interpret as crises of faith, guilt, evil, sin, etc. Clergy, who most often do not have training in counseling therapy, are frequently at a loss as to how to respond helpfully to these most challenging congregants. The trauma model described in the Risking Connection curriculum (Saakvitne, et., al, Sidran, 2000) was developed for use by non-clinically trained helping professionals. Based on the premise that RICH relationships (embodying Respect, Information, Connection, and Hope) promote healing, the model adapts nicely for use in faith communities. Sidran Foundation, in collaboration with the National Conference of Viet Nam Veteran Ministers, is developing a training curriculum for use by congregational clergy of any faith. This session will describe the model, the board of interfaith clergy enlisted to contribute to the adaptation, the goals and objectives of the curriculum (how to counsel, when to refer), and a progress report on the project.

F710

Clinical Theory/Clinical Practice

## THE DEBRIEFING MODEL AS VIEWED FROM SELF PSYCHOLOGY, ALCHEMICAL AND BUDDHIST PERSPECTIVES

Larry R. Decker, Vet Center; Phillip Buglione, Private Practice, Jerry Martin

The debriefing model as a treatment for combat and sexual trauma PTSD is discussed from the perspectives of an alchemical metaphor and self psychology. The metaphor appears to interpret and add to the debriefing model while self psychology appears to disagree with some of the model's basic assumptions. The dialogue is then discussed from a Buddhist perspective.

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## THE DEBRIEFING MODEL FROM AN ALCHEMICAL, SELF PSYCHOLOGY AND BUDDHIST PERSPECTIVE

Larry R. Decker, Vet Center

The stages of alchemy are discussed in relation to the stages experienced by the combat veteran during debriefing. The dangers (i.e. decompensation) and limitations of debriefing (i.e. long-term arousal paired with chronic Posttraumatic Stress Disorder) are discussed in relationship to the alchemical metaphor. The metaphor provides the therapist with additional tools to guard against the dangers and overcome the limitations. The alchemical stage of separation, acting from a complete disruption of an individual's reality, describes the initial effects of trauma on the human psyche. When trauma (the heat or catalyst) occurs, internal chaos results. This disruption is easily seen in the early stages of debriefing when, after the therapeutic alliance has been formed, the therapy space has become safe, and the trauma memories are being relived. Here the ego must be sufficiently healthy to cope with the reliving of trauma. If ego resources are sufficient to contain the emerging inner oppositional forces, symbolized as the winged dragon, the process of sublimatio may occur. Sublimatio is the combination of several experiences, including the rising above the confusion of the symptoms of PTSD. This is the stage of integration of the traumatic experience in which belief systems may be modified (i.e. accomodation). However, the danger is if ego resources are not adequate and the winged dragon escapes from the flask (decompensation). The limitation is that the veteran may have maintained a chronically high level of arousal and the trauma memories do not have the necessary heat to create the sublimatio. Alchemical methods that either increase or decrease the heat of the trauma memories and that are adaptable to the debriefing model are discussed.

## THE DEBRIEFING MODEL AS VIEWED FROM AN ALCHEMICAL, SELF-PSYCHOLOGY, AND BUDDHIST PERSPECTIVE

Susan Kohl, Private Practice

Self psychology is a psychoanalytic perspective that is both a developmental theory and a treatment modality. It is based on the concept of empathy and the capacity to reflect back to an individual one's understanding of their inner experience. It is through this that self object transferences develop and the growth of a sturdy self can happen. Sexual trauma is a severe disruption of the self selfobject relationship that can result in a fragmentation of self structure of varying degrees of severity, manifesting itself along the continuum of psychiatric disorders. This presentation takes issue with the debriefing model as a treatment modality for trauma, because of its implications to the patient of what is relevant material for discussion and how and when material should be discussed. Self psychology is based on a respect for individuals and the belief that as self structure becomes sturdier, patients will talk about all that is relevant to them, in their way and in their time frame. It is the reflection back to patients of the legitimacy of their feelings and their way that enhances esteem and makes for an integrated and cohesive self structure.

F711

Clinical Theory/Clinical Practice

## TREATMENT WITH A GUATEMALAN TORTURE SURVIVOR: LOCAL AND INTERNATIONAL INTERVENTIONS AND IMPACTS

Mario Gonzales, Lauren D. Heidbrink, Mary P. Black, Marjorie Kovler Center for Survivors of Torture; Thad S. Rydberg, Family, Adolescent, and Children Enhancement Services

Indigenous people have been systematically marginalized for centuries. Mayans of Guatemala have been particularly brutalized in the 30-year civil war. The Marjorie Kovler Center, a community-based program for survivors of torture, have been working with an indigenous man left for dead after being tortured by the military in 1991. Immediately following, he came to the USA for multidisciplinary services through the Kovler Center. Despite the ongoing war, he returned home in 1992 accompanied by volunteers to facilitate treatment and to assure safety. He was left with residual disabilities because of his torture and found difficulty resuming his role as a farmer. Although losing significant strength and mobility, he taught himself to write, draw, and paint. Recently, he returned to Kovler for follow-up rehabilitation. This presentation will focus on the challenges inherent in working with a survivor of torture left with physical disabilities and psychological trauma. The presenters will discuss their collaboration with his family,

community, U.S. and Guatemalan NGOs, religious groups, and volunteers for over ten years. He serves as a model to his community for breaking the silence, demanding reparations from the Guatemalan government, and creating a new, productive life for himself.

F712

Clinical Theory/Clinical Practice

## THE GROUP AS A COMMUNITY: THE INTERPLAY BETWEEN SOCIAL RESPONSIBILITY AND GROUP PSYCHOTHERAPY FOR TRAUMA SURVIVORS

Barbara C. Hamm, Lois Glass, Elizabeth A. Parsons, Victims of Violence Program, The Cambridge Health Alliance

One of the hallmarks of interpersonal violence is the break down of the capacity for trust. The victim loses faith in her capacity to trust her perceptions and knowledge. With this loss of connection to herself she loses connection to others as well. The template for interaction with others is based on fear and shame. Giving and receiving, both, cast a dark shadow of potential disappointment and or humiliation. Group psychotherapy for trauma survivors has long been held to be central to the reestablishment of safe, mutual connections and of positive identification with others. This workshop will highlight two groups from the Victims of Violence Program of the Cambridge Health Alliance (a consortium of community-based health facilities) which have as a fundamental premise the articulated recognition that each member of the group has a responsibility, not only for her own well-being, but for that of the other members as well. That is, the group, no matter whether 10 weeks in length or ongoing, is a community. Through the use of role play participants in the workshop will learn how this sense of community and social responsibility is established while simultaneously maintaining adherence to the tenets of a stage theory of recovery and the tasks specific to each stage.

F713

Clinical Theory/Clinical Practice

## MAY THE WORDS OF MY LIPS AND THE MEDITATIONS OF MY HEART BE ACCEPTABLE

Rebekah G. Bradley, Southern Illinois University Carbondale; Mary Harvey, Department of Psychiatry- Harvard Medical School

Purpose: To explore the narrative life stories of an undeserved and underprivileged population in the Montreal area, namely a group of non-clinically referred Haitian adolescent incest survivors under Child Protection Services (CPS), and to explore changes in trauma and resiliency patterns over a period of one year. Method: Subjects were referred by CPS, but were not necessarily under clinical care at the time of referral. Seven French-speaking female adolescent survivors of Haitian origin who have been subjected to severe instances of intrafamilial sexual abuse were interviewed and asked questions regarding their sexual abuse history as well as regarding their current coping and functioning. Narratives were scored using a Multidimensional Trauma Recovery and Resiliency scoring form addressing eight domains of trauma and recovery (integration of memory and affect, meaning making...). Information concerning sexual abuses and services received was obtained in each adolescent's CPS file. A follow-up evaluation of evolving trauma and resiliency profile over a year was done with six of the seven adolescents. Results: Specific themes from the data are discussed. Treatment implications are also discussed in relation to this particular population's needs.

## LIFE STORIES OF INCARCERATED WOMEN: HOW CAN YOU NOT GET HERE FROM THERE?

Rebekah G. Bradley, Southern Illinois University; Katrina M. Davino, University of South Carolina

Socially and economically marginalized women who have experienced trauma often lack a safe space to speak about their experiences in the context of a systematically silencing social structure. The research presented here is based on two related studies designed to create an opportunity for incarcerated women (who are disproportionately from poor and racial/ethnic minority backgrounds and who have relatively high reported rates of interpersonal victimization) to create and tell their life stories. In one study, 165 incarcerated women completed the Multidimensional Trauma Recovery and Resiliency Interview (MTRR), a semi-structured interview assessing the process of recovery and strengths of trauma survivors. The second study was a treatment outcome study of

group psychotherapy conducted with a subset of women from the first study (n=13). The group was based on writing assignments designed to help the women create less fragmented, more meaningful life narratives. Both quantitative data (scores on domains of functioning assessed by the MTRR) and qualitative data (analyses of themes in the writing of the group participants) will be presented. The relationship between the structure and themes of the life stories created by the women and the ways in which the women coped with past experiences of interpersonal violence will be discussed.

## EVALUATION AND TREATMENT OF HAITIAN ADOLESCENT SEXUAL ABUSE SURVIVORS

Isabelle Daigneault, University of Montreal

Purpose: To explore the narrative life stories of an undeserved and underprivileged population in the Montreal area, namely a group of non-clinically referred Haitian adolescent incest survivors under Child Protection Services (CPS), and to explore changes in trauma and resiliency patterns over a period of one year. Method: Subjects were referred by CPS, but were not necessarily under clinical care at the time of referral. Seven French-speaking female adolescent survivors of Haitian origin who have been subjected to severe instances of intrafamilial sexual abuse were interviewed and asked questions regarding their sexual abuse history as well as regarding their current coping and functioning. Narratives were scored using a Multidimensional Trauma Recovery and Resiliency scoring form addressing eight domains of trauma and recovery (integration of memory and affect, meaning making...). Information concerning sexual abuses and services received was obtained in each adolescent's CPS file. A follow-up evaluation of evolving trauma and resiliency profile over a year was done with six of the seven adolescents. Results: Specific themes from the data are discussed. Treatment implications are also discussed in relation to this particular population's needs.

## PAPER TIGERS: WHEN WORDS LOSE MEANING AND SILENCE SPEAKS

Lynn Sorsoli, Harvard Graduate School of Education

The purpose of this study was to explore the differing paths to recovery for a small sample of women who were survivors of childhood sexual abuse but had limited access and/or involvement in psychotherapy. Data collection involved a semi-structured interview followed by an open-ended interview. The two two-hour interviews explored participants' life histories, including traumatic experiences, their relationships, and the experience of disclosure. Transcripts were analyzed through an Interpretive Poetics which is modeled on a voice-centered narrative method and relies on multiple interpretive readings of the data including explorations of relational dynamics, ways of speaking about the "unsayable," and figurative thought. Findings illustrate that attention to the ways language can simultaneously conceal and reveal complicates the assumption that a completed narrative will heal or even that a verbal translation of lived traumatic experiences automatically moves survivors down a unidirectional path toward psychological health. Further, the analysis highlights the fact that for these women it is not only relationships, but words themselves that are untrustworthy, compromising growth and leading to further challenges for therapists who may eventually work with this population.

F714

Clinical Theory/Clinical Practice

## A VET CENTER BASED SPIRITUALITY WORKSHOP MODEL

Alan D. Cutter, National Conference of Viet Nam Veteran Ministers; Michael J. Muller, VET Center - Duluth

The veteran community is asking questions about spiritual issues. This presentation offers information about one response, which resulted in the formation of a series of workshops on spirituality. Information about planning and guideline development. Topics used in the workshops will be defined and explained. As the Vietnam veteran community, known for its willingness to speak out and ask questions, ages, veterans are asking more and more questions which revolve around issues lumped together under the topic of "spirituality." VET Centers and other VA entities have been reluctant to address such issues for fear of raising and/or violating "church-state separation." This presentation will offer information about a veteran initiated program, in cooperation with a local VET Center, to explore and discuss issues about spirituality. A brief history of the program will be shared as well as information about initial planning and exploration of other

approaches and the development of guidelines for discussion. Various topics which have been used in the workshops will be defined and explained. The poster presentation will identify some of the questions of spirituality which are raised by trauma survivors.

F715

Clinical Theory/Clinical Practice

## COLLABORATIVE MODELS OF TRAINING, SERVICE-DELIVERY, AND RESEARCH

Judy A. Cusumano, John R. Townsley, Raleigh Vet Center; Herbert A. Exum, North Carolina State University; John G. Taylor, US Department of Veterans Affairs/NC State University; Robert D. Cox, Veterans Affairs Medical Center

This program presents the results of three Vet Center conducted studies of PTSD. Study 1 is a three-year qualitative evaluation of a field-based exposure therapy intervention, with collaboration between the Raleigh Vet Center and the Counseling Education Department at North Carolina State University. Study 2 is a quantitative comparison of cohort-based versus traditional inpatient treatment with collaboration between the Raleigh Vet Center and the Salem Virginia VAMC. Study 3 explores links between arrested psychosocial development and treatment outcomes in veterans with posttraumatic stress disorder. This study is a collaborative project between the Raleigh Vet Center, North Carolina State University, and VA Vocational Rehabilitation.

F716

Clinical Theory/Clinical Practice

## PSYCHOLOGICAL PROFILES OF WOMEN TREATED WITH EXPOSURE-BASED THERAPY

Diane T. Castillo, Evelyn Sandeen, Stephanie K. Fallon, Ella C. Nye, New Mexico VA Health Care System

Both cognitive- and exposure-based therapies separately have been consistently found to reduce PTSD symptoms. While research has demonstrated that both approaches together do not produce a cumulative effect in reducing symptoms, many treatment programs for PTSD, particularly in the VA system, provide both types of therapies along with other interventions in some inclusive manner. Additionally, the therapy is provided in a group format, while research supporting efficacy has been conducted individually. The Women's Sexual Trauma program (WST) Program at the New Mexico VA Health Care System (NMVAHCS) is similar to most programs, in that multiple treatment modalities are offered in the form of topic-specific groups. The WST program is unique in that all treatment interventions are optional with the exception of an initial support group. The present paper will examine the personality profiles, based on CAPS interviews and psychological testing, of women who elected to receive the exposure-based therapy ("selectors") versus those who have received other treatment approaches ("non-selectors"). Differences between the two groups will be useful in identifying patients who can tolerate exposure work.

F717

Clinical Theory/Clinical Practice

## COGNITIVE FLOODING THERAPY

Antonio Gino, National Center for PTSD

Cognitive Flooding Therapy (CFT) combines cognitive therapy techniques with exposure (flooding) therapy techniques to help clients process emotional content and overcome barriers to progress during therapy. CFT assumes that clients' symptoms are often the result of incomplete processing of information. The incomplete processing is maintained by avoidance of anxiety associated with actual or feared consequences of a more complete processing. The incomplete processing then becomes a Zeigarnick, or incomplete task, effect that interferes with the patient's life. The goal of therapy is to help the client complete the processing, stop the avoidance, and allow corrective cognition and action to take place. CFT does not require the client to reprocess traumatic events, abreact emotions associated with the event, or explore underlying reasons why a client may leave information only partially processed. Cognitive distortions following the initial flooding are then corrected via standard, cognitive therapy techniques. Two case studies are presented to illustrate the process. The first involves a depressed patient traumatized by new her husband was abusing their daughters. The second involves a veteran with severe PTSD symptoms and survivor guilt spanning thirty years.

# Poster Sessions - Friday, December 7

F718

Clinical Theory/Clinical Practice

## WHEN DOMESTIC VIOLENCE CAN BECOME ADDICTIVE: A COMMUNITY BASED REPLACEMENT APPROACH

Craig E. Abrahamson, James Madison University

The scientific study of trauma has indicated that domestic violence can create the major symptoms of PTSD. Within the study of the psychophysiology of trauma, it has been found that people who have been traumatized within their domestic environments hold an implicit memory of the event(s), and that this memory is often expressed in the symptomatology of PTSD. Hyperarousal is at the core of PTSD, which is brought about by the limbic system. The limbic system responds to extreme traumatic threat, in part, by releasing hormones that tell the body to get prepared. Within the limbic system are two related areas central to memory storage; the hippocampus and the amygdala. When a person experiences domestic violence, the hippocampus becomes suppressed and the amygdala becomes very active, releasing highly charged emotional memories. This discharge of chemicals coming from the amygdala releases physiological chemicals that have addictive properties. The body and mind becomes accustomed to and dependent upon the symptoms of PTSD. It is proposed that "replacement activities" that are community based can recreate a healthy alternative for victims of domestic violence, such as adventure sports and other activities that are emotionally inducing. This type of community based "activity" will replace the chemical output of the amygdala.

F719

Clinical Theory/Clinical Practice

## UNDERSTANDING WOMEN'S DECISIONS TO LEAVE AND RETURN TO ABUSIVE RELATIONSHIPS

Christina A. Byrne, Brian Ogolsky, Western Washington University

Relationship violence is a well-documented social problem affecting large numbers of women. A woman's decision to remain in or leave an abusive relationship is a complex one. In spite of the negative consequences of these relationships, many women choose not to leave their partners. Furthermore, many women who successfully leave violent relationships eventually return to live with their abusive partners. Understanding the social, economic, and personal pressures faced by women before and after they leave abusive relationships is essential to increasing the opportunities for these women to continue creating safer lives for themselves and their children. Thus, the goal of the present study is to examine how women who have left abusive relationships decide to return to or remain away from their abusive partners. By gaining an understanding of the factors that influence their decision-making process, it becomes possible to work toward improving existing interventions as well as to identify additional ways to support women after they leave an abusive partner.

F800

Media

## E-MAIL YOUR VOICES

Jessica L. Woodfork, Trauma Recovery Institute

For years it was thought that if voices were present they should be ignored. By doing this they would somehow magically disappear. However, in post traumatic stress disorder the voices are often related to trauma and can't be ignored. Instead, they can be allowed to speak through the use of externalized dialogue. Through this process the voices can be acknowledged, negotiated with, and often resolved. The Trauma Recovery Institute has found that patients can use e-mail to help this process. The patient can simply e-mail the voice and respond back on behalf of it using a separate e-mail address. This provides a self help method that can be used anytime with or without the therapist being present.

F900

Cross-Cultural

## LESSONS FROM TRADITIONAL CAMBODIAN HEALING RITUALS: INTEGRATING TRADITIONAL PRACTICES WITH WESTERN MENTAL HEALTH TREATMENT

Lorna McKenzie-Pollock, Associate Director, Southeast Asian Community Clinic

The scientific study of trauma has indicated that domestic violence can create the major symptoms of PTSD. Within the study of the psychophysiology of trauma, it has been found that people who have been traumatized within their domestic environments hold an implicit memory of the event(s), and that this memory is often expressed in the symptomatology of PTSD. Hyperarousal is at the core of PTSD, which is brought about by the limbic system. The limbic system responds to extreme traumatic threat, in part, by releasing hormones that tell the body to get prepared. Within the limbic system are two related areas central to memory storage; the hippocampus and the amygdala. When a person experiences domestic violence, the hippocampus becomes suppressed and the amygdala becomes very active, releasing highly charged emotional memories. This discharge of chemicals coming from the amygdala releases physiological chemicals that have addictive properties. The body and mind becomes accustomed to and dependent upon the symptoms of PTSD. It is proposed that "replacement activities" that are community based can recreate a healthy alternative for victims of domestic violence, such as adventure sports and other activities that are emotionally inducing. This type of community based "activity" will replace the chemical output of the amygdala.

F901

Cross-Cultural

## COMMUNITY-BASED CRISIS INTERVENTION IN JAPAN; ONE YEAR FOLLOW-UP QUESTIONNAIRE IN THE AFTERMATH OF THE RADIATION ACCIDENT AT TOKAI-MURA, IBARAKI PREFECTURE, JAPAN

Eri Inamoto, Sophia University, Tokyo, Japan, Doctoral Fellow in Psychology; Takako Konishi, Musashino Women's University, Tokyo, Japan

On September 30, 1999, there was a criticality accident at the JCO Tokai-Mura Nuclear Fuel Processing Facility in Ibaraki Prefecture, Japan. Many of the residents who lived near the facility were asked to evacuate or stay indoors. Our presentation will discuss one model of how community-based crisis intervention is provided in Japan. First, seminars for 460 local helping professionals, such as public health nurses, school teachers, and counselors who are also victims themselves, were provided. The seminars were focused on providing information, sharing concerns and asking questions, and self care and stress management. One result of the one year follow-up questionnaire showed that more than 80% of the respondents who had participated in the seminars found the seminars after the incident important. Second, public health nurses were already familiar to local residents, so they could visit those living within 350 meters of the facility more easily than mental health professionals. They tried to identify residents who were at high risk of mental difficulties and provide mental care for them. Confronting emotional difficulties caused by a traumatic event as seen in the standard debriefing technique is not culturally suited to Japan. In a small community, there is a strong stigma attached to seeking counseling or psychiatric help. As a culturally appropriate community-based crisis intervention in Japan, we suggest that providing educational seminars to local health professionals and then having public health nurses visit residents' houses are a suitable way to identify and aid people at risk of mental difficulties following traumatic events.

F902

Cross-Cultural

## THE IMPACT OF CHILD SEXUAL ABUSE AND CULTURAL VARIABLES ON AFRICAN AMERICAN GIRLS: AN EXPLORATORY INVESTIGATION

Maysa Akbar, Mary O'Brien Uhlmansiek, Christine A. Thayer, St. Louis University; Jeffrey N. Jeffrey, Deborah C. Wise, University of Missouri St. Louis

In recent years, an increased number ethnic minority children suffering from sexual abuse have been referred to outpatient clinics. Historically, the prevalence of sexual abuse has affected members of all groups, including individuals of diverse cultural

background, socioeconomic status, religious affiliation and sexual orientation. Nonetheless, cultural differences, in particular, may have an impact on the symptomatic presentation of behaviors that usually occur secondary to sexual abuse. Robust findings exist in the area of sexual abuse and gender differences, such that female victims of sexual abuse appear to exhibit more internalizing symptoms than males. This study aims to examine patterns in an African American sample. In this study, a total of 31 African American female victims of child sexual abuse, ages 6-12, were examined for internalizing and externalizing behaviors using the Child Behavior Checklist (CBCL) (Achenbach & Edelbrock, 1983). Parent interviews from the Diagnostic Interview for Children and Adolescent- Revised (DICA-R) were used to examine the total number of Posttraumatic Stress Disorder (PTSD) symptoms reported. Additionally, avoidance (a specific PTSD symptom) was examined for cultural and experiential influences.

**F903**

**Cross-Cultural**

## DEALING WITH DISSOCIATION AND TRAUMA IN SW UGANDA

**Joop de Jong, Transcultural Psychosocial Organisation; Marjolein E.M. van Duijl, Mbarara University, Uganda, 1995-2000**

Devils, Spirits or Trauma, Research on Dissociation in SW Uganda. The controversy in the literature concerning the relevance of the current classification of dissociative disorders in the DSM IV justifies the need for more research in non-western cultures. The first descriptive explorative part of this research is about the recognition and management of dissociative disorders in Southwest Uganda. How do the DSM IV categories relate to the local categories. What are the different explanatory models and interventions used by health workers, medical students, traditional healers, religious leaders, counsellors and people in the community. Focus group discussions, key informant interviews and case histories are used as research methodology. Also the initial findings will be presented of the second quantitative part of the research in which 120 people, qualified as having been possessed by the traditional healers, were interviewed using open questions, and "western" translated questionnaires: DES, SDQ, TEC and HTQ part I. This will give more insight between "possession", dissociation and trauma in Uganda. Abstract 2, Marian Tankink "I do remember but the pain has gone" Many people from Mbarara district in Southwest Uganda, who have suffered from terrible experiences during wars, find relief through the Pentecostal Churches. According to most of them, the pain connected with the memories, disappeared after becoming "saved" or Born-again-Christian. In order to obtain more insight in this process, a qualitative research was carried out based on 106 in-depth interviews with 63 people, of which 34 Born-again and 26 members of the 'old religions'. Presented will be how Pentecostalism can interfere with the social and psychological reality of war affected people; how it influences people's notions on what is reasonable, human and moral. In particular; what the effects are on the reconstruction of memory of those horrifying experiences. It will be demonstrated how, until now, war has a catastrophic influence on their society which is dominated by anxiety and distrust, resulting in a conspiracy of silence by the local people. Several people experience this as a burden. The Pentecostal Churches offer their members a public place to talk about their experiences by giving testimonies, which can be seen as an idiom of distress. More important however, is the social support the Born-again experienced.

**F904**

**Cross-Cultural**

## ASSESSMENT OF RACE-RELATED PTSD AMONG ETHNIC MINORITY VIETNAM VETERANS

**Hsin-Tine (Tina) Liu, National Center for PTSD - Honolulu, HI; Chalsa M. Loo, National Center for PTSD**

The Race-Related Stressor Scale (RRSS) for Asian American/Pacific Islander (API) Vietnam veterans is a newly validated 33-item scale (Loo et al, in press) that measures exposure to perceived military and war-zone race-related stressors for API veterans. The RRSS was found to have high internal consistency and adequate temporal stability. The three factors of the RRSS included: racial stigmatization and prejudice, bicultural identification and conflict, and exposure to a racist environment. Additional questionnaires that augment the RRSS will be described. Used in conjunction with existing PTSD measures for veterans (e.g., the Mississippi Scale and Combat Exposure Scale), clinicians can broaden their assessment of PTSD to include race-

related stressors in addition to combat-related stressors. Research has shown that 20% more of the variance in PTSD symptoms is accounted for by including race-related stressors, over and above that accounted for by combat exposure and military rank. Thus, personal experiences of racism are potent risk factors for PTSD. Case studies of API veterans will demonstrate the steps involved in evaluating race-related stressors and PTSD among minority military veterans.

**F905**

**Cross-Cultural**

## RACIAL DIFFERENCES AMONG BATTERED WOMEN'S USE OF STRATEGIES

**Mai Y. El-Khoury, Lisa R. Engel, Robin J. Belamario, George Washington University; Mary Ann Dutton, Georgetown University; Lisa A. Goodman, Boston College**

Racial differences have been demonstrated for many behavioral patterns, including coping, health behaviors and experience of PTSD. Recently, Wilson (1999) has focused on race-based differences among battered women who have ended their abusive relationships. The current study aims to investigate racial differences among a broader range of battered women, with varying relationship status. This study was part of a larger study examining the longitudinal patterns of battered women's exposure to abuse and related responses. Participants included 400 women, aged 17-65 years ( $M = 32.5$ ,  $S. D. = 8.7$ ), recruited from a civil protection order court ( $n = 200$ , 54.2%), a specialized domestic violence misdemeanor criminal court ( $n = 118$ , 29.1%), and a battered women's shelter ( $n = 68$ , 16.7%). The sample was predominately African-American (81.2%) with 13.0% Caucasian and 5.8% Hispanic living in an urban center in the Mid-Atlantic region. Substantial differences in coping were identified based on race, with problem- and emotion-focused coping. Differences were identified in the number of violence-reduction strategies racial groups tended to use, and groups' evaluations of strategy effectiveness. A similar pattern was revealed for strategy use as it related to emotional coping. Implications for crafting culturally sensitive interventions for abuse victims will also be presented.

**F906**

**Cross-Cultural**

## CROSS-CULTURAL ISSUES IN REHABILITATION OF COMBAT-RELATED PTSD

**Robert Jenkins, Craig S. Rosen, Fred D. Gusman, Kent D. Drescher, Gil Ramirez; Patricia Chuo, National Center for PTSD; Shirley Salom Bail, VA Palo Alto Health Care System**

The interpersonal functioning of veterans with PTSD is often hampered by distrust, cognitive distortions, and skills deficits. Interpersonal problems can be magnified when dealing with people of another ethnic background, gender, or sexual orientation. This presentation discusses implementation of a cross-cultural issues group within a residential PTSD rehabilitation program. This weekly, semi-structured group is designed to help veterans reexamine stereotypes, assumptions, and distortions that impair cross-cultural functioning. The group uses psychoeducation, process discussion, and practice in applying skills such as active-listening and challenging of cognitive distortions. Weekly changes in attitudes were assessed using the Cultural Diversity Questionnaire (CDQ). Patients who attended four or more sessions of the group ( $n = 100$ ) showed significant improvements in CDQ scores over time ( $t = 2.3$ ,  $p < .05$ ). The number of sessions attended significantly predicted patients' improvement in CDQ scores ( $t = 2.5$ ,  $p < .05$ ), even after controlling for their length of time in the overall treatment program. Non-whites were initially more tolerant than whites, yet both whites' and non-whites' attitudes improved over time. These results suggest that a cultural diversity intervention can enhance development of more tolerant attitudes among participants in a PTSD residential rehabilitation program.

## CROSS-CULTURAL COMMUNITY-BASED RESEARCH ON PTSD AND FEMINISM

**Anie Kalayjian, Yelena Khmel'nitskaya, Fordham University; Rania Lee Kanazi, recent Fordham University graduate**

This poster aims to discuss several international and cross-cultural, community-based research projects regarding trauma and cultural issues. Challenges of involving students will be presented. Issues related to mentoring, role modeling and empowerment will also be discussed. The first presenter, Yelena Khmel'nitskaya will discuss cross-cultural perspectives on feminism. The second presenter, Rania Kanazi will discuss trauma and the level of PTSD experienced after a natural disaster. PTSD abstract Disasters, whether man-made or natural, occur each day affecting the lives of many people psychologically, physically, socially and spiritually. Several different coping mechanisms are utilized to deal with such traumatic experiences. However, if these events are not dealt with effectively, one may experience PTSD. The following study is a cross-cultural comparison in coping with natural disaster, involving two populations-survivors from the 1999 earthquake in Turkey and a recent California quake. Individuals from both groups showed different levels of PTSD. The level of PTSD according to age group varied depending on many factors, including education, marital status, gender, whether or not loss was experienced etc. This study was explorative in design, consisting of 519 people-441 individuals from Turkey and 78 from California. Statistical analysis revealed strong correlations between PTSD and education: PTSD and education, sig. .0015. It was also found that the highest level of PTSD was found in those individuals who were 60 years old and older. In conclusion, the paper ends by drawing similarities and differences between the post-quake coping responses in California and Turkey. Cross-national research on feminism: Women position in the world. The world-wide trend towards feminism involves an increasing recognition of the social and psychological equality of women and men (Morgan, 1984; Jeshmaridian, 1997). To what extent do women world-wide support this trend? Women in different nations seem to vary (Adler, 1993). How do women in the USA or other nations regard feminism today? Views have seemed mixed in recent decades (Morgan, 1984; Adler, 1994). Indeed, after psychologist Betty Friedman sparked the U.S. feminism movement with her pathbreaking book *The feminine mystique* (1963), she authored *The second stage* (1981), suggesting that women should have the freedom to return to the family or work outside the home as the preferred. Here, a standardized 20-item Feminism survey (Beere, 1990) was completed by more than 800 women in 7 nations, to gauge their views on feminism values on a 0-24 point scale. In order to obtain a cross-cultural study, the survey was developed in several languages, such as: English, Russian, Turkish, Japanese, German, Armenian, Spanish and others. This presentation includes findings from: Russia, America, Japan, the Netherlands, Turkey, and Armenia. The results show a consistency between feminism level and education, as well as feminism level and age. This study was a replication, as well as continuation of a study that was done in 2000 by Dr. Kalayjian and Dr. Takooshian.