

S000

Collaborations

GENDER DIFFERENCES IN SYMPTOMS OF POST-TRAUMATIC STRESS DISORDER AND DEPRESSION AMONG KOSOVAR REFUGEES

Amy L. Ai, David Ubelhor, University of Washington; Christopher Peterson, University of Michigan

Over 14,000 Kosovar refugees have entered the United States since 1999. Few studies have investigated the extent to which psychological trauma has led to symptoms of post-traumatic stress disorder (PTSD) symptoms in this population. Assisted by five social service agencies related with churches of various religious denominations (Protestant, Catholic, Islamic, and Jewish) in Michigan (MI) and the World Relief in Seattle/West Washington area (WA), we conducted a caseworker-assisted survey of 129 Kosovars (aged 18 to 79, 55% male) recently settled in the States of Michigan and Washington. Of the sample, 101 cases (78.3%) exceeded the recommended cutoff indicating the likely presence of PTSD (PTSD Symptom Scale, Foa et al., 1993) and 83 cases (64.3%) exceeded the cutoff indicating the likely presence of depressive disorder (CES-D, Radloff, 1977). The Mean (SD) of war-related traumatic events reported was 14.98 (4.48), and all but 10 cases (92.2%) had a trauma score greater than 10. Kosovar refugees showed overall high patterns of three subgroup PTSD symptoms that seemed to differ from the double-high pattern in other reports on Bosnians (Weine et al., 1995; Favaro et al., 1999). Higher PTSD scores were associated with female gender, older age, more traumatic events, and more depressive symptoms.

S001

Collaborations

GROUP TREATMENT OF SURVIVORS OF CHILDHOOD ABUSE AS VIEWED BY PARTICIPANTS

Sally E. Palmer, McMaster University; Carol A. Stalker, Kim L. Harper, Wilfrid Laurier University; Susan E. Gadbois, Canadian Mental Health Association; Gillian Templeton, Homewood Health Center

Group treatment is widely used with survivors of childhood abuse, as a supplement to individual therapy, a treatment of choice, or a fall-back option when individual help is inaccessible. As a treatment of choice, groups are often favoured for reducing power imbalances, providing a normalizing experience, and increasing the survivor's access to informal support (from other group members). This poster presents findings from a qualitative study based on home interviews with thirty survivors, six months after they completed an inpatient treatment program for recovery from post-traumatic stress. Their reported experiences with process groups in the program included relief from sharing, validation of feelings, and new insights into their own behavior. Some, however, reported vicarious traumatization, which they felt interfered with their healing—being overwhelmed by others stories of pain, and being left with open wounds at the point of discharge. Possible responses to this will be suggested. Loss of support at discharge was a significant theme, and the program has generated a self-help group model to help with transition back to communities—some in distant parts of Canada. Informal feedback from graduates who participate in self-help groups has shown varied success. The poster will include the challenges associated with supporting graduates in distant regions with limited services, and creative solutions developed by some to create healing communities in their home environments.

S003

Collaborations

PROVIDING COPING SKILLS AND PTSD CLASSES WITH PACIFIC ISLAND VETERANS USING TELEHEALTH

Kathleen S. Pierce, Leslie A. Morland, Matthew Yeng, National Center for PTSD

Access to mental health services in the Pacific Islands is difficult due to copious miles of ocean separating providers from patients. Video-teleconferencing may offer the necessary bridge to provide essential healthcare services in this region. To date, several studies have demonstrated favorable use of telehealth in providing clinical services in remote locations (Morland, Miyahira, Pierce & Gino, 2000; Dossetor, Nunn, Fairley & Eggleton, 1999). No study has examined the feasibility of utilizing telehealth to provide PTSD treatment. This project examined the viability of using

telehealth to provide clinical services to veterans diagnosed with PTSD. A telehealth modality was used to offer an eight-week, psycho-educational class focusing on Coping Skills and PTSD. A clinician in Honolulu conducted the class for veterans residing in Kona, on the neighbor island of Hawaii. As a control comparison, the same class was conducted on site in-person by the same clinician. Twenty veterans were recruited from the Kona VA Community Outpatient Clinic and were randomly assigned to either group. Veteran and clinician satisfaction, level of comfort, and reported benefit with services were assessed and compared. Clinical and research implications for future use of the telehealth modality for clinical provision with PTSD populations are discussed.

S004

Collaborations

PERU'S SHINING PATH WAR: ASSESSING PSYCHOSOCIAL IMPACTS OF VIOLENCE

Leslie M. Snider, Alexis C. Avery, Tulane University School of Public Health & Int. Health Dept.; Claudio O. Cabrejos, Yale University School of Medicine, CT Mental Health Center; Juan J. Trujillo, Universidad de San Cristobal de Huamanga, Municipalidad H.; Homero A. Aguilar, Edith M. Huayllasco, Universidad Nacional de San Cristobal de Huamanga

Given increasing brutality toward civilians in worldwide conflicts, psychosocial impacts of severe trauma is receiving significant focus in trauma studies research. The authors describe a collaborative approach in psychosocial assessment and community intervention planning for victims of Peru's Shining Path civil war, where a large percentage of rural populations were traumatized and displaced in fifteen years of violence. The project objective is to translate psychosocial research into multidisciplinary, community-based programs through fully understanding the impact of terror, social disruption and loss in the local context. To ensure cultural relevancy and comprehensiveness, this project is a collaboration between Tulane University, Universidad de Huamanga in Ayacucho, local governmental and non-governmental organizations, rural villagers and community health workers. This pilot study, implemented by community-based nurses, assessed the psychosocial impact of the war on returned populations in Ayacucho. Utilizing ethnographic methods, researchers conducted key informant interviews and focus groups (in Spanish and Quechua), and developed with villagers a version of the Harvard Trauma Questionnaire informed by local language, idioms for distress and priorities of traumatic events. Results showed an alarming incidence of traumatic events and post-traumatic sequelae among villagers: anxiety and depression (95-100% of respondents), post-traumatic stress disorder (86-100%), and daily trauma symptoms (90%).

S005

Collaborations

PERITRAUMATIC PHYSIOLOGICAL REACTIONS, PTSD, AND MEDICAL PROBLEMS IN WOMEN VETERANS

Ned Rodriguez, UCLA Trauma Psychiatry Program; Deborah Yaeger, Claudine Armand, Women's Healthcare Center, West LA VA Hospital

This presentation investigates relationships between trauma exposure—including peritraumatic physiological reactions—PTSD and subsequent medical problems in a sample of women veterans. Researchers have theorized that physiological symptoms experienced during a traumatic event become learned conditioned responses to environmental fear triggers (PTSD symptoms). These conditioned physiological responses may promote the development of chronic medical problems. This study is among the first to examine the possible unique role of peritraumatic panic reactions in the interrelationship between trauma, PTSD, and medical problems in women. Participants completed a trauma/mental health screening as part of healthcare services offered within a women's multidisciplinary primary care clinic at an urban VA hospital. The screening was developed to outreach psychosocial services to women veterans suffering from posttraumatic sequelae, who often remain undiagnosed and untreated in the VA system. Data will be presented for approximately 60 women veterans who completed standardized self-report and interview instruments assessing traumatic life events, peritraumatic reactions, PTSD, and medical problems. Preliminary analyses reveal significant relationships between trauma exposure (including peritraumatic

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panic reactions), PTSD, and health problems. PTSD symptoms will be empirically examined as mediators in the relationship between trauma exposure and health problems. Discussion focuses on mechanisms underlying this relationship.

S006

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CLINICIANS AND CLERGY: PARTNERING FOR TRAUMA TREATMENT AND PREVENTION

Judith A. Lyons, VAMC-South Central MIRECC/U. MS Medical Center; **Mertis L. Scott, VAMC-South Central MIRECC;** **Hubie J. Nelson, Veterans Affairs Medical Center;** **W. Criss Lott, St. Dominic Counseling Center;** **Phillip R. Godding, St. Cloud State University, Psychology Dept.;** **Jona Keeton, Private practice/Consultation;** **Vicki Gary, Galloway Memorial United Methodist Church**

Traumatic life events can dramatically reshape a survivor's world-view. Ideas about spirituality and faith are frequently impacted by trauma (e.g., sense of individual value and purpose, guilt and reconciliation, beliefs about God, concepts of good and evil). Three scenarios in which clergy and mental health professionals have partnered to aid trauma survivors are presented: (1) co-leading classroom debriefing sessions following a fatal school shooting, (2) co-leading a spirituality group within a VA PTSD clinic, and (3) case-by-case consultation between clergy and a core group of same-faith clinicians. Clergy and clinicians can also effectively collaborate in prevention efforts. A fourth scenario depicts the input of a mental health consultant in drafting a church policy for the implementation of state-mandated screening of youth workers. Obstacles and facilitative factors in such collaborative efforts are identified within each scenario, both from the perspective of the clinician and from the perspective of the clergy involved. Risks and benefits within and across scenarios are summarized. Recommendations are offered regarding ways to optimize the effectiveness of such partnerships.

S007

Collaborations

EFFECTS OF A BREAST CANCER WORKBOOK-JOURNAL ON PTSD SYMPTOMS

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

This study examined the effects of a workbook-journal entitled "One in Eight: Women Speaking to Women," on PTSD symptoms of women diagnosed with breast cancer living in rural communities. It is based upon the principles of supportive expressive therapy. We recruited 100 women through oncology and radiology clinics who live in rural areas in and nearby Grass Valley, California. Women were randomly assigned to receive either educational materials on breast cancer or the experimental workbook-journal intervention in addition to educational materials. Women were reassessed at a three-month follow-up, with 99 completing their follow-up assessment. Scores on baseline posttraumatic stress disorder (PTSD) symptoms suggest that this sample prior to receiving the intervention reported a moderate to high level of psychosocial distress. Women receiving the workbook-journal showed a significant decrease in PTSD symptoms ($p < .02$). They also showed significant changes in coping in terms of decreased anxious preoccupation with having breast cancer ($p < .05$). These changes were most pronounced in women who had been newly diagnosed with breast cancer, compared with women whose treatment was ending. These results indicate that among rural women newly diagnosed with primary breast cancer, a workbook-journal can effectively enhance coping and reduce PTSD symptoms regarding breast cancer.

S008

Collaborations

MENTAL HEALTH PROVIDERS AWARENESS OF DOMESTIC VIOLENCE ISSUES IN PRACTICE

Stephanie Sloan, Helene Moriarty, Andrew M. Stone, VA Medical Center Philadelphia; **Ann Burgess, University of Pennsylvania**

Clinicians in three different programs in a VA Medical Center Outpatient department were surveyed in order to study their awareness of, comfort with, and knowledge of domestic violence issues and resources. A general mental health clinic, a substance-

free drug and alcohol program, and a methadone treatment program provided a total of 70 clinicians of whom 63 responded, for a response rate of 90%. Areas explored included providers' own experiences, level of comfort with the questions, awareness of treatment resources and frequency of screening and referral for domestic violence services. Information was sought as to screening for both victims and perpetrators. Findings included the following: providers who had more information about how to respond, and those who described themselves as more comfortable with client/patient reactions, were more likely to have discussed domestic violence in their clinical practice. Providers who were more aware of legal requirements for assessment were more likely to screen all their clients for DV. In this sample, gender was negatively associated with screening, with female providers less likely to screen female patients for DV. Providers who estimated a higher percentage of batterers among the male population were more likely to screen all their male clients for DV. In the setting of several different outpatient mental health services, associations were demonstrated between the clinicians' level of knowledge and comfort with DV issues, and the way that they treated patients. These findings suggest that interventions directed toward increasing clinician awareness and skills might improve the likelihood of earlier diagnosis and treatment of domestic violence victims and perpetrators.

S009

Collaborations

HELP-SEEKING BEHAVIOR OF TRAUMATIZED VETERANS

Coen van den Berg, psychologist

Several studies show a large number of veterans with psychosocial problems after deployment in peacekeeping missions. Only a small group of them does apply for help. The reasons for not seeking help might have negative implications in time for these veterans. Besides this, the fact that a certain amount of veterans do not seek or use help conflicts with the outreaching strategy of the Dutch veteran's policy. A first worldwide request for an answer to the question why young veterans do (not) seek help for their psychosocial problems led to the conclusion that this topic is one of interest but with little actual information available. Based on literature and interviews with young veterans and professional caregivers a case study was conducted. This research focused on reasons for (absence of) help seeking behavior. The results of this study show interesting similarities between several groups of veterans and other traumatized groups. Also some interesting differences between these groups emerged from this study. Some important barriers for not seeking help are unawareness of possibilities for help, culture of the army and self-efficacy. Severity of the problem and pressure from partners are triggers for seeking help. The results are put together in the model of planned behavior of Ajzen and Fishbein. This leads to a better insight in the relations between triggers and barriers for help seeking and leads for further research.

S010

Collaborations

PSYCHOLOGICAL DEFENSIVENESS AMONG ADOLESCENT ASSAULT VICTIMS: IMPLICATIONS FOR INTERVENTION

Dawn R. Marcelle, Michael R. McCart, Hobart Davies, University of Wisconsin Milwaukee; **Alice D. Calhoun, Valley Children's Hospital**

Identified the prevalence of a defensive response style among a sample of urban youth with violence-related injuries and examined the effects of that style on a self-report measure of psychological functioning. A defensive response style was defined by elevations on the Underreporting Scale of the Trauma Symptom Checklist for Children (TSCC) along with below average scores on the Anxiety Scale. One hundred twenty youth (ages 9-18) completed the TSCC two weeks post-injury. Thirty-five percent (35%) were identified as using a defensive response style. Those in the defensive group reported significantly fewer trauma symptoms than those identified as either high or low anxious, but not defensive. Seventeen percent (17%) scored in the clinical range on the Underreporting Scale and elevations on all clinical scales were modest. Males showed elevations on Underreporting with decreased trauma symptoms, while female victims were less defensive and reported more symptomatology. Results suggest that reported low levels of symptomatology among assaulted urban youth may be due in part to a defensive response style rather than absence of pathology. Medical professionals are advised to adopt a standard of care that proactively addresses the psychological needs of all victims of youth violence.

S011

Collaborations

WOMEN WITH COMORBID PTSD IN A DEPRESSION TREATMENT TRIAL

Janice L. Krupnick, Georgetown University Medical Center; Bonnie L. Green, Joyce Y. Chung, Juned Siddique, Jeanne Miranda, Georgetown University Medical School

We investigated how women with major depression (MDD) and PTSD, recruited for a depression treatment trial, differ from those with depression alone. Poor women attending public medical settings were screened for MDD. Those meeting criteria were randomized to CBT, medication, or referral only, and evaluated by telephone and clinical interview for one year. Initial data on 159 women, with 6-month data on 54 treatment subjects, indicated that women were African American (67%), Latina (26%), or White (7%), with a mean age of 28. Two-thirds were working, but 59% lacked health insurance. Over half (52%) had current co-morbid PTSD and MDD. Women with comorbid PTSD had more past trauma, including rape, and more major lifetime stressors, including periods without food or being homeless. At baseline, they had significantly worse functioning on six scales of the SF-36, and more past-year emergency room visits. Both treatment groups showed significant improvement in depression symptoms and functioning during the first 6 months, with no difference in rate of improvement. Data on PTSD symptoms at one year, and for the treatments separately, will be presented in the poster. PTSD may be missed in women with depression.

S012

Collaborations

VALIDATION OF THE CHILD/ADOLESCENT PTSD/TRAUMA SCREEN

Drew F. Miele, Edward O'Brien, Marywood University

Previous research by these authors identified significant underdiagnosis of posttraumatic stress disorder (47.7%) and sub-clinical PTSD (20.5%), as compared to a 2.3% baseline rate in residentially placed children and adolescents (Miele & O'Brien, 2000). A subsequent study developed a screen to rapidly identify clients, in an agency setting, for PTSD re-evaluation. Fifty-seven per cent of the re-evaluated clients had a PTSD/sub-clinical PTSD diagnosis, as compared to a 4% baseline rate (Miele & O'Brien, 2000). Trauma events and behavioral markers correlated .71 and .73 respectively, with the final PTSD score. Present research has as its goal a county-wide effort (CPS) to validate an expanded screening instrument. The expanded screen identifies frequency and severity of traumatic exposure and its objective features; posttraumatic response characteristics; internalized/externalized behaviors, vulnerabilities, and contraindications. Sandra Bloom, M.D. will consult on this multi-site validation study, and has been involved in development of the instrument. Ages 6-18 will be screened, with follow-up psychiatric evaluations (TSCC and CAPS-CA). Screening will be conducted at all levels of risk to allow for the development of cutoff points. Discriminate analogies and factor analyses will be conducted.

S013

Collaborations

TELEPSYCHIATRY AND THE TREATMENT OF PTSD; DEVELOPMENT OF A COLLABORATIVE PROGRAM TO PROVIDE SPECIALIZED PTSD TRIAGE AND SERVICES TO PATIENTS AT DISTAL LOCATIONS

David S. Liebling, Cheryl A. Stone, Martha Clower, Louis Stokes Cleveland VA Medical Center

This presentation will examine the organizational and technical development, clinical goals and practice, and evaluation of a project providing wide geographical access of specialized services to Ohio veterans suffering from war related PTSD and sexual trauma suffered in the military. Through the development of a Televideo Program, a collaborative network drawing on the services of a variety of clinical providers housed at a Core PTSD Program and 3 distal/satellite clinics as well as relevant technicians and specialists from across the state, was formed. The program also provided one practical solution to address an important policy consideration of the VA. In the past 3 years the Ohio VA has worked to expand access to veterans in need of specialized PTSD services through a range of satellite outpatient clinics. VHA policy has

established the need for a team of experts trained and credentialized in the care of PTSD. This team can include associate members stationed at some distance from the core team. Distal clinics are required to access specialized PTSD consultation on psychopharmacological, case consultation and supervision, access to assessment, triage, and sexual trauma issues. This unique clinical response should be of general interest as a method for the provision and maximization of expert PTSD treatment. The joint effort made it possible to broaden the availability of effective care to PTSD patients who would not otherwise receive appropriate treatment due to age, socio-economic status, disability, education or geography. The triage of patients, application of clinical interventions, clinical consultation, supervision, and education among providers, and evaluation were successfully accomplished in a 12 month period and will be presented in this workshop.

S014

Collaborations

OLANZAPINE TREATMENT FOR TORTURE SURVIVORS WITH PTSD—A CASE SERIES

Robert C. Stone, Frederick Petty, UT Southwestern Medical Center, Dallas

Post Traumatic Stress Disorder is a common psychiatric disorder with an 8% lifetime population prevalence in the USA. Continued investigation into pharmacotherapy for PTSD is important given that up to half of patients studied in SSRI trials failed to respond significantly. PTSD is also a common condition experienced by survivors of torture. While torture is fortunately rare in the US, the same cannot be said about many nations. Torture is actively used to punish and dissuade people with dissenting religious and political opinions regarding issues such as free elections, women's rights and racial equality. The survivors often seek political asylum in the US. Those with PTSD often experience debilitating symptoms and require appropriate treatment to regain any significant quality of life and to participate successfully in the asylum process. This presentation will detail a review of the treatment of twelve survivors of severe torture from central and western African countries. All were suffering from severe PTSD symptoms as diagnosed with the MINI and measured with the TOP-8. All were treated with olanzapine 2.5 or 5mg qhs, either as monotherapy or in combination with an SSRI. At eight weeks, all eight had >50% reduction in TOP-8 scores.

S015

Collaborations

HEALTHY-COMMUNITY APPROACH TO POST-EARTHQUAKE PSYCHOLOGICAL REHABILITATION IN TAIWAN

Yin-Chang Wu, Fu Chien Hung, Jen Chao Hsiao, Department of Psychology, National Taiwan University; Yao Sheng Lin, Department of Psychology, Kaohsiung Medical University

Earthquake affects everyone who happens to be at the "wrong place" and "wrong time." Those who were affected have not only gone through stages of hyperarousal, intrusion, and restraint, but also unavoidably encountered changes of daily living orders, social networks and supports, commonly held beliefs, and so on. Therefore, the traumatic experiences should be tackled at both the personal and community levels. A healthy-community program was accordingly designed to work together with local educational system, health-medical system, and political-executive system in Tong-Shir Town (a township of about fifty thousands of residence and close to epicenter of the earthquake). This healthy-community approach aims not only to restore the victims' social network/supports and daily living orders, but also to reestablish their beliefs and common meanings for suffering to live on. In that, school-based programs have been set up and a group of "seed-teachers" were formed. Through reorganizing local medical stations, hospitals, and related volunteers groups, health promotion, prevention and treatment of psychological disturbances have been provided. Moreover, a "Tong-Shir Spirits" movement has been started to integrate the experiences, feelings, and meanings attached to the earthquake with the hope of joining a commonly accepted "meaning of suffering" for the whole community. More details of the programs and resulting data will be reported in the symposium.

A SCHOOL-BASED ART ACTIVITIES TO ENHANCE COPING PROCESS OF STUDENTS IN EARTHQUAKE-AFFECTED AREA

HM Tseng, Department of Healthcare Management, Chang Gung University; FC Liu, Department of Religion, FuJen University; Sue-Huei Chen, Department of Psychology, National Taiwan University

In collaboration with Council for Culture Affairs of Taiwan funded earthquake-relief program "Arts for School Relief," we developed a school-based service to accomplish the aim of integrating the healing power of the arts into the lives of children and adolescents in earthquake-affected area. A total of 99 community volunteers were recruited to conduct school services in 26 primary and 6 junior high schools. These volunteers were required to fulfill a training and orientation process, and then initialized an 8-week art course curriculum in the schools served. An assessment and evaluation form of students' affective perspectives (including attitudes towards the course, reliability for accomplishment, motivation for art production, and group interaction skills) was applied to record students' change during the 8-week period. All art activities and observation were conducted at the classroom environment in schools. More than 1500 students participated in this program. A total of 1207 students evaluation data were valid for analysis. In general, favorite responses towards this program are obtained from students, teachers, volunteers, and school systems. Assessment of affective perspectives showed that attitudes, reliability, motivation, and group interaction skills of all students improved progressively during the 8-week period. A school-based program focusing on classroom activities had been suggested to be an effective primary intervention for disaster recovery. Implications and reflection from implementing a school-based program for disaster recovery will be discussed.

ALIENATION, ANGER, AND TRAUMA IN VIOLENT TEEN AGE GIRLS

Lenore E. Walker, David L. Shapiro, Nova Southeastern University - CPS

This symposium addresses a program developed by clinical psychology graduate students in a forensic concentration in a large metropolitan multicultural community in order to identify and intervene with girls whom have been arrested for violent crimes. Their histories of trauma, child abuse, anger, and alienation are found to be associated with their commission of violent crimes.

TRAUMA AND ANGER EXPERIENCES IN TEENAGE GIRLS IN THE JUSTICE SYSTEM

William F. Anzalone, Jr., Nova Southeastern University - CPS

The majority of females who enter the juvenile justice system commit status crimes, such as running away from home and truancy; however, there has been an increase in female juveniles committing serious violent offenses. In Broward County, Florida, an analysis of approximately 200 female juvenile offenders' behavior suggests many are reacting to a traumatic event that has happened in their lives. Research indicates that the most common pathway to "revolving door" delinquency for a female is exposure to abuse prior to committing her first offense. Domestic violence exposure increases the risk for the development of post-traumatic stress disorder (PTSD). PTSD associated symptomatology often results in peer rejection at an early age in life. Data suggests that this rejection increases the risk for delinquency, such as violence, aggression, manipulation, and bullying. Feelings of anger and its expression have been measured by the Spielberger's STAXI-2 and the profiles compared to self-reported histories of the girls' trauma. The results suggest that child or adolescent trauma has a direct impact on the girls' expression of anger and delinquent behavior.

POST-TRAUMATIC STRESS DISORDER AND ABUSE IN DELINQUENT GIRLS

Kari M. Schlessinger, Nova Southeastern University - CPS

More than half the adolescent girls detained at the Juvenile Detention Center in Broward County, Florida disclose histories of reportable physical and/or sexual child abuse. Many also report emotional abuse and maltreatment. In an effort to assess for post-traumatic stress disorder (PTSD), the adolescent girls were evaluated with

structured clinical interviews, a Life History Questionnaire, and the Briere's Trauma Symptom Interview (TSI). Most of these girls come from homes with low socioeconomic status. Many reside in communities where violence on the street is the norm. Rarely have they received psychological intervention for the emotional impact resulting from their exposure to this abuse. It has been suggested that adolescents with PTSD may experience a "foreshortened future" and engage in various forms of destructive and violent behavior. Delinquency may be an avenue for expressing the hyperarousal often associated with PTSD, thus temporarily reducing the resulting anxiety and tension in these female juveniles. Analysis of the TSI results indicate significant elevations on many of the clinical scales associated with PTSD. These results have been shared with attorneys working to advocate on behalf of the girls' civil and criminal matters. Further suggestions for intervention in the juvenile detention center will be discussed.

PREDICTING REMISSION AMONG PATIENTS WITH POSTTRAUMATIC STRESS AND SUBSTANCE USE DISORDERS

Paige Ouimette, Washington State University; Rudolf H. Moos, VA PAHCS/Stanford University

Practices have been recommended for the treatment of patients with substance use and posttraumatic stress disorders (SUD-PTSD) based on empirical findings, including providing PTSD-specific care. This study examines the association between outpatient PTSD treatment and the long-term course of SUD-PTSD patients using a substance abuse program evaluation. 145 patients with PTSD completed 1, 2, and 5-year follow-ups. Data on service use and 12-Step attendance were gathered from patients' self-reports and VA databases. After case-mix adjustment, SUD-PTSD patients who attended PTSD-specific treatment in the 1st year following treatment were more likely to maintain a stable course of remission from substance use 2-5 years following inpatient treatment. For example, patients who received PTSD care in the first year following SUD treatment were 16 times more likely to achieve stable remission than those not receiving PTSD care. Over three-quarters of the stably remitted had received PTSD care whereas only 39% of the patients who did not achieve stable remission received such treatment. SUD outpatient visits in the year following treatment did not predict later remission status. Twelve-step group attendance in the year following discharge predicted 3-5 year remission status. Analyses are planned to examine the parameters of PTSD care that are associated with remission.

DISPOSITIONS, COPING, AND POSTTRAUMATIC GROWTH IN EMERGENCY AMBULANCE PERSONNEL

Jane E. Shakespeare-Finch, Queensland University of Technology

Contemporary research generally focuses on the experience of work related traumatic stress as potentially negative. Based in a salutogenic approach, this paper investigates traumatic stress in emergency service work as a catalyst for significant Posttraumatic Growth (PTG). Individual characteristics such as Extraversion, Openness to experience and Hope have been found to significantly relate to measures of positive changes following a traumatic event in direct survivors of trauma. The present study aims to empirically identify individual characteristics and coping resources that account for significant variance in self-reported post-trauma growth scores in a work related or vicarious context and further asserts that coping resources are a critical variable in the process. 525 male and female ambulance officers, all of whom had experienced work incidents considered to be particularly traumatic, completed a comprehensive questionnaire. Correlations support a positive relationship between PTGI scores and Extraversion, Openness to experience, Conscientiousness, Religiosity, Hope, Optimism and Self-efficacy. Furthermore, Structural Equation Modelling (SEM) confirms that coping resources significantly mediate the relationship between said characteristics and PTG, providing support for an indirect pathway to growth.

S103

Intervention Research

PROPRANOLOL FOR REEMERGENT POSTTRAUMATIC STRESS DISORDER FOLLOWING AN EVENT OF RETRAUMATIZATION: A CASE STUDY

Fletcher B. Taylor, University of Washington and Rainier Associates; Larry Cahill, Dept. of Neurobiology and Behavior, University of California, Irvine

This case report concerns a 44 year-old female who experienced five similar motor vehicle accidents, the last three causing severe PTSD episodes of over six months despite multiple pharmacotherapies. Following a sixth accident, severe PTSD symptoms again emerged. This time, propranolol was used and the PTSD symptoms were rapidly and markedly reduced. The Clinician Administered PTSD Rating Scale, One Week Symptom Status Version (CAPS-SX) scores were reduced from an initial 86 at the time of the trauma, to 56 eleven days post trauma. The propranolol dose was, 60mg orally, twice a day (1.7mg/kg/day) begun 48 hours after the trauma. To our knowledge, this is the first report of the effects of propranolol treatment on reemergent PTSD symptoms. This case study suggests that propranolol at the time of a retraumatization, or even initial traumatization may be particularly efficacious for PTSD symptoms. Propranolol treatment prior to reexposure therapy sessions may limit pathologic overconsolidation of traumatic memories while maximizing the benefits of the therapy. Systematic research into the efficacy of propranolol for adult PTSD appears warranted, particularly with regards to the dosage, timing, and duration of the propranolol intervention.

S104

Intervention Research

PROLONGED EXPOSURE COUNTERCONDITIONING (PEC) AS A TREATMENT FOR CHRONIC PTSD IN AN ADULT SURVIVOR OF REPEATED SEXUAL AND PHYSICAL ABUSE TRAUMAS

Nenad Paunovic, Department of Psychology, Stockholm University, Sweden

PEC was tested as a treatment for chronic PTSD with an extremely traumatized adult with severe childhood traumas. In PEC a prolonged reliving of the patients most pleasurable life moments is prompted by the therapist in order to help the patient to maintain a continuous elicitation of very pleasurable emotional responses. An associative technique is used whereby a neutral stimulus is associated to very pleasurable emotions. The patient is thereafter confronted with the most distressing moments of the traumatic event until very distressing emotions are elicited. When very distressing emotions are fully elicited the associative technique is utilized by concurrently activating incompatible emotions during 5 minutes while the patient is prompted by the therapist to continue to focus on the most distressing aspects of the trauma. When the traumatic emotions have been fully elicited the patient relives his/her most pleasurable emotions for a prolonged time in a similar way as during the first part of the session in order to weaken the traumatic emotions. The structure of PEC is adjusted in every second session so that an additional trauma response elicitation and a weakening of the traumatic emotions can be conducted. PEC was very effective as a treatment for extreme PTSD and associated psychopathology in this case and will be further tested in a series of case outcome studies in the future.

S105

Intervention Research

PERCEPTION OF CAMPUS VIOLENCE AND SERVICES: REACHING DIVERSE POPULATIONS

Mary L. Wandrei, Department of Psychology, Marquette University; Linda J. Lee, Student Affairs, Marquette University

As part of a U.S. Department of Justice funded initiative to combat violence against women on college campuses, we are asking students about their perception of sexual assault, dating violence, and stalking. We also solicit their perspectives on university policies, procedures, and services directed toward victims of such violence. We are especially interested in the perceptions of students of diverse ethnic backgrounds and gay, lesbian, and bisexual students at our urban Midwestern campus. Participants in our 11/2-hour focus groups are recruited from multicultural organizations and special interest groups (e.g., Black Student Council, Gay/Straight Alliance) as well as from random sampling of the campus population. We anticipate a total of 100 participants in these

groups of 6-8 people, approximately 50% of whom will come from underserved populations. Groups are facilitated by graduate and undergraduate students of diverse backgrounds. Participants' responses illuminate four areas of concern: (1) defining intimate violence; (2) experience of violence at this campus; (3) perceived causes of intimate violence and (4) improving this campus's educational programming and services for those affected by violence. We discuss implications for promoting a university community climate that does not tolerate violence and supports victims of all backgrounds.

S106

Intervention Research

A COMPARATIVE TRIAL OF TREATMENTS FOR SUBSTANCE DEPENDENCE AND PTSD

Elisa G. Triffleman, Phillip K. Wong, Celeste Monnette, The Public Health Institute

PTSD among addicted persons is frequent, and significantly worsens the prognosis for functionality and successful treatment outcomes. There is a continuing need to identify workable treatment interventions. This poster will present trial results comparing Substance Dependence - PTSD Therapy (SDPT) with Cognitive-Behavioral Coping Skills Therapy (CBCST). Subjects were recruited from a methadone clinic. Inclusion criteria: ability to read English at a 5th grade level; current partial PTSD and full lifetime PTSD; and >1 day of substance use in the past month. Exclusion criteria: severe homelessness; residential treatment facility participation; schizophrenia, schizoaffective disorder, severe major depression or untreated mania. Results: 36 subjects were randomized; 34 attended > 1 session. 56% female; 47% African-American, 35% white; 80% unemployed. At baseline, 74% had current PTSD; 65.7+21.7 CAPS severity. Ss used substances 15+ 11 days/past month; 67% drank. On PTSD severity, time effects were significant through 6 month posttreatment follow-up (SDPT: mean: 38.5 SD: 27.1; CBCST: mean:44.9 SD:35.5). In preliminary analyses, treatment completers demonstrated group differences, favoring SDPT. Decreases over time were observed in days of substance use at treatment end (SDPT: 8.8 SD: 8.5; CBCST: 9.4 SD: 9.5) but not at 6 months' posttreatment. Preliminary 1-year follow-up results will also be presented.

S107

Intervention Research

PREDICTORS OF FOLLOW-UP MEDICAL CARE AMONG RECENT RAPE VICTIMS

Robin R. Minhinnett, National Crime Victim Center; Heidi S. Resnick, Ron Acierno, Dean G. Kilpatrick, National Crime Victim Research and Treatment Center at MUSC

Most sexually assaulted women do not receive follow-up medical care. This is alarming considering negative health outcomes associated with rape. This paper evaluated whether a new intervention for rape victims increases use of a follow-up health clinic. Treatment involved a video designed to decrease anxiety during forensic exams, and prevent post-rape psychological distress. The video also included information about potential post-rape follow-up medical care. 230 of 273 eligible victims participated. The average age was 26.3 years (SD 9.7). Most women (79%) were single. Half were Caucasian (50%) while the rest were African American. Of the 230 participants, 110 were randomly assigned to the non-video condition, 102 were assigned to the video condition, and 18 refused treatment. Women were offered follow-up medical care six weeks and six months post-assault. A total of 37.4% attended. Results showed that the intervention did not increase follow-up attendance. Women who refused to watch the video were least likely to receive follow-up care (22%). Other factors such as age, marital status, race, and rape characteristics could also be important predictors of attending post-rape medical care. Additional analyses will be conducted to evaluate whether the intervention and/or these other variables may be related post-rape medical care.

S108

Intervention Research

TRAUMA-SPECIFIC GUIDED-IMAGERY: AN ADJUNCT TO GROUP PSYCHOTHERAPY

Leslie P. Root, Ellen I. Koch, Carolyn L. O'Brien, VA Gulf Coast Veterans Healthcare System

The implementation and evaluation of the first commercially-available trauma-specific guided imagery audiotape as an adjunct intervention to group psychotherapy is presented. Approximately 50 Vietnam theater veterans diagnosed with PTSD involved in ongoing group psychotherapy participated in a 5-session anxiety management intervention. The intervention was designed to maximize compliance by being administered in a group format and including involvement of adult partners/family members residing with the veteran. Study components included: pre- and post-assessment of anxiety, PTSD symptoms, and overall well-being; anxiety education; instruction in use of guided imagery; and peer and family support. The impact on anxiety, PTSD symptoms, self-efficacy regarding anxiety management, and program ratings on helpfulness, satisfaction, and compliance are reported. The generalizability of this intervention to other types of trauma and other community settings will be discussed.

S109

Intervention Research

PREDICTING CHANGE AND TREATMENT OUTCOME FOR VETERANS IN GROUP TREATMENT FOR PTSD

Alethea A. Smith, Elisa E. Bolton, Sheila Raja, Lisa M. Fisher, National Center for PTSD, Boston VAMC

This study explored treatment changes across time in measures of psychopathology, global indices of life satisfaction, & physical health among Vietnam veterans in skills-based group treatment for PTSD. Data were collected from 52 veterans, prospectively, across a 3 year time span. The clinical program consisted of group treatment with the following treatment sequence: Understanding PTSD (a psychoeducational group), Stress Management, and Anger Management. Adjunct individual treatment was also available to veterans as dictated by their clinical care needs. Instruments included measures of depression (BDI), PTSD (PCL), life satisfaction, and self-reported physical health (SF-12). Initially, two subsets within the sample were established in order to assess change in mental and physical health status. Preliminary results suggest participants who reported greater distress and dysfunction at the endpoint showed little change across time. Those who reported better psychosocial adjustment at the endpoint showed similar initial psychosocial adjustment, but report decreased PTSD symptoms over time and a trend towards overall improved health. In order to elucidate the characteristics associated with clinical improvement, further investigation of individual and group differences is planned.

S110

Intervention Research

THE EFFECTS OF EXPOSURE-BASED THERAPY ON ATTITUDES ABOUT GUILT IN VIETNAM COMBAT VETERANS

Sharon M. Wills, Central Texas Veterans Healthcare System/Texas A&M College; George Kraber, Central Texas Veterans Healthcare System

There has long been consistent agreement that guilt has both cognitive and affective dimensions. Cognitive components of guilt can be seen in the errors of logic and resulting faulty conclusions that trauma victims often make about their roles in traumatic events. The present investigation will present outcome data on the Changing Attitudes About Guilt in a group of Vietnam Combat Veterans who were treated in a 20-week program that included a combination of Cognitive Processing group therapy and individual Eye Movement Desensitization Reprocessing (EMDR). The ten veterans participated in a structured, time-limited trauma group in which they addressed issues peripheral to combat exposure in 20 weekly 90-minute group sessions. Each individual group member also underwent a minimum of three individual EMDR sessions to process traumatic combat experiences. The Kubany Attitudes About Guilt Inventory was administered at the beginning of the group prior to EMDR sessions and again at the final session of group. Post-group follow up data is also included in this presentation.

S111

Intervention Research

THE FIVE FEATHERS HEALTHY FAMILIES PROJECT: YEAR THREE REPORT

B. Hudnall Stamm, Renee V. Galliher, John Ahedore, Idaho State University Institute of Rural Health; Colette C. Evans, Desmond Weiser, Kenneth L. Cutler, Alta Appenay, Rory Tendore, Five Feathers Healthy Families Project

The Five Feathers Healthy Families Project is a part of the national Children of Substance Abusing Families Project funded by the Center for Substance Abuse Prevention. The goal of the project is the development of new empirical knowledge on prevention models to enhance protective and minimize risk factors of children with substance abusing parents and to reduce risk of developing substance abuse and other behavioral, emotional, social cognitive, & physical problems. The project documents program interventions in the form of a manual so that programs can be replicated. The Five Feathers site is specially charged with developing a protocol for American Indian communities. This poster will review the design, implementation, and results of this three-year project. Fifty-two treatment and twenty two comparison families provided data at baseline, 3 month (program exit) and 9 months. Seven cohorts of families have been served, accounting for over 1000 hours of psychoeducation, psychotherapy, case management, after-school tutoring, and cultural activities. Longitudinal data will be presented on the children and their parent/guardians on a variety of biopsychosocial measures. The data continue to suggest that prevention activities should be grounded in traumatic stress theories as well as substance abuse prevention theory.

S112

Intervention Research

OLANZAPINE TREATMENT FOR POSTTRAUMATIC STRESS DISORDER: CONTINUATION STUDY

Frederick Petty, Alina Suris, University of Texas Southwestern Medical Center; Jason Worchel, Central Texas Veterans Affairs Health Care System; Virginia Gajewski, Patricia Borman, Andra L. Teten, Dallas Veterans Affairs Medical Center

The antipsychotic olanzapine showed efficacy in treating the avoidant, intrusive, and hyperarousal symptoms of PTSD in our core eight-week study (Petty et al., Biological Psychiatry abstract). Based on these promising results a multi-site, open-label, six-month maintenance study in veterans with severe, chronic, combat-induced PTSD was conducted. Patients received an extended treatment of olanzapine (5-20 mg per day) for six months following their completion of the eight-week study. The primary outcome measures administered monthly were the Clinician Administered PTSD scale (CAPS) and the Clinical Global Impression of Improvement scale (CGI-I). Secondary outcome measures included the Hamilton Rating Scales for Depression and Anxiety (HRSD and HRSA), and the Brief Psychiatric Rating Scale (BPRS). A structured social functioning interview (SAS) and the Quality of Life questionnaire (QOL-BV) were completed at months 3 and 6. Results demonstrated no significant change in any of the outcome measures from the final week (week 8) of the core study to the end of the follow-up study. Treatment effects, therefore, were maintained for the 6 months following acute treatment.

S113

Intervention Research

GROUP TREATMENT OF MILITARY-RELATED TRAUMA IN WOMEN VETERANS: PRELIMINARY OUTCOME DATA

Sharon M. Wills, Central Texas Veterans Healthcare System/Texas A&M Med. School; L. Joyce Goza, Central Texas Veterans Healthcare System

Rape trauma among active-duty military women has historically been under-reported, and under-treated. Many women veterans who were raped in the military were discouraged from even reporting the incident, and few of those who did report their rapes received validation and appropriate treatment. In recent years, increasing numbers of women veterans have sought treatment through Veterans Affairs Medical Centers for symptoms of posttraumatic stress secondary to military-related sexual trauma. In order to better serve these women veterans, the authors have adapted a group treatment program based, in part, on Resick and Schnicke's, "Cognitive Processing for Rape Victims" model. This presentation will outline the treatment model, and will present outcome data from a recently-completed group, and follow-up data on group participants two years post-treatment.

S114

Intervention Research

SOCIAL SHARING AMONG VETERANS: DON'T TELL, DON'T ASK

Coen van den Berg, Veteran's Institute; Lt. Johan Scherpen, Royal Netherlands Military Medical Service, Centre for Expertise and Research; Michaela Schok, Jos Weerts, Centre for Research and Expertise

The Center for the Dutch Veteran's Institute has conducted a study on social sharing among veterans. The basis for this study forms the work of Rimé et al, who find that social sharing is a natural process. In its full form, social sharing of emotions occurs in discourse when individuals communicate openly with one or more others about the circumstances of the emotion-eliciting event and about their own feelings and emotional reactions. It does not necessarily seem to impact on emotional recovery, yet, it has positive effects on social integration and cognitive processing. The aim of this study is to investigate the ways in which Dutch veterans engage in social sharing, as well as the effects of social sharing on social integration and cognitive processing. We conducted a number of interviews with representatives of veterans' organizations and we sent a self-constructed questionnaire to a sample of 200 veterans. Results show clear differences between the group who does share their emotional experiences with others, and those who don't. Veterans, who do share report better emotional recovery, experience more social support and understanding from their environment. Support is found for a better social integration as well. The poster will present results and recommendations based on this research.

S115

Intervention Research

THE APPLICATION OF DIALECTICAL BEHAVIOR THERAPY AND BEHAVIORAL ACTIVATION FOR INJURED TRAUMA SURVIVORS

Amy W. Wagner, Douglas F. Zatzick, Department of Psychiatry, University of Washington

Two and a half million Americans are hospitalized annually after traumatic physical injury. Until recently, little has been known about the incidence and course of psychological and psychosocial problems in this population resulting in no consistent approach to care. In this poster, data from a randomly selected cohort (n=101) of physically injured trauma patients will be used to support a real world, effectiveness application of cognitive behavioral interventions for physically injured trauma survivors. Rates of PTSD ranged from 30-40% over the course of the year post-injury and depressive and substance abuse co-morbidity occurred in over 75% of afflicted patients. Only 14% of patients visited outpatient providers and 20% incurred subsequent inpatient medical/surgical hospitalizations. Recurrent negative life events were also common. Based on these data, as well as research and theory on PTSD and depression, aspects of Dialectical Behavioral Therapy (DBT) and Behavioral Activation combined with posttraumatic psychoeducation will be discussed as promising approaches to the prevention and treatment of PTSD and depression symptoms in this population. Strategies in DBT that aim to increase engagement in the therapeutic relationship and treatment compliance will also be highlighted.

S116

Intervention Research

TRAUMA RECOVERY PROJECT IN KOSOVO AND MACEDONIA: INTERVENTION AND RESEARCH STUDY

Iliana T. Moreno, Linda S. Sharpe Taylor, Urban Behavioral Health Care Institute; Judith L. Gibbons, St. Louis University, Department of Psychology

During and immediately after the war in Kosovo more than 300,00 Albanian refugees were settled in Macedonia. There was a need for emergency help in the area of psychosocial well-being of refugee families. Trauma Recovery Project, approved by IRB at St. Louis University, supported by humanitarian organization Catholic Relief Services, was conducted with refugees (in their own languages) during the period of three critical months June-August 1999. Different kind of activities were undertaken and completed with 79 families and 171 children age 4 to 14. Some of them were met in schools, some in their host families, others in the refugee camps, and some in their homes in Kosovo. Individual and group therapy with parents and children were carried out. The

most appropriate treatments with children were drawings, story telling, and games, since the trauma experiences were too fresh to consider more invasive therapies. During this extensive work a great deal of data was collected through different techniques: interviews, descriptions of drawings, Harvard Trauma Questionnaire and General Health Questionnaire. The presentation will be supported by many slides of individuals and families both in refugee camps and in Kosovo, including a fascinating overview of more than 180 children's drawings and their descriptions.

S200

Epidemiology

SEXUAL ASSAULT HISTORY, PTSD, AND MENTAL HEALTH SERVICE SEEKING IN A NATIONAL SAMPLE OF WOMEN

Sarah E. Ullman, Leanne R. Brecklin, Criminal Justice Dept, University of Illinois at Chicago

Correlates of posttraumatic stress disorder (PTSD) and mental health service seeking for women sexually assaulted in childhood and/or adulthood (N = 619) identified from the National Comorbidity Survey (1990-1992) were examined. Correlates of PTSD and mental health service seeking varied according to sexual assault history. Ethnic minority women with less formal education, more traumatic and stressful life events, and longer duration of sexual abuse had greater odds of PTSD within certain sexual assault history subgroups. Mental health service seeking was predicted by demographic factors (e.g., more education, Caucasian race), as well as other psychosocial factors (e.g., life events, social support), and medical insurance status, especially for adult sexual assault victims. Implications for mental health treatment and intervention are drawn for women with different sexual assault histories.

S201

Epidemiology

SOCIAL REACTIONS TO WOMEN'S DISCLOSURES OF CHILD SEXUAL ABUSE

Sarah E. Ullman, Criminal Justice Dept/University of Illinois at Chicago; Henrietta H. Filipas, Psychology Dept/University of Illinois at Chicago

Recent studies have examined disclosure of child sexual abuse and to determine the correlates and consequences of telling others about this form of victimization. This poster reviews the current empirical literature on disclosure and reactions to survivors to assess what is known about the process of disclosure and whether telling others is therapeutic and leads to positive outcomes. Most studies have concerned adult survivors retrospectively reporting on their disclosures of child sexual abuse. Few empirical studies have been conducted in this area but research suggests that few victims tell anyone about child sexual abuse as children, and that the type of reactions to disclosure vary according to when the disclosure occurs (childhood or adulthood), the extent and nature of the disclosure, and the person one discloses to. Suggestions are made for future research on disclosure of child sexual abuse and reactions of others to survivors. A new study designed to examine disclosures of child sexual abuse made in both childhood and adult life phases will be described and preliminary results reported.

S202

Epidemiology

THE RELATIONSHIP BETWEEN EARLY CHILDHOOD SEXUAL ABUSE AND THE ADULT DIAGNOSES OF BORDERLINE PERSONALITY DISORDER AND COMPLEX POSTTRAUMATIC STRESS DISORDER: DIAGNOSTIC IMPLICATIONS

Linda McLean, Rosedale Medical Clinical Practice

Over the past decade, there has been a dramatic increase in interest in the etiologic primacy of childhood sexual abuse to adult psychopathology and diagnoses. A body of empirical literature points to the association of severe childhood trauma with both Borderline Personality Disorder (BPD) and Complex PTSD (CP). The goal of this research was to determine if borderline psychopathology can be seen primarily from early onset (L E, 12 years of age) sexual abuse vs. late (G E, 13 years of age) in a sub-set of women who met diagnostic criteria for both BPD and CP. The consideration of the diagnosis of CP for a sub-set of borderline patients informs treatment. Sixty-five

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women (G E, 18 years) comprised a convenience sample from three mental health outpatient clinics in a large Metropolitan city: Thirty-eight were selected because they presented with a history of early onset abuse, while 27 were selected because they presented with a history of late onset. Each participant was administered the Revised Diagnostic Interview for Borderlines, the Traumatic Antecedent Questionnaire, the Modified PTSD Symptom Scale, and the Structured Interview for Disorders of Extreme Stress. Furthermore, five qualitative questions generated additional information regarding sexual re-victimization, attachment, dissociation and the impact of the trauma. Early onset of sexual abuse as opposed to late onset was significantly related to chronic duration of abuse, incest, bi-parental neglect, and sexual re-victimization. Moreover, statistically significant differences were found among those women with early onset of sexual abuse than late and the diagnoses of BPD, lifetime and current CP, and both BPD and CP. Sexual abuse and intrafamilial (incest) were found to be significant in the prediction of BPD and both BPD and CP. Discriminant analysis showed the strongest relationship with sexual abuse in the prediction of current and lifetime CP. Two other predictor variables were found to be similarly strong, namely, bi-parental neglect and emotional abuse. The results suggest that a sub-set of women with a history of childhood sexual abuse who meet diagnostic criteria for BPD may be subsumed under the diagnostic category of CP.

S203

Epidemiology

PERITRAUMATIC DISSOCIATION AND PTSD SYMPTOMS IN MILITARY AVIATOR POWS

Jeffrey L. Moore, Michael R. Ambrose, R.E. Mitchell Center for POW Studies; Shirley Ellis, Psychiatry Department, NAMI

Pre-trauma dissociative experience and psychiatric illness vary across study populations. Military aviators are screened for psychopathology. Dissociation impairs aeronautical adaptability. The relationship between peritraumatic dissociation and chronic PTSD symptoms among military aviator trauma survivors has not been studied. Two hundred and thirteen Repatriated Prisoners of War (RPW) and seventy-seven military aviator comparison (CG) subjects completed the Peritraumatic Dissociative Experience Questionnaire as part of a medical follow-up program conducted at the Robert E. Mitchell Center for Prisoner of War Studies. Current PTSD symptoms were assessed using the revised Impact of Events Scale. For the RPW group, captivity duration, length of solitary confinement and subjective torture severity were also obtained. Scores reflecting peritraumatic dissociation and current Vietnam PTSD symptoms were higher for the RPW than for the CG. RPW with current PTSD symptoms described greater peritraumatic dissociation than those without. Peritraumatic dissociation and solitary confinement predicted number and severity of PTSD symptoms. Although infrequent among military aviators, dissociation increases with severe trauma and predicts chronic PTSD. Dissociation and solitary confinement are more robust predictors of RPW PTSD than captivity duration and torture severity. Future research may define aviator personality indicators predictive of peritraumatic dissociation and increased PTSD risk.

S204

Epidemiology

DISENTANGLING RISK FACTORS FOR SYMPTOMS OF TRAUMATIC STRESS IN EMERGENCY SERVICES: AN EXPLORATORY STUDY AMONG AUSTRALIAN POLICE

Murray S. Thompson, Department of Psychology, University of Southern Queensland

Eighty-four operational officers working in an Australian state police service agreed to complete a questionnaire containing the Posttraumatic Stress Diagnostic Scale (PDS). With one exception, only, hierarchical regression analyses revealed that scores for dispositional measures (Constructive Thinking, Private Self-Consciousness), as well as measures of occupational well-being (state affectivity, current experience of on-the-job stress, liking of job) significantly enhanced prediction of Total symptoms of PTSD and symptom sub-scales (Re-Experiencing, Arousal, and Avoidance) computed from PDS responses. However, biographic characteristics of respondents and scores for the sub-scales of the Maslach Burnout Inventory generally bore no significant relationship to any PDS symptom score. Findings, clearly suggest differentiation of the experience of traumatic stress from the experience of occupational stress and burnout.

S205

Epidemiology

PATTERNS OF DISTURBANCE AND MENTAL HEALTH SERVICE UTILIZATION FOLLOWING THE OKLAHOMA CITY BOMBING: A TWO-YEAR FOLLOW-UP

Ginny Sprang, University of Kentucky

This study explores the intermediate psychological effects of terrorism on non-injured, adult residents of Oklahoma City by examining the course of PTSD and subthreshold symptoms over a two year period of time. Additionally, this study seeks to determine the degree to which various treatment interventions impacted the development and course of post-disaster symptomatology. Respondents (N=63) in this study were interviewed at three month intervals for two years following the bombing. The results of this study suggest that the levels of avoidance, re-experiencing, and increased arousal were time limited in this population, declining with or without treatment between six and nine months. Conversely, victimization symptoms remained high without mental health intervention for the first year post-disaster. This study also discusses the nature and occurrence of co-morbidity in treatment and non-treatment seeking groups.

S206

Epidemiology

ABUSE CHARACTERISTICS OF SINGLE—VERSUS COMBINED—TYPE ABUSE HISTORIES

Paul M. Miller, Brown University School of Medicine; David Lisak, Psychology Department, University of Massachusetts Boston

Investigated two questions: First, are the characteristics of childhood sexual abuse (CSA) different for victims who have also been physically abused? Relatedly, are the characteristics of childhood physical abuse (CPA) different for victims who have also experienced CSA? Self-report data from 680 college men abused by age 15 were aggregated from four separate studies sharing a common abuse measure. CSA characteristics were compared for men with sexual abuse only (SX) versus both CSA and CPA histories (SXP). Results indicate that SXP, compared with SX, is associated with more severe sexual abuse, as indexed by the closeness of the victim-perpetrator relationship (e.g., parent versus stranger), degree of physical intrusion, degree of coercion, frequency and duration of abuse, younger age of onset, and broader range of CSA experiences. These differences were not present, however, among the subgroup of men sexually abused by nonrelatives only. Parallel analyses for CPA indicated a similar pattern of findings only for injury sustained and range of CPA experiences. (CPA perpetrators were family members by definition, so analyses for nonrelative CPA perpetrators were not performed.) Results are discussed in light of the literatures on abuse risk factors on emotional/interpersonal adjustment and on efforts to measure abuse severity.

S207

Epidemiology

GRATITUDE AND POSTTRAUMATIC SYMPTOMATOLOGY IN A COLLEGE SAMPLE

April M. Masingale, Nallely M. Galvan, Shannon Schoonover, Sommer Kraft, Rebecca Burton, Stacey Waring, Basma Fouad, Jessica J. Tracy, Shannon Phillips, Russell L. Kolts, Phillip Watkins, Eastern Washington University

In recent years there has been a developing interest in positive psychology as it applies to traumatic experience. This emphasis has been reflected in studies examining posttraumatic growth and the factors related to it. One aspect of positive psychology which may have an impact upon an individual's ability to cope with traumatic events and to successfully recover from them is dispositional gratitude. Dispositional gratitude has been characterized as an enduring tendency to feel grateful, with people higher in dispositional gratitude being more likely to recognize potential life benefits, more likely to value these benefits, and more likely to receive these benefits in a manner which does not involve feelings of entitlement. The current research examines PTSD symptoms, depression, attributional style, and posttraumatic cognitions in samples of college-student trauma survivors categorized as being high, moderate, or low on a measure of trait gratitude. Individuals endorsing high levels of trait gratitude reported significantly lower levels of PTSD symptoms, depressive symptoms, and lower levels of

posttraumatic cognitions involving negative cognitions about the world than individuals endorsing low levels of trait gratitude. The potential implications of these findings will be discussed, as will potential directions for future research.

S208

Epidemiology

THE MET AND UNMET NEEDS OF WOMEN WITH SMI AND MEDICAL COMORBIDITIES

Wendy Tenhula, VA Capitol Healthcare Network MIRECC; Jean S. Gearon, Stacey I. Kaltman, University of Maryland and VA Captiol Healthcare MIRECC

There is clear evidence that people with serious mental illnesses (SMI) are at increased risk for medical comorbidities. Despite the increased medical risk, relatively little is known about the medical and mental health needs of SMI women. This study examines the self-reported medical and mental health care needs of 40 female veterans with SMI and co-morbid medical conditions. The responses of SMI women are compared to a demographically matched sample of non-SMI women. Health history, current health and mental health status, and the prevalence of victimization were assessed. SMI participants were asked additional questions pertaining to medical or mental health needs: 1) How often they had questions or problems related to their condition in the past year, 2) who they sought assistance from, 3) how helpful the assistance was, and 4) how helpful the VA was in providing assistance. SMI women reported a wide array of both medical and mental health concerns. The extent to which these needs were met varied. Rates of physical and sexual victimization were significantly higher among the SMI women. Implications of these findings for the development of effective interventions and improved quality of care for this potentially vulnerable population of women will be discussed.

S209

Epidemiology

VICTIMIZATION AND SOCIAL COMPETENCE IN WOMEN WITH SCHIZOPHRENIA AND SUBSTANCE USE

Shannon M. Thomas-Lohrman, Jean S. Gearon, University of MD Baltimore & The Capitol Network (VISN 5) MIRECC; Danielle I. Bradley, Lisa E. Myers, University of Maryland Baltimore

One of the most devastating aspects of schizophrenia is the deterioration of, or failure to achieve, adequate levels of social competence. This deficit may make women with schizophrenia more vulnerable to negative psychosocial consequences, such as sexual and physical victimization. Add to this the effects of substance use, which has been repeatedly linked to victimization, and this population may be at increased risk for pernicious outcomes. This study examined the associations between social competence and sexual and physical victimization. To do this, we utilized a Role Play Test (RPT), which assesses a subject's ability to resolve interpersonal problems through conversation. The RPT consists of four role plays which call for the subject to: assert herself to achieve a desired outcome (2 scenes), to refuse sex, and to initiate a conversation with a new neighbor. The interactions were videotaped and rated in three domains: Conversational Content, Non-verbal Content and Effectiveness. We collected RPT data from two groups of substance abusing women: women with schizophrenia and women with non-psychotic affective disorders. To establish if social competency deficits are associated with victimization, we conducted diagnostic group comparisons for women with and without past-year victimization for each of the three behavioral social skill ratings. This poster highlights these findings and discusses the implications for treatment.

S210

Epidemiology

PREMORBID TRAUMA EXPOSURE, POSTTRAUMATIC STRESS DISORDER, AND TWO AND FOUR YEAR OUTCOME IN BIPOLAR DISORDER

Yuval Neria, Columbia University; Evelyn J. Bromet, Gabrielle A. Carlson, Bushra Naz, State University of New York at Stony Brook

Background: The relationships of premorbid trauma exposure, PTSD, and clinical and functional outcome at 2- and 4 year follow-up were examined in first-admission patients with bipolar 1 disorder. Methods: Bipolar patients (N=123) initially

hospitalized with psychotic symptoms were longitudinally followed over a 4-year period. History of trauma exposure and PTSD before the onset of bipolar illness were ascertained by consensus from reviewing all medical record and interview material, particularly the CIDI trauma module administered during the 2-year follow-up interview. Functional and clinical outcomes were rated using standard measures. Results: Premorbid victimization and PTSD were related to two and four year remission status but not to the functional outcome indicators. Conclusions: The current study underscores the importance of assessing trauma and PTSD in evaluation of patients with bipolar disorder and highlight the need for developing treatment methods to address the impact of trauma history and its lifetime toll in these patients.

S211

Epidemiology

THE ROLE OF PROLONGED EXPOSURE AND FEAR OF EMOTIONS IN PTSD SYMPTOMATOLOGY

Yonit Schorr, Kim L. Gratz, Lizabeth Roemer, University of Massachusetts Boston Dept. of Psychology

Researchers and clinicians have noted symptomatic differences between individuals exposed to an acute traumatic incident and those with prolonged exposure (Herman, 1997). Limited empirical evidence suggests that prolonged exposure to trauma may result in more severe symptoms; however, little attention has been devoted to studying factors that explain this difference in symptomatology. One relevant factor may be fear of emotions. Studies have found that fear of fear is associated with increased PTSD symptomatology (Federoff et al., 2000), and fear of depression accounts for variance in analogue PTSD symptoms (Salters, Jenkins, & Roemer, 2001). Therefore, we hypothesized that survivors of prolonged assault would demonstrate more severe PTSD symptomatology and this difference would be explained by a fear of emotions. As part of a larger study, 272 assault survivors (single trauma = 189; prolonged exposure = 83) completed questionnaire packets including the PTSD Checklist (Weathers et al., 1993) and the Affective Control Scale (a measure of fear of specific emotions; Williams, Chambless, & Ahrens, 1997). Results indicate that individuals exposed to prolonged assault exhibited greater levels of PTSD symptomatology. Interestingly, only fear of depression (higher for prolonged assault survivors) accounted for a significant amount of the variance in PTSD symptomatology between groups.

S212

Epidemiology

ILLNESS IN THE AFTERMATH OF DISASTER: THE POSITION OF THE FAMILY PHYSICIAN

Joris Yzermans, Netherlands Institute Health Services Research

As researcher we are involved in the aftermath of three man-made disasters which recently took place in the Netherlands: in 1992 a Boeing 747-cargo crashed onto two apartment buildings in Amsterdam, in 2000 a depot of fireworks exploded in the centre of the city of Enschede and on new year's day 2001 a pub burned down in Volendam. In Amsterdam we listed, six years later, all complaints residents and rescue-workers attributed to the disaster, while in Enschede and Volendam we monitor prospectively all health problems, with the cooperation of all family physicians. We will present symptoms reported in the aftermath of disasters as found in international literature and compare them with the symptoms reported following the three Dutch disasters. We will conclude that, in the aftermath of disasters, survivors and rescue-workers often present a rather specific repertoire of physical and psychological symptoms. In the Netherlands every citizen is on the list of one family physician. We will describe his difficult position in the aftermath of disasters. He is often not the obvious therapist for patients with PTSD, chronic stress or long-lasting unexplained physical symptoms. As a gatekeeper, however, he has to coordinate healthcare and continuity of care.

S213

Epidemiology

TRAUMA EXPOSURE AND PTSD AMONG MEXICO'S YOUTH

Fran H. Norris, Gregory Jurkovich, Arthur Murphy, Chad A. Buck, Georgia State University

Few data exist on the frequency and impact of trauma among youth dwelling in developing countries. As part of a larger epidemiologic study, data on trauma and PTSD were collected from 318 randomly selected adults aged 18-25 (M = 22) residing in Oaxaca, Oaxaca or Guadalajara, Jalisco. Response rates were 79% in Oaxaca, 82% in Guadalajara. Interviews were conducted in the respondent's home using the Composite International Diagnostic Interview for DSM-IV. Of these young adults, 73% had already experienced a potentially traumatic event, such as interpersonal violence or loss of a loved one due to homicide, suicide, or accident. Among those exposed, 42% experienced their first trauma when less than age 12, 23% when 12-15. The measure used in this study collects additional information regarding a selected "worst" event. Of the worst events, 27% occurred when the respondent was less than age 12, 20% when 12-15. Age at exposure was not related to type of event regarded as the worst. Conditional risk of PTSD varied strongly by type of event, ranging from 0% of those who witnessed something horrific to 30% among those who experienced interpersonal violence. Risk also varied by age at exposure, being 20% when the trauma was experienced before 12 or between 12-15 and 10% when the event was experienced at ages 16-25.

S214

Epidemiology

DIMENSIONS OF POST-TRAUMATIC GROWTH AMONG BOSNIAN REFUGEES IN GREATER DETROIT

Jeffrey H. Sonis, Edisa Tokovic, University of North Carolina

The purpose of this study was to determine the dimensions of post-traumatic growth (perceptions of positive changes) among Bosnian refugees in Detroit. Bosnians were interviewed as a part of a larger study of the psychological effects of torture and related trauma among Bosnian refugees seen in primary medical care settings. Responses to an open ended question on whether they had been able to find "some positive aspects in the experience" were coded using qualitative data analysis methods. Sixty-nine Bosnian refugees (58% of the sample that participated in interviews) completed this open ended segment. Fifty percent reported perceptions of benefit, including greater personal strength, increased self-reliance, increased closeness to family, greater compassion and patience, and less attachment to material possessions. Some reported development of mistrust of other people as a positive change, suggesting that they believed their former trust was unwarranted and contributed to their vulnerability. Factors that appeared to facilitate growth included religious faith, feelings of safety in their new environment, personal determination, and future orientation. Among the 50% of refugees who did not perceive any positive changes, language barriers, social isolation, and highly traumatic experiences were common.

S215

Epidemiology

STRESSORS ASSOCIATED WITH PEACEKEEPING IN BOSNIA

Julie Wang, Hyemee Han, Brett T. Litz, Boston VA Medical Center; Amy B. Adler, U.S. Army Medical Research Unit Europe

More American soldiers have been deployed on peacekeeping missions in the past decade than at any other time in American history and yet, there is a paucity of research studying this population. The aim of our study was to assess the types of stressors soldiers typically face while on peacekeeping operations. Specifically, we surveyed 304 soldiers who deployed to Bosnia assessing psychiatric health, potentially traumatizing events (PTEs) experienced while in Bosnia, and peacekeeping experiences (PE). The PTE scale consisted of items tapping more typical war-zone stressors (e.g. fear of having your unit fired on), whereas the PE scale measured experiences specific to peacekeeping (e.g. dealing with rules of engagement, remaining neutral in the face of conflict). We found that, on average, soldiers infrequently experienced PTEs during their deployment. The most distressing events were those related to fear of unexploded

land mines. In contrast, soldiers often reported experiences specific to peacekeeping as having a moderately/extremely negative impact. The items rated most negatively were seeing children who were victims of war and knowing that many of the war criminals were not arrested. Further analyses are being conducted to see how PTEs and PEs are related to psychiatric outcome variables at post-deployment.

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Epidemiology

STRUCTURAL ANALYSIS OF ADOLESCENT TRAUMA NARRATIVES

Michelle Loris, Sacred Heart University; Deborah S. Lipschitz, Yale University

Comparatively little research focused on adolescents as a traumatized population. Most studies of traumatized adolescents have used structured or semi-structured interviews or self-report forms to obtain trauma histories. Foa and colleagues (1995) reported that there are structural and qualitative changes in the narratives of adult rape survivors pre and post treatment. In this study we compared the structural and qualitative aspects of adolescents' narratives of their most traumatic event in subjects with and without PTSD, and we correlated these trauma narratives with subjects' state or trait dissociation, severity of PTSD symptoms, and severity of depressive symptoms. Subjects were 50 adolescent males and females, ages 14-18 years old, admitted to an adolescent inpatient psychiatric hospital and recruited from an inner-city adolescent health clinic and who had experienced a DSM-IV criterion A interpersonal trauma. Subjects were administered the TEMI, CPTS-R, CTQ, PDEQ, A-DES, and BDI. We hypothesized that adolescents with PTSD have more fragmented and disorganized narratives, more themes of "helplessness" and "desperation" and structural aspects of narratives correlate with symptoms of PTSD, depression and dissociation.

S217

Epidemiology

PTSD AND NICOTINE, MARIJUANA AND ALCOHOL USE IN INNER-CITY ADOLESCENT GIRLS

Deborah S. Lipschitz, Ann M. Rasmusson, Eileen Billingslea, Yale University; Walter R. Anyan, Pediatrics, Yale University/YNHH; Steven M. Southwick, VA Medical Ctr, National Ctr for PTSD

Studies of combat veterans with posttraumatic stress disorder (PTSD) and adult substance abusers have found extremely high rates of comorbid substance use disorders and PTSD. The purpose of this study was to examine rates of nicotine, marijuana and alcohol use as well as patterns of problematic substance use in urban, inner-city teen girls with PTSD. One hundred and four adolescent girls (Mean age=17, SD=1.5), 85% African-American), who obtained routine medical services at a hospital-based medical clinic were systematically surveyed for types of traumatic exposure, posttraumatic symptoms and substance use using validated self-report questionnaires and interviews. Ninety-one percent of girls endorsed a Criterion A trauma, 14% of these girls met full criteria for current PTSD and 9% met criteria for partial PTSD. Forty-one percent of girls smoked cigarettes, 60% had used marijuana and 69% had drunk alcohol. Compared to girls without PTSD, girls with PTSD were significantly more likely to use nicotine (p=.001), and to use marijuana (p=.009) and alcohol (p=.023) on a regular basis. Urban, inner-city adolescent girls with PTSD are at high risk to develop a substance use disorder.

S218

Epidemiology

THE USEFULNESS OF CRITERION A2

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

The DSM has traditionally viewed Criterion A in the diagnosis of PTSD as that of a "gatekeeper". That is, an individual has to have experienced an extreme stressor in order to qualify for a diagnosis. DSM IV introduced a subjective component to Criterion A, that an individual must experience intense fear, helplessness or horror. In order to examine the relationship between Criterion A2 and the development of PTSD, we assessed consecutive admissions to a level 1 Trauma Service following accidental injury. Initial assessments took place on average one week post injury. All participants (n = 253) met Criterion A1. Of these, 171 met Criterion A2, 37 did not, and 45 had no memory of the event (associated

with Mild Traumatic Brain Injury). Criterion A2 was significantly correlated with PTSD severity at 3 and 12 months. Of those participants who met PTSD diagnostic criteria at three months, all either met criterion A2 at the initial assessment (82%) or had no memory of the event (18%). Thus it would appear that the experience of fear, helplessness or horror during a traumatic event is necessary for the development of PTSD for individuals who have a memory of the event, but not necessary for those who do not.

S219

Epidemiology

RELATIONSHIPS AMONG VIOLENT SOCIALIZATION, AGGRESSION, AND TRAUMA: THE MEDIATING EFFECTS OF VIOLENT COACHING

Ginger Rhodes, George J. Allen, University of Connecticut; Joseph Nowinski, Connecticut Department of Corrections; Antonius Cillessen, University of Connecticut Psychology Dept.

Lonnie Athens (1992) offers a conceptual model of violent socialization that explicates early developmental processes which lead individuals to employ violence as a preferred method of handling disputes and circumventing anticipated trouble. Athens' four-stage model has six socialization components and was developed from a sociological perspective of participant observation of incarcerated felons. The present study reports on the development of an assessment instrument, the Violent Socialization Scale (VSS), for this model. Test items were generated in accord with underlying theoretical propositions from the model and subjected to classical test construction procedures. Three criterion measures of aggression and traumatic stress, all with well-established validity, were used to validate aspects of the instrument. Participants included 69 incarcerated adult males and 99 male college students. Preliminary factor analyses yielded 6 factors that matched the hypothesized stages of violence development. In addition, the VSS subscales showed high internal consistency reliabilities. Incarcerated inmates scored significantly higher on each subscale compared to college students. The measure manifested strong convergent validity with existing measures of self-reported aggression and trauma. These results provide preliminary evidence in support of Athens's model of violence development and has promise for use in programs to reduce violence.

S220

Epidemiology

A PORTRAIT OF VIETNAM-ERA PRISONERS OF WAR (RPOWS): DESCRIPTIVES AND CONTRASTS

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

The current study used data housed at the Mitchell Center for Prisoner of War Studies to profile Vietnam-era repatriated prisoners of war (RPOWs). Data included demographic characteristics at time of captivity (e.g., educational attainment, marital status), precaptivity factors (e.g., length of service, academy graduate), war-zone captivity variables (e.g., torture, duration of captivity) and psychological (e.g., PTSD) and physical (disease burden) outcomes immediately upon repatriation. Analyses of variance were used to test differences by rank and branch of service. Results suggested that officers, as compared to warrant officers and enlisted personnel, had better psychological and physical health, despite a longer internment and more psychological and physical torture. These findings may reflect a maturity effect, with officers being characterized as more educated, older, and having longer military service at time of capture. Further contrasts by branch of service (Navy, Marine, and Army) indicated that Navy personnel, relative to Army, reported more adverse physical stressors and injuries and illnesses during captivity, yet also reported fewer negative physical health outcomes. Few differences were found between services on psychological outcomes. Overall, officers and Navy personnel tended to fare better in the captivity environment.

S221

Epidemiology

IMPACT OF DISASTER ON AGE-RELATED HEALTH DECLINES

Fran H. Norris, Greg L. Inman, M. Lori Conrad, Georgia State University

Six months after serious floods and landslides, 666 Mexican adults were randomly selected from two cities (Teziutlan/ Villahermosa) and interviewed using the same structured instrument that simultaneously was being used in an epidemiologic study of trauma in Mexico (Oaxaca/ Guadalajara, n = 1,289). In analyses that controlled for sex and concurrent depressive symptoms, age and disaster exposure interacted to predict current health problems. In all cities, health problems increased as age increased, but the slope was much greater in the disaster cities than in the normative cities. Effects were strongest for musculoskeletal, cardiovascular, and respiratory problems. On these subscales, disaster exposed older adults were considerably more symptomatic than their normative counterparts, whereas disaster exposed young adults differed little from theirs. The effect sizes were somewhat larger when the presence v. absence of PTSD was used to group the sample rather than city alone, but effects were moderate to large in both sets of analyses. The findings are interesting in light of a sizable body of research that indicates that older adults are not more psychologically vulnerable than younger adults to the impact of disasters and are perhaps even less so. Older people in developing countries may be particularly likely to express distress in somatic terms.

S222

Epidemiology

SUBJECTIVE RESPONSES TO CHILD AND ADULT TRAUMA AS PREDICTORS OF PTSD

Catherine J. Kutter, National Center for PTSD

Trauma exposure is widespread, and although many people suffer from profound and enduring psychological consequences of such experiences, most people who are exposed to trauma do not develop posttraumatic stress disorder (PTSD). The observation that even the most extreme stressors do not lead invariably to PTSD prompted the question of what factors aside from exposure to an extreme stressor contribute to the development of this disorder. Individual differences in subjective responses to traumatic events (i.e., emotional responses to and cognitive appraisal of events) have received relatively little empirical attention as predictors of PTSD among individuals exposed to trauma, and these responses were the focus of the current investigation. In a sample of 113 Vietnam era veterans, I examined the extent to which retrospective reports of fear, helplessness, horror, perceived life threat, and perceived responsibility at the time of childhood and adulthood trauma predicted PTSD. Helplessness at the time of childhood trauma and horror at the time of adulthood trauma were the subjective responses that most strongly predicted PTSD. Despite limitations of the investigation, the results have important implications for research and clinical practice and suggest the potential benefits that may be derived from further research in this area.

S223

Epidemiology

THE ENSCHEDE FIREWORK EXPLOSION: RESEARCH FINDINGS AND HEALTH CARE

Peter van der Velden, Institute for Psychotrauma; Berthold Gersons, University of Amsterdam

An enormous firework explosion took place in Enschede on May 13, 2000. It created a tremendous material damage, casualties and many injuries. Directly after the disaster numerous health care activities were planned and implemented. Three weeks after the catastrophe a large population study was started. In the four presentations preliminary findings of this research project and first impressions as well as results of the massive health care activities will be reported.

THE ENSCHEDE FIREWORK EXPLOSION: RESEARCH FINDINGS AND HEALTH CARE

Berthold Gersons, University of Amsterdam; Peter van der Velden, Institute for Psychotrauma; Rolf Kleber, Utrecht University; Joris I. Jzermans, Netherlands Institute for Health Services Research (NIVEL)

The extensive firework disaster in Enschede confronted the Dutch health care system with the pressing question how to deal with this large-scale catastrophe. More than 5,000 people were exposed to the disaster. Besides the many casualties and injured persons, many people lost homes or work settings. Moreover, numerous inhabitants were confronted with an infernal fire. The Dutch government directly requested for professional advice and expertise. An important drive of this request was to desire to do it better than after the air plane disaster in Amsterdam eight years ago. This presentation will focus on restoration of control as the leading principle for activities that were taken place as a result of the initiative to support the health care system. First, a local Advice Centre was founded with the explicit idea to keep it open for the public in the coming 3-5 years. Provision of information as well as material help are major tasks for this centre. Next, an elaborate aftercare system was developed for the confronted population as well as the rescue workers. Moreover, coaching of the local authorities concerning health care was a third theme. Furthermore, educational programs of physicians and therapists were formulated. Finally, a longitudinal health assessment is conducted. Preliminary results of this centre and other initiatives will be discussed. A large-scale research project of the mental and physical health condition of the disaster-stricken population (N=4,200) was conducted three weeks after the disaster. This presentation is focused on the empirical results concerning the nature and intensity of peritraumatic reactivity, as peritraumatic dissociation as well as emotions experienced in or directly after an extreme stressor have been found to be significant determinants of future disturbances, such as posttraumatic stress disorder. Assessed were characteristics of the various elements of the disaster (material loss, exposure to fire etc.) and peritraumatic emotions (measured by the Impact) as well as peritraumatic dissociative complaints (measured by the PDEQ). Characteristics of the stressor and peritraumatic reactivity after this large-scale catastrophe will be reported. Associations between the different forms of reactivity and variables concerning general health (e.g., SCL-90) and posttraumatic distress (e.g. IES) will also be discussed. It was found that a considerable majority showed clinically (very) high levels of symptoms, at least three weeks after the disaster. The associations between the forms of exposure to the disaster and these distress variables will be discussed, as well as theoretical and health care implications. Furthermore in this presentation two aspects of the aftermath of this type of disaster will be highlighted: 1. The disaster in the consulting room. In the Netherlands every Dutch person has his own General Practitioner (GP). When disaster strikes, the GP is in a demanding situation. Apart from being a victim himself, he is confronted with patients who need his reassurance. After some time these patients may develop trauma-related disturbances, such as PTSD, chronic stress and/or unexplained physical symptoms, for which the GP is often not the obvious therapist. As a gatekeeper, however, he has to watch over the co-ordination and continuity of care. 2. Uniformity in symptoms. In the aftermath of a disaster, survivors often present a small repertoire of somatic and psychological symptoms, which has also been reported in (war) veterans. A review on this phenomenon will be carried out. We will explore in what ways GPs manage the disaster in the consulting room. We will present the various symptoms reported in the aftermath of disasters as found in the international literature and compare them with those of GP patients affected by the Amsterdam plane crash or the Enschede explosion.

S224

Epidemiology

SUBJECTIVE RESPONSES TO TRAUMA AS PREDICTORS OF PTSD AND CO-OCCURRING DIAGNOSES

Catherine J. Kutter, National Center for PTSD

Although posttraumatic stress disorder (PTSD) is the diagnosis more strongly associated with trauma exposure, PTSD is highly comorbid with other psychiatric disorders that often develop in the aftermath of trauma exposure. Research has demonstrated an association between subjective responses to traumatic events (i.e., emotional responses to and cognitive appraisal of events) and PTSD. These subjective responses have not been evaluated as predictors of other psychiatric disorders that commonly co-occur with PTSD. In a sample of 113 Vietnam era veterans, I examined the extent to which retrospective reports of fear, helplessness, horror, perceived life

threat, and perceived responsibility at the time of childhood and adulthood trauma predicted PTSD as well as mood, anxiety, and substance use disorders. The relationships between subjective responses to trauma and PTSD were more consistent and were generally stronger than the relationships with other psychiatric disorders. Findings demonstrate similarities in the prediction of PTSD and mood disorders, with divergence in the prediction of substance use and anxiety disorders. PTSD and depression appear uniquely associated with trauma exposure. Despite limitations of the investigation, the results have important implications for research and clinical practice and suggest the potential benefits that may be derived from further research in this area.

S225

Epidemiology

MILITARY SEXUAL ASSAULT, PTSD, PSYCHIATRIC SYMPTOMS, QUALITY OF LIFE AND COST

Alina Suris, Michael Kashner, Frederick Petty, University of Texas Southwestern Medical Center; Andra L. Teten, Patricia Borman, Tara Saia-Lewis, Dallas Veterans Affairs Medical Center;

Despite recognized clinical and therapeutic differences between combat- and civilian-based sexual assault, there has been little written in the scientific literature that compares military and civilian sexual trauma. In this study, we examined the differential effects of these two types of trauma on diagnosis of PTSD, psychiatric symptoms, health functioning, and quality of life. 270 women veterans were interviewed and stratified into groups with history of no sexual assault, military sexual assault, or civilian sexual assault. Preliminary analyses showed a strong and significant effect of military sexual assault on the development of PTSD even when controlling for relevant demographic characteristics, and previous assault in childhood. Significant differences at $p < .001$ were also found among the three groups on most of the Brief Symptom Inventory subscales, all nine subscales of the SF-36, and at $p < .05$ for 9 of Lehman's Quality of Life subscales. Our findings show that experiencing a military sexual assault has a significant effect upon a woman's chances of developing PTSD. Women who experienced childhood and/or civilian sexual assaults were less likely to report PTSD than those who were raped in the military. Results of this study highlight the need for additional research into the unique characteristics of rape in the military.

S226

Epidemiology

AN EXAMINATION OF THE RELATIONSHIP BETWEEN POSTTRAUMATIC STRESS DISORDER AND ANTISOCIAL PERSONALITY DISORDER

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

One disorder that frequently co-occurs with Posttraumatic Stress Disorder (PTSD) is Antisocial Personality Disorder (ASPD). This is curious given that PTSD is an anxiety disorder and ASPD is characterized by the lack of debilitating anxiety. This paper utilized data from the National Comorbidity Survey (NCS) to better understand the nature of this relationship. The NCS is a large ($n = 8,098$) nationally representative population survey assessing the lifetime and 12-month prevalence of numerous DSM-III-R disorders. There were 239 persons who met the diagnostic criteria for PTSD, 201 for ASPD, and 28 for both disorders. The contingency coefficient was highly significant $p < .0005$. The absolute value of the test statistic was .66 indicating that the relationship between PTSD and ASPD was fairly robust. A 2(sex) X 3(PTSD, ASPD, PTSD & ASPD) MANOVA comparing these groups on various self-descriptors revealed consistent findings related to anxiety (e.g., tense & nervous), arousal (e.g., restless & fidgety), and well-being (e.g., confident & unstable). The combined group was least distressed followed by the ASPD and PTSD groups respectively. Possible reasons for the comorbidity of these disorders will be discussed along with findings regarding the link between PTSD and two additional disorders, Adult Antisocial Behavior and Conduct Disorder.

S227

Epidemiology

PRE AND POST-DEPLOYMENT STRESSOR PATTERNS IN PERSIAN GULF WAR VETERANS

Jeffrey A. Knight, Dawne S. Vogt, Erika R. Stone, Molly G. Keehn, Clifford D. Evans, Daniel W. King, National Center for PTSD Boston; Lynda A. King, National Center for PTSD Women's Health Science Division; David W. Foy, Pepperdine University

Telephone survey data on 26 categories of pre- and post-deployment stressors, were collected from a national sample of 357 PGW veterans during the process of developing a psychometric measure of psychosocial risk and resilience factors. Content-validated categories of traumatic and non-traumatic stressors were derived from the published literature and focus groups with PGW veterans. The sample was 78% male, 73% Caucasian, and 20 % Black American; and they served in the Army (75%), Navy (10%), Air Force (9%) and Marines (6%), with 48% being active duty troops and the remainder split between the National Guard and Reserves. Pre-to-Post deployment stressor exposure differences, and absolute frequencies of reported exposure, varied across categories. Relative percent decreases of 50% or more during the post-employment period were reported for: witnessed assaults, witnessed violent death, physical assault, sexual assault and sexual harassment; while relative increases were reported for: life-threatening illness, serious operations, mental illness, mental illness of someone close to you, and legal problems. Other categories showed less pre-to-post deployment variation. These pre-to-post deployment stressor increases suggest possible impacts from military service on physical and mental health of respondents and their families. Findings will be discussed in the context of stress vulnerability, stress tolerance, and post-stress-exposure adaptation.

S228

Epidemiology

GENDER DIFFERENCES IN THE EFFECTS OF UNIT AND LEADERSHIP COHESION

Erica J. Sharkansky, Tamara A. Bruce, Womens Health Sciences Division VA Boston; Jessica Wolfe

Unit cohesion is thought to be important for improving the morale of military personnel, and may be thought of as affecting the group in much the same way that social support affects the individual. Different dimensions of unit cohesion have been described including a horizontal (relationships among peers) versus vertical (relationships between leaders and subordinates) dimension, with either peer or leadership cohesion seen as more important depending on the outcome or situation examined. For example, in heavy combat situations, vertical cohesion appears to be most important in predicting health outcomes. No published studies have examined gender differences in the effects of different types of unit cohesion. The current study will examine gender differences in the effects of peer and leadership cohesion on PTSD symptomatology among Gulf War veterans. Results indicate that controlling for demographic variables, combat exposure, and initial symptomatology, higher levels of leadership cohesion was associated with lower levels of PTSD symptomatology among men (N=1790) 18-24 months following return from the Gulf, whereas higher levels of peer cohesion was associated with lower levels of PTSD symptomatology among women (N=171) over the same time frame. Peer cohesion among men and leadership cohesion among women were not significant predictors of symptomatology.

S229

Epidemiology

WORKING WOMEN WITH VIOLENT PARTNERS: WORK AS A PROTECTIVE FACTOR FOR THE SELF

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

Theorists have proposed that partner violence negatively influences women by damaging their sense of self. The current study was designed to examine the relationships among partner violence, the self, and women's work quality. Multidimensional self-concept measures were used to create self constructs that represented women's sense of at home and sense of self at work. Work quality was included to assess its potential as positive influence on the self. Participants were 100 working women recruited from southeastern Michigan. This diverse sample of women

reported annual incomes ranging from \$2400 to 81,000 (M=25,030). They held a variety of jobs (e.g. 22 had unskilled/semi-skilled, 20 had clerical/sales positions, and 39 were professionals such as librarians or accountants). Approximately 53 women reported partner violence in the previous year. Hierarchical multiple regression equations were used to test the hypothesis that work positively influences women's self in the context of partner violence. Work quality was significantly and positively associated with each self construct while partner violence was only significantly associated with the self at home. These findings suggest that while work quality does not appear to moderate the impact of partner violence on the self, work positively influences women's sense of self across contexts.

S230

Epidemiology

CHOOSING THE LESSER EVIL—THE KOSOVO NIGHTMARE

Danka Savic, Goran Knezevic, International Aid Network; Novica Petrovic, Igor Petrovic, Aleksandar Ristic, Pristina University, School of Medicine

After the NATO bombing campaign and withdrawal of Yugoslav army a great number of non-Albanian citizens fled from Kosovo (estimated number 200,000), while a small percentage of them stayed. The purpose of this research was to investigate differences in general psychiatric and PTSD-related symptomatology between these two categories experiencing different types of stressors. Constant threat of Albanian extremists' revenge was the major stressor for people who remained in Kosovo, while refugees predominantly experienced various kinds of losses. Sample consisted of 67 subjects who stayed in Kosovo and 428 refugees from Kosovo settled in collective centers throughout Serbia proper. Several measuring instruments were administered to subjects, among them Impact of Event Scale (IES) and Symptom Checklist (SCL90). Statistically significant differences were obtained between the two groups of people. Indices of PTSD-related symptomatology were higher for those who chose to stay in Kosovo, while refugees had higher scores on scales purported to measure general psychiatric disturbances.

S231

Epidemiology

PREDEPLOYMENT PREDICTORS OF POST-MISSION HEALTH IN BOSNIA PEACEKEEPERS

Yonit Schorr, Elizabeth Roemer, University of Massachusetts Boston Department of Psychology; Elisa E. Bolton, Hyemee Han, Brett T. Litz, National Center for PTSD Boston Dept. VA Medical Center

Empirical evidence indicates that soldiers exposed to stressors associated with peacekeeping are at risk for considerable psychological distress (Orsillo et al., 1998), but research on more traditional combat suggests predeployment factors may also play an important role in determining psychiatric outcome. Predeployment exposure to trauma has been suggested as a factor that may impact psychological outcomes following combat (King et al., 1996). Thus, we predicted that prior experience with physical and/or sexual assault, as well as symptoms of post-traumatic stress, would predict negative psychological outcomes following a peacekeeping mission to Bosnia. As part of a larger study, 304 U.S. soldiers were assessed prior to deployment to Bosnia and upon their return from the mission. They completed questionnaires that included measures of PTSD symptoms, general psychological distress, and physical symptoms. Unexpectedly, exposure to assault prior to deployment did not significantly predict post-mission psychiatric outcomes; however, PTSD scores prior to deployment did predict outcomes on all three scales. Further analyses are currently being conducted to explore the relationship between both exposure to mission stressors and potential buffering factors (perceived cohesiveness of one's peacekeeping unit, attitudes about the mission, and positive peacekeeping experiences) and the outcome measures.

S233

Epidemiology

THE PREVALENCE OF CHILDHOOD SEXUAL ABUSE IN A SAMPLE OF BATTERED WOMEN: AN ASSESSMENT OF REVICTIMIZATION

Mary O'Brien Uhlmansiek, Terri L. Weaver, Maysa Akbar, St. Louis University

One of the most alarming consequences of childhood sexual abuse (CSA) is an increased vulnerability to sexual assault and intimate partner violence as an adult. Because revictimization includes multiple traumas that occur across an individual's lifespan, it may have a substantial impact on both the individual and society as a whole. For the victim, interpersonal violence can result in a wide range of psychological and physical consequences. The societal costs of battering and sexual assault include annual economic costs estimated in the billions. Therefore, revictimization is considered a problem of "epidemic proportions" (Finkelhor, Hotaling, Lewis, & Smith, 1990). The aim of the present study is to further elucidate the phenomenon by examining the history of CSA in a sample of predominantly African-American, help seeking battered women. This study will delineate two groups of battered women: those with a history of CSA (estimated n=31), and those without a history of CSA (estimated n=26). The groups will be compared on measures of psychological functioning, severity of intimate partner violence, and interpersonal trauma histories. Analyses will be conducted to assess the unique contribution of CSA, beyond childhood physical abuse (CPA), in predicting the total number of adult victimizations experienced.

S234

Epidemiology

HPA AND EYE TRACKING IN PTSD WITH SECONDARY PSYCHOTIC SYMPTOMS

Frederic J. Sautter, New Orleans VA Medical Center; Garth Bisette, G.V. Sonny Montgomery VA Medical Center; Justin Wiley, Janet J. Johnson, Arleen Carbonne, Gina Mire; John Cornwell, Barry Schwartz, Tulane Univ Health Sciences Center

Studies have repeatedly demonstrated high comorbidity between PTSD and psychotic symptoms. One way to increase our understanding of this comorbidity is to determine whether patients with PTSD and psychosis show biological and behavioral characteristics that are uniquely associated with PTSD, or whether they show biological and behavioral characteristics that are uniquely associated with the psychotic disorders. Patients with PTSD and secondary psychosis, nonpsychotic PTSD, schizophrenia, and healthy controls were compared for differences on smooth pursuit eye tracking and corticotropin releasing factor (CRF). Eye-tracking deficits are considered to be a genetic marker for schizophrenia. Elevated CRF has been associated with both PTSD and depression. The results indicate that PTSD with secondary psychotic symptoms show eye-tracking deficits that are significantly different from schizophrenia. Psychotic PTSD was associated with higher levels of CRF than either nonpsychotic PTSD or healthy controls. These data suggest that the psychotic symptoms that occur secondarily with PTSD may be etiologically independent of the psychotic disorders, and they suggest that PTSD with secondary psychosis may be a subtype of severe PTSD that is associated with high CRF.

S235

Epidemiology

A PUBLIC HEALTH APPROACH TO STATE PLANNING FOR TRAUMATIC BRAIN INJURY

B. Hudnall Stamm, Russell C. Spearman, Idaho State University Institute of Rural Health; Seth Winters, Idaho State University Boise Center

Based on feedback over the past year from persons with a traumatic brain injury, family members, and organizations throughout Idaho, services are not adequate. The rural and geographically divided areas of the state create challenges. In addition, shortcomings were identified in data, coordinated care systems, culturally competent services, financing for community based services, interagency coordination at both a state and local level, and knowledge of TBI and best practices. The US HRSA Maternal Child Health Bureau funds this project. The goal is to develop a comprehensive, integrated, coordinated, community-based system of care for individuals with a traumatic brain injury and their

families that addresses lifespan, levels of acuity, and racial and ethnic groups. Geographical challenges are addressed by three regional boards are connected using telehealth. The Boards (n=4 with 8-15 people each) are composed of half consumers and families and half from agencies and providers. Nearly two thirds of which are survivors of brain injuries. Statewide data have been collected through focus groups (n=26), advisory board consensus meetings (n=4), and surveys of consumers and families (n approximately 200), and agencies (n approximately 50). This poster will summarize the data collected and present the preliminary outline of the state action plan.

S236

Epidemiology

TRAUMA EXPOSURE, GENDER, AND SUPPORT IN HUMANITARIAN AID WORKERS

Linnea C. Larson, Elizabeth N. Adams, Tina R. Houston, Danielle R. Speakman, Gladys Mwititi, Avice Marie Griffin, Cynthia Eriksson, Headington Program, Fuller Graduate School of Psychology; John Fawcett, World Vision International; Jeffrey P. Bjork, Fuller Graduate School of Psychology; David W. Foy, GSEP, Pepperdine U. Fuller Theological Seminary

Trauma exposure in humanitarian aid workers contributes to high levels of burnout and turnover in this population. These effects may be moderated by social support. International relief and development organizations have identified the need to address these issues among their personnel. This study examines trauma exposure in humanitarian aid workers in areas of high, moderate, and low security risk and the relationship between exposure, gender, and support-seeking behavior. Relief and development personnel (N = 101) working for a large humanitarian aid agency in 35 countries completed an e-mail survey that assessed trauma exposure in their current field location. Participants indicated direct and indirect exposure to a list of 36 events and the extent to which they had talked about these traumatic events with another person. Expected gender differences in exposure and support-seeking behavior did not emerge in this analysis. There were also no differences in exposure by security zone. These surprising results suggest the need for a more complex understanding of the relationship between risk and actual exposure in relief and development settings. In addition, the unique characteristics of this population may contribute to the absence of gender differences in levels of exposure and support-seeking behavior.

S237

Epidemiology

RELATIONSHIP BETWEEN SENSE OF COHERENCE AND TRAUMA INDICATORS

Christiane R. Routhier, psychologist; Sylvain Landry, psychiatrist

The capacity for resilience is central for military personnel because of their higher risk to develop operational and traumatic stress. Antonovsky (1987) advocates that a salutogenic orientation in life is a powerful resilience factor. It enables individuals to find meaning in stressful life events, find the resources to cope with them and to conceive these stressors as a challenge, an opportunity for growth. This orientation has been tested with 320 French Canadian military individuals using the Sense of Coherence questionnaire (SOC). Results show a significant positive link with a measure of reasons for living ($r(312) = .15, p < .001$) and a negative one with a measure of depression ($r(303) = -.55, p < .001$), stress state ($r(318) = -.53, p < .001$), posttraumatic stress ($r(280) = -.41, p < .001$), and traumatic rage ($r(272) = -.33, p < .001$). A second study conducted with 99 military subjects confirms these results and shows that SOC is negatively linked with anxiety ($r(98) = -.81, p < .001$). These findings suggest that service members who have not developed a strong sense of coherence tend to be more anxious and traumatized than others who have a more salutogenic orientation.

S238

Epidemiology

THE MENTAL HEALTH OF KOSOVAN ALBANIAN CHILD REFUGEES IN THE UK

William Yule, Patrick A. Smith, Sean G. Perrin, Institute of Psychiatry and University of London; Stuart W. Turner, Traumatic Stress Clinic; Laidon Shapo, Cameron Bowie, (UK) National Health Service Executive; Graham Dunn, Department of Biostatistics

Over 4,000 Kosovar Albanian refugees were admitted to the UK under a special UNHCR programme in 1999. To investigate the mental health needs of the children and adolescents, 288 participants aged 8 to 16 years completed a battery of self-report measures including a revised child version of the Impact of Event Scale, the Birlerson Depression Scale, the Child Manifest Anxiety Scale and a Brief Grief Inventory. 57 children and their parents were individually interviewed on the ADIS and diagnoses of PTSD, Separation Anxiety Disorder, Generalised Anxiety Disorder and Major Depressive Disorder made. 68% of the children reached PTSD Criteria on either child or parental account. 75% suffered separation anxiety disorder, 25% generalised anxiety disorder and 12% major depressive disorder. The relationship between screening measures and individual diagnoses will be presented. Screening measures alone were poor indicators of need in this highly distressed group

S239

Epidemiology

TRAUMA AND ADDICTION: EXPLORING INTERGENERATIONAL PATHWAYS

Nancy J. Smyth, Brenda A. Miller, Eugene Maguin, University at Buffalo School of Social Work

Time 1 data from an ongoing longitudinal study (projected N=300) is used to examine the intergenerational relationships between trauma and alcohol and other drug (AOD) problems. Mothers, and one randomly chosen child (ages 10-16), were recruited from alcoholism treatment centers and the community. Heavy drinkers were compared to community members with low/no drinking. Children's trauma symptoms were assessed by Briere's Trauma Symptom Checklist. The Time-Line Follow-Back (TLFB) method was used to assess mothers' past six months AOD use. Mothers' lifetime trauma symptoms were measured with a SCID PTSD symptom count. Protectiveness was assessed by children's reports of maternal monitoring (Knows whereabouts). Children's AOD involvement was assessed by items from the National Household Survey on Drug Abuse. After controlling for mothers' demographics, findings from a path model were: 1) Mothers' heavy drinking was related to her trauma symptoms and to lower levels of maternal monitoring; 2) Higher levels of mothers' trauma symptoms were related to lower levels of maternal monitoring and to higher levels of children's trauma symptoms. 3) Children's trauma symptoms were related to their AOD involvement. Findings support both separate and mediational (through monitoring) pathways for intergenerational transmission of trauma symptoms, and only a mediational pathway for AOD problems.

S240

Epidemiology

DOMESTIC VIOLENCE AND ECONOMIC WELL-BEING AMONG WOMEN RECEIVING WELFARE BENEFITS

Richard M. Tolman, University of Michigan, Poverty Research and Training Center; Daniel Rosen, University of Michigan

Domestic violence can interfere with women's ability to work, and may result in loss of welfare benefits and poorer economic outcomes. Without stable employment or cash assistance, battered women may be forced to remain with abusive partners, and/or suffer extreme economic hardship. We report data on 691 women who completed interviews in two waves of the Women's Employment Study (WES), a survey of randomly-selected welfare recipients in an urban Michigan county. We created 4 groups: never experienced domestic violence, past-only who experienced domestic violence only prior to the 2nd wave of the study, recent-only who experienced domestic violence for the first time in Wave 2, and recent-persistent who experienced domestic violence in the past and in the 2nd wave of the study. Results demonstrate that the recent-persistent group was most likely to suffer from economic hardship. They were

more like to be welfare-reliant rather than wage-reliant at Wave 2, have lower wages, more experiences of material deprivation (e.g. homelessness, food insufficiency), more participation in hardship activities (e.g. pawning possessions) and greater perceived current and future economic hardship. Recent-only victims differed from non-victims on household income and evictions. Those with past-only violence did not differ from those never victimized.

S241

Epidemiology

HATE CRIME VICTIMIZATION: HELP-SEEKING, DISCLOSURE, AND SYMPTOM STATUS

Mindy B. Mehanic, University of Missouri-St. Louis; Suzanna Rose, Florida International University

Data on exposure to hate crime victimization were collected from a convenience sample of 123 lesbian and 149 gay males. Information about hate and non-hate crime victimization was obtained. Disclosure, help-seeking, and psychological symptoms were assessed for the most severe bias crime experienced. The majority of participants reported experiencing between 2-10 hate crime incidents. Hate crime victimization was frequently associated with multiple perpetrator assaults. Most participants (63%) disclosed the most severe hate crime to at least one person, although only 11% sought help from formal sources. Disclosure status was unrelated to symptoms, victimization history or the victim-perpetrator relationship. In contrast, the use of formal help-seeking was influenced by the severity of PTSD and depression, comorbid PTSD/depression, the type of hate crime, the extent of prior hate crime victimization, and the relationship between the victim and the perpetrator. Sexual assault bias crimes and bias crimes committed by family members or intimates were associated with increase in help-seeking. Male and females were equally likely to seek formal help and to disclose their most severe hate crime to at least one person. Results will be discussed in terms of the clinical and research implications of these findings for victims of homophobic bias crimes.

S242

Epidemiology

YOUNG VETERANS IN THE NETHERLANDS; PROFILE AND NEEDS

Maj. Coen van den Berg, Veteran's Institute; Joanne Mouthaan, Gielt Algra, Centre for Research and Expertise, Veterans Institute; Bavo Hopman, BNMO Centre for Stress and Social Rehabilitation; Jos Weerts; Centre for Stress and Social Rehabilitation

Veterans' policy in the Netherlands consists of three elements: sustaining a good system of medical and financial benefits, promoting social recognition, and providing support and care for those who need this. While the generation of older veterans, who have served in a traditional war, rapidly decreases, the number of young veterans, who have served in UN- and other international operations is growing. Research so far has focused on health problems, PTSD and other psychological problems. Little or no systematic information is available regarding the sociological profile and the needs of this new generation of veterans. In our study, we used three methods. Through secondary analyses of existing data we have collected demographic characteristics. We will discuss differences between this group of veterans and the norm group in the general population. Needs and perceptions were identified and analyzed by means of focus groups and a questionnaire. The purpose of this last study was to identify needs and perceptions with regard to the status as a veteran, the veterans reported a strong need for social contact with members of their former military unit, a need for social recognition and a need for professional counseling regarding physical and psychological problems following participation in a peacekeeping mission. We constructed several reliable scales. The most significant results were found using a scale for measuring the need for professional help, the need for social contact and a positive evaluation of deployment. Further results and conclusions of this study will be discussed.

S243

Epidemiology

A COMMUNITY SURVEY OF KOSOVAN ALBANIAN REFUGEES IN THE UK

Stuart W. Turner, Traumatic Stress Clinic (University College London); Cameron Bowie, NHS Executive London Regional Office; Graham Dunn, University of Manchester; Laidon Shapo, Director of Policy & Health Planning, Tirana Health Auth.; William Yule, Institute of Psychiatry

In 1999, the UK received 4346 refugees from Kosovo as part of a programme coordinated by the United Nations High Commission for Refugees (UNHCR). A survey was undertaken of 842 adults in community settings. All were asked to complete self-report questionnaires (translated into Kosovan Albanian). Subsequently, 120 were interviewed in Albanian using the Clinician Administered PTSD Scale and an interview for DSM-IV Major Depressive Disorder symptoms. The study has yielded estimates of prevalence of PTSD and Depression in this sample. Self-report measures appear to overestimate the prevalence of these disorders. Just under half had a diagnosis of PTSD and a smaller proportion had depression. These results may be taken as a sign of the resilience of many who survived this conflict but they also imply that there is still a substantial need for good health and social care in a proportion. Self-report measures should be validated in any future survey of refugees

S244

Epidemiology

ABUSE AND EARLY ENVIRONMENTAL DISRUPTION IN HOMELESS VETERANS

Elaine L Stein, Michael A. Burke, Richard Douyon, Gerard Romain, Miami Veterans Affairs Medical Center

Objective: This exploratory study examined the prevalence, severity, and perception of childhood physical violence in homeless veterans receiving treatment at the Miami VA Medical Center. Frequency and types of environmental disruptions within veterans' early rearing environment were also obtained. Methods: Subjects consisted of 74 homeless veterans admitted to an acute inpatient psychiatric unit. The interview consisted of the Childhood Victimization scale, Family Intactness scale, and Homeless Questionnaire. Results: Descriptive data indicated 78.2% received physical punishment. 45.3% had been bruised, scarred, caused to bleed, or required medical attention as a result of physical punishment. However, when asked the general question "when hit by the disciplinarian, were you injured?" only 21.3% answered to the affirmative. 47.3% witnessed physical fighting by their parents. 33.9% reported running away from home prior to 18. 62.2% reported heavy alcohol use by a parent, and 4.1% reported IV drug use in the home. 14.9% of subjects had a parent hospitalized for psychiatric conditions. Conclusion: This sample reported a high frequency of physical violence as well as other disruptions to their early rearing environment. General questions elicited a lower rate of confirmation of abuse than did specific questions indicating the likelihood of underreporting of abuse in homeless veterans.

S245

Epidemiology

PREDICTORS OF PTSD AND DEPRESSIVE SYMPTOMS FOLLOWING RESIDENTIAL FIRE

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

This research addresses a controversy in the literature that questions the distinction between anxiety and depression in children. In this study, children were assessed one to five months following a residential fire. Reports of depressive and posttraumatic stress symptoms were obtained through self-report measures. Children were also assessed for negative life events they had experienced during the previous year, attributional style, and degree of loss due to the fire. The relationships between these three predictor variables and symptoms were examined through regression analyses. Results indicated that negative life events and attributional style were significant predictors of depressive symptoms, while degree of loss was not ($b = .342, p = .004$; $b = -.293, p = .007$; $b = .021, p = .847$, respectively). In contrast, degree of loss significantly predicted posttraumatic stress symptomatology, while negative life events and attributional style did not ($b = .373, p = .001$; $b = -.021, p = .857$; $b = -.059, p = .585$). Though children

may experience both depressive and posttraumatic stress symptoms following a trauma, the results of this study suggest that these two disorders may develop through different pathways, and thus, warrant continued study as two distinct constructs.

S246

Epidemiology

THE RELATIONSHIP BETWEEN TERTIARY APPRAISALS, COMBAT EXPOSURE AND PTSD IN US VIETNAM VETERANS

Yuval Neria, Bruce P. Dohrenwend, J. Blake Turner, Karestan C. Koenen, Yu Chen, Columbia University

Background: Most research on the aftermath of combat exposure has focused on the negative effects of the experience. Recently, our study group constructed measures of tertiary appraisals of war experience, both positive and negative, many years after the war. Method: 1183 US male veterans were examined in the NVVRS 10-15 years after their service in Vietnam. In the current study, the subjects' responses about the importance of the war in their lives (salience) and whether they perceive its present impact on them as positive, negative or mixed (valence) were categorized into a typology of tertiary appraisals. The relationships among these tertiary appraisals, combat exposure (Military Occupational Specialties; MOS) and PTSD symptoms (Mississippi Scale for Combat Related PTSD) are examined. Results: Both high salient/negative appraisals and high salient/positive appraisals were significantly and directly associated with current PTSD symptomatology, independent of a measure of combat exposure. This striking finding and others are reported. Conclusions: These results highlight the complex relationship found between tertiary appraisals, measured many years after the war, and current symptoms of PTSD. The role of cognitive processes in the persistence of PTSD symptomatology in US veterans of the Vietnam War is discussed.

S247

Epidemiology

CONTROL AND STALKING: PREDICTING PTSD IN VICTIMS OF PARTNER VIOLENCE

Gregory A. Leskin, National Center for PTSD; Darrah A. Westrup, Stanford University School of Medicine

Foa et al. (1992) have hypothesized that the negative effects of trauma are exacerbated when victims perceive the traumatic event as uncontrollable or unpredictable. Research in the area of domestic violence suggests victims' sense of powerlessness and helplessness are significant factors in the harmful consequences of interpersonal violence (Dutton & Painter, 1993). The negative impact of stalking is thought to be due, in part, to the lack of control and unpredictability stalking victims often report (Meloy, 1998; Mullen et al., 2000). Although research has demonstrated a link between being stalked and subsequent PTSD (Westrup, Fremouw, Nakase-Thompson, & Lewis, 1998), the distinct contribution of power and control have not been previously examined. Secondary analysis of the Chicago Women's Health Risk Study examined female's exposure to emotional abuse, stalking, and interpersonal violence. Seven hundred five females (90% ethnic minority) were assessed following a medical visit to a primary care setting. Of this group, 497 (70%) had experienced physical abuse or threat of violence from an intimate partner in the previous year. Sixty-four percent fulfilled diagnostic criteria for PTSD. Results of a series of regression analyses revealed that controlling and violent behavior by the intimate partner were predictive of subjects' current PTSD diagnoses.

S248

Epidemiology

INTERPERSONAL VERSUS IMPERSONAL TRAUMATIC EVENTS AS PREDICTORS OF TRAUMA SYMPTOMS

Gilbert Reyes, Disaster Mental Health Institute

Studies examining the relationship between exposure to traumatic events and the development of trauma symptoms frequently examine survivors of only one type of crisis. Inferences are sometimes drawn regarding these findings that erroneously extend their implications to traumatic events at a higher level of generalization. The present study examined the relationships among 12 types of traumatic events and the total trauma-symptom score of the Trauma Symptom Checklist - 40. When overall exposure to traumatic events was initially used to predict trauma symptoms, there appeared to be a

moderately significant relationship. However, when the types of traumatic events were examined individually, a pattern emerged suggesting that the true relationships between trauma symptoms and traumatic events were concentrated among those events which clearly included interpersonal victimization. Five interpersonal traumatic events were identified (physical or sexual abuse in childhood, sexual assault, domestic violence, and other violent crimes) that accounted for almost all of the variance shared between trauma exposure and trauma symptoms. Suggestions are made for improving the precision of research findings to avoid overgeneralizing the relationship between traumatic life events and the development of psychopathology.

S249

Epidemiology

CHRONIC STRESS IN INTERNATIONAL RELIEF AND DEVELOPMENT EMPLOYEES: A PRELIMINARY SCALE ANALYSIS

Daryl A. Schrock, Gary A. Trice, Elizabeth A. Rupp, Linnea C. Larson, Cynthia B. Eriksson, Headington Program, Graduate School of Psychology; John Fawcett, World Vision International; David W. Foy, GSEP, Pepperdine U. Fuller Theological Seminary

International relief and development (IRD) personnel are often exposed to traumatic events and chronic stressors while on assignment. Empirical research has suggested that chronic stress is associated with numerous negative consequences and increased attrition. This study examined 19 chronic stressors that have been identified in the literature as common in IRD work. IRD employees (N = 118) from an international non-governmental organization (NGO) were categorized into 3 security zones according to the risk present in their place of deployment (High risk = 11%, Moderate risk = 29%, Low risk = 48%). Email surveys measuring the participant's subjective distress on the stressful experiences were rated on a 5-point Lichert-type scale. Scale analyses suggested an internal consistency (Cronbach's alpha) of .88 with an average inter-item correlation of .30. This preliminary scale analysis highlights the chronic stress experienced by IRD workers and provides foundational information for the future development of a population-specific chronic stress measure. suggests the need for specific pre-deployment stress management training and on-field organizational support of these personnel.

S250

Epidemiology

IS PTSD A RISK FACTOR FOR HEPATITIS C INFECTION?

Kristy A. Straits-Troster, Miles E. McFall, Kevin L. Sloan, Jason A. Dominitz, Daniel R. Kivlahan, VA Puget Sound Health Care System & University of Washington

Patients with Hepatitis C (HCV) commonly report a history of substance abuse and prior treatment for psychiatric problems. Although recent reports indicate that co-morbid PTSD is associated with poor HCV treatment outcomes, the prevalence of PTSD among HCV+ patients is unknown. This study seeks to determine the prevalence of PTSD among VHA Northwest Network veterans tested for HCV infection, and to compare HCV+ veterans with and without PTSD regarding treatment access and medical and psychiatric service utilization. Data were extracted from electronic medical records. Between 10/1996 and 8/2000, 25,080 veterans were tested for HCV infection. 21.6% (n=5406) had antibodies suggesting HCV infection. Many HCV+ veterans also had PTSD (29%). HCV+/PTSD+ veterans had co-morbid diagnoses of drug use (81%), alcohol use (70%) psychotic disorders (22%) and 39% were homeless. HCV+/PTSD+ veterans had more psychiatry, addictions and emergency room visits than the other two groups. HCV+ patients with no recent psychiatric or substance abuse history were more likely to receive interferon-based treatment (6.9%) than those with PTSD (3.9%) or other psych/substance use diagnoses (2.3%). Results suggest that a large subset of HCV+ veterans also have PTSD and complex psychosocial problems that may impact HCV treatment and adherence.

S251

Epidemiology

TRAUMATIC LIFE EVENTS, ADULT ATTACHMENT, AND COMPLEX PTSD

David A. Sandberg, Hannah Balliet, Nicole Corso, Ava Fanucchi, Myesha Arthur, Kelly Sharp, California State University, Hayward; LeeAnn M. Rush, Santa Clara University;

There is a growing awareness of the relation between attachment and posttraumatic symptomatology. This study investigated whether Bartholomew's four adult attachment styles were related to PTSD symptoms (PCL) and complex PTSD (SIDES) in a sample of 106 college women who reported experiencing a broad range of traumatic life events (TLE-2). Multivariate analysis indicated that preoccupied attachment was positively associated with PTSD symptoms. However, none of Bartholomew's attachment styles were related to complex PTSD. Discussion addresses how attachment style can be a risk factor for posttraumatic reactions to stressful life events, as well as some potential limitations of using self-report measures of adult attachment to study severe psychopathology.

S252

Epidemiology

DETERMINANTS OF LONG-TERM POST-WAR ADJUSTMENT IN WAR-EXPOSED BOSNIAN YOUTHS: AN ECOLOGICAL PERSPECTIVE

Christopher M. Layne, Assistant Professor of Psychology, Brigham Young University; Brian Isakson; Ryan Houston; Ryan Curtis; Joanna Duke; Robert Hunt; Lara Wolfson; William S. Saltzman, Robert S. Pynoos, UCLA Trauma Psychiatry Service

This poster will present the results of a structural equation model of pre-war, war-time, and post-war environmental and social factors hypothesized to influence long-term post-war adjustment. The data set will consist of 1,572 Bosnian secondary school students who completed a UNICEF-sponsored classroom-based survey in 1997 as part of a trauma/grief-focused group treatment program developed by UCLA Trauma Psychiatry Service. The program emphasizes five treatment foci in assessment and treatment planning. These five foci include traumatic experiences, reminders of trauma and loss, post-war stresses and adversities, bereavement and the interplay of trauma and grief, and developmental impact. The structural equation model will emphasize these foci by incorporating measures of war-related traumatic exposure, posttraumatic stress, depression, grief, post-war adversities, and exposure to trauma reminders.

S253

Epidemiology

TRAUMA AND PSYCHOLOGICAL DISORDERS IN YOUNG WOMEN IN JUVENILE JUSTICE CUSTODY

Angela Dixon, University of Sydney; Pauline Howie, Dept. of Psychology, University of Sydney; Jean Starling

This study investigates the relationship between traumatic experiences, mental health problems and female juvenile delinquent behavior. The psychological profiles of 100 female offenders in Juvenile Justice custody, half of whom are indigenous young women, are described. The presence of PTSD and its relationship to the young woman's history of trauma, attributional style and family functioning is also investigated. One hundred age-, sex, and SES-matched community control subjects provide baseline data. Psychological profiles and trauma histories were assessed using the K-SADS-PL semi-structured interview, and two self-report questionnaires were administered to tap attributional style and family functioning. Findings are presented regarding the role of previous trauma (type, severity, and number), family support and attributional style in mediating a PTSD diagnosis in female offenders compared with normal controls. The impact of various characteristics of traumatic stressors is delineated and contributes to an improved understanding of how children process traumatic events. A greater awareness of the impact of trauma experienced by juvenile offenders, particularly indigenous populations, provides additional information as to how clinicians can effectively intervene at the preventative level, in the effort to curb the rapidly increasing social problem of female juvenile delinquency.

TRAUMA EXPOSURE, PTSD, AND COGNITIVE PERFORMANCE UNDER STRESS

Rebecca S. Prestel, VA Boston Healthcare System; Lorraine P. Stewart, Wendy K. Stegman, VA Palo Alto Health Care System; Catherine J. Kutter, TMC Behavioral Services; Ned J. Arseneault, Danny G. Kaloupek, National Center for PTSD; Steven H. Woodward, VA National Center for PTSD; Matthew O. Kimble, VA Boston Health Care Center

A number of studies have documented relationships among trauma exposure, PTSD, and social anxiety, such that persons with greater trauma exposure suffer more severe PTSD symptomatology and more social anxiety. Furthermore, PTSD and social anxiety have been associated with impairments in cognitive functioning. As part of a broader study of the effects of combat stress on the brain, we assessed a sample of 54 Vietnam combat veterans for lifetime trauma history, PTSD and cognitive functioning under social-evaluative stress. We assessed these variables using the Life Events Checklist and a semi-structured follow up interview, the Mississippi Scale, and the Trier Social Stress Test. Range of trauma exposure and PTSD severity both correlated significantly with performance on the cognitive portion of the Trier, such that participants who reported a greater variety of traumatic experiences and higher levels of PTSD symptomatology performed more poorly on the mathematical task. However, neither trauma exposure nor PTSD severity was associated with perceived anxiety during the Trier. We are continuing to collect data on both Vietnam and Gulf War veterans, and future analyses will examine whether these relationships remain constant in this broader sample of veterans. Implications of these findings and future directions will be discussed.

S300

Research to Practice

ANALYZING PTSD TREATMENT FAILURE FOR PATIENTS AND PROGRAMS

Ronald T. Murphy, LaShonda Gipson, Ashley Butler, Dillard University; Madeline Uddo, Michael S. McCloskey, New Orleans VA Medical Center;

This workshop will train participants to conduct an analysis of PTSD treatment failure at the individual and program level. An approach to understanding treatment failure is needed that does not rely on labeling patients as "resist" or "chronic", or on judging treatments as effective or not. The presenters will first offer an integrative theory of PTSD treatment failure based on the Stages of Change (Prochaska et al.), Motivational Interviewing (W. Miller), and the literatures on self-efficacy, therapeutic alliance, and ethnic factors as predictors of treatment outcome. Next, the specific instruments and methods for obtaining the data needed for a treatment failure analysis will be presented. Seven basic types of therapeutic failure are described: 1) Goal-setting Failure; 2) Therapeutic Relationship Failure; 3) Psychoeducation Failure; 4) Therapist Misreading, Mishandling, or Ignoring Patient's Stage of Change; 5) Hidden Patient Roadblocks to Change (e.g., unspoken fears, lack of resources); 6) Therapist Misread of Patient's Self-Efficacy Level; and 7) Therapist Underestimation of Secondary Gain (e.g., Compensation). For each type of treatment failure, an assessment and intervention strategy is suggested. In the last part of the workshop, participants will offer treatment failure case examples, and a treatment failure analysis will be discussed.

S301

Research to Practice

THE HUSBAND-WIFE RELATIONSHIP AS REFLECTED

Rachel Lev-Wiesel, Department of Social Work, Ben Gurion University

This study examined the spousal relationship of 19 court-ordered battering husbands as reflected in their drawings of themselves and their wives. Two types of drawing characteristics were assessed: (1) Indicators of the spousal relationship, such as size, placement, proximity, and similarity of the male and female figures drawn, and (2) Indicators of violent/aggressive behavior, such as the formation of the eyes, hand/arms, fingers, nostrils, and the stance of the figures. The results revealed that the male figures drawn by battering husbands tended to be smaller, and placed lower on the page relative to the female figure, but nevertheless resembled the female figures. Male

figures also possessed more indicators of violent aggressiveness than did female figures. These findings suggest that battered husbands perceive themselves as being violated by their wives.

S302

Research to Practice

WHAT WOULD YOU DO? FACTORS INFLUENCING THE DECISION TO SEEK TREATMENT AFTER ASSAULT

Lori A. Zoellner, Larry Pruitt, Matt Willms, University of Washington; Eric A. Youngstrom, Norah C. Feeny, Case Western Reserve University

Posttraumatic stress disorder (PTSD) is a chronic and debilitating condition, with a lifetime prevalence rate of over 32% for woman who have experienced sexual assault (Resnick et al., 1993). Unfortunately, health care professionals often fail to identify cases of assault-related illnesses such as PTSD (Acierno et al., 1997) and seeking help for assault-related difficulties often is completely up to the assault victims themselves. Yet, we know very little about what factors influence a women's decision to seek help after an assault. To learn more about these factors, data from over one hundred women with varying degrees of trauma history and subsequent PTSD symptoms will be presented. In order to examine their perspectives on help seeking behavior, all participants read a standard "if this happened to you, what would you do" scenario describing a sexual assault and subsequent trauma-related symptoms. All participants are presented with the same scenario, treatment options (CBT, medication, or no treatment), and treatment descriptions. Ratings of treatment credibility and reactions to treatment options will be reported. By better understanding who would choose treatments and why, we will be able to better tailor how we approach discussing treatment options with these women. Clinical implications will be discussed.

S303

Research to Practice

THE MEANINGS OF INTRUSIONS FOR INDIVIDUALS IN TRAUMA RECOVERY

Valerie M. White, University of British Columbia, Vancouver, Canada

Intrusions are seen as; natural responses to trauma, symptoms and predictors of disorder, hinderances to and facilitative of emotional processing, contributing to the maintenance of PTSD, functional or dysfunctional. The purpose of this study is to explore and describe individuals' experiences with intrusions throughout their recovery stories. This study is a Narrative inquiry designed to explore and describe the content of intrusions, the meaning the individuals assigned to their intrusions, and how their experience with intrusions impacted their recovery. Possible changes in content, evolution and any resolution of intrusions, as well as the participant's interpretations of the role and meaning of intrusions in their recovery will be explored. Consideration of the content and meaning of intrusions within a temporal and lived context may shed light on how intrusions effect individuals and their response to trauma. Therapeutic implications include normalizing the client's experience and focusing on resolution of the intrusions by helping clients to address the issues and change beliefs illumined by the contents of the intrusions and the meaning clients assign to them.

S304

Research to Practice

PERSONALITY DIMENSIONS AMONG TRAUMA SURVIVORS: COMPARATIVE ANALYSIS BETWEEN CANADIAN PEACEKEEPERS AND IP PROGRAM

Inna Vlashev, Gregory D. Passey, Desiree Prisman, Heather Paul, Integrative Personality Program Vancouver; Anne M. Dietrich, University of British Columbia

Research in recent years has revealed inconsistent findings about the constellation of personality features that accompany PTSD symptoms for survivors of extreme and prolonged trauma. The present study explores the issue of commonality of elevations on personality dimensions for two trauma samples. The Inventory of Interpersonal Problems (IIP) was administered to: 1) members of the Canadian Peace Keeping personnel for the UN deployed in former Yugoslavia from Oct. 1992 to Oct. 1993; and 2) outpatients with a history of childhood physical and sexual abuse attending a hospital day program for severe personality disorders at Vancouver General Hospital. A battery of well-established PTSD instruments was used to measure trauma symptoms

for the military sample. The outpatient sample was assessed for presence of PTSD on the basis of a semi-structured clinical interview and scores from the Crime-Related PTSD scale within the SCL-90-R. The IIP yields subscales based on the Circumplex Model of personality functioning. Correlational statistics will be used to investigate the similarity of personality profiles in the two samples. The issue of a diagnostic category of a Complex PTSD (DESNOS) will be discussed in light of results from this research.

S305

Research to Practice

CISD IN LAW ENFORCEMENT: WHICH MODEL AND WHY?

Julia M. Kleo, Kerri L. Ronne, Chicago School of Professional Psychology

There are few studies specifically addressing the effectiveness of critical incident stress debriefing in law enforcement. Overall, models of Critical Incident Stress Debriefing are similar however some rather strong arguments have emerged regarding alternative methods. Research has shown that up to 15% of law enforcement personnel in a department may be experiencing significant stress symptoms at any one time. It is believed that up to 87% of those in emergency services will experience a critical incident at some point in their career. We also know that after being involved in a shooting incident most officers leave the department or retire prematurely. However, this number decreases significantly with appropriate intervention. Critical incidents also contribute to alcoholism, drug, use and failed relationships. It is therefore important to understand what constitutes appropriate and effective intervention in order to support and retain the men and women who have dedicated their lives to service. This paper will examine the different models, the theory behind these models, and why they may or may not be effective with this population. Up until the 90's little had been written about how law enforcement personnel process trauma. It is becoming clearer that this population is unique in their attributions, stressors, and cognitive schemas surrounding critical incidents.

S306

Research to Practice

ADDRESSING TRAUMATIC STRESS IN RURAL AND FRONTIER AREAS: TWO DOCUMENTS

B. Hudnall Stamm, ISU-Institute of Rural Health & Am Psych Assoc Committee Rural Health; Pamela L. Mulder, Marshall University Department of Psychology; James "Gil" G. Hill, Office of Rural Health, American Psychological Association; Samuel S. Sears, University of Florida; Katherine Nordal, Independent Practice

Good research may not be used by policy or practice because of the difficulty in identifying and understanding research documents. In an effort to address the needs of people living in underserved areas, to reduce the level of violence and trauma, and to support the development of good policy and practice, the American Psychological Association Committee on Rural Health has produced two documents reviewing the behavioral health status of people living in rural and underserved areas. The first report "Behavioral Health Care Needs of Rural Women" indicates that despite the indicators of stressors, rural women's representation in the professional literature is almost nonexistent. Similar results were identified by the authors of the forthcoming book "Behavioral Health Care in Rural and Frontier Areas: An Interdisciplinary Handbook." Rural areas are at least as likely, and perhaps more likely to be exposed to negative life events, including traumatic stressors, are less likely to have the personal-financial or community-based resources to deal with these problems. There are profound health professional shortages, education lower, rural poverty is higher, suicide rates are higher, and access to services like family violence shelters is nearly non-existent. This poster highlights the findings of the documents and suggests policy strategies.

S400

Basic Research

ARE INDIVIDUALS WITH PTSD PRONE TO MEMORY DISTORTIONS?

Lori A. Zoellner, Chandra Wadjik, University of Washington; Nicole M. Dorfan, University of Pennsylvania; Amy Przeworski, Pennsylvania State University

One of the cardinal features of PTSD is involuntary, intrusive, and vivid retrieval of memories for the traumatic event. Understanding memory retrieval processes in both trauma-exposed individuals with and without PTSD may shed light factors related to the development of chronic PTSD. Yet, to date, little experimental research has explored retrieval processes in individuals with PTSD. In this poster, we will present data utilizing a source monitoring paradigm to examine whether individuals with PTSD have content-dependent retrieval deficits for specific memory details. Sexual and non-sexual assault victims with PTSD and non-anxious control participants were asked to read brief scenarios containing either neutral (i.e., deliveryman) or threatening (i.e., felon) content. Half of the scenarios were presented twice, with some new and some overlapping key words; the other half of the scenarios contained no overlapping key words. After a filler task, participants completed a cued recall task for both types of scenarios. Our results suggest that individuals with PTSD were less accurate than non-anxious controls. However, further qualitative analysis of source monitoring errors suggests that memory distortions in individuals with PTSD tended to be thematically consistent with actually presented material. These results will be discussed within a parallel distributed processing model of memory distortion.

S401

Basic Research

PHYSIOLOGICAL AND PSYCHOLOGICAL REACTIVITY TO STRESS IN RAPE VICTIMS

Kelley C. Wezner, Thomas R. McCanne, Northern Illinois University

Research on populations with PTSD has shown heightened physiological arousal to stimuli. This research examined physiological and psychological reactivity to stressors in rape victims with and without PTSD. The following groups were recruited: (a) Rape victims with PTSD (N = 15); (b) Rape victims without PTSD (N = 15); and (c) No assault history and no PTSD (N = 15). Women in the two rape groups all reported a completed, forced, and nonconsensual intercourse since age fifteen. Heart rate and skin conductance data were collected during the administration of three cold pressor trials and two mental arithmetic trials. No significant group differences were found on measures of heart rate or skin conductance. The two rape victim groups self-reported significantly more subjective distress during the cold pressor trials than the No assault group. In contrast to previous research, these results did not indicate increased physiological reactivity to stress in rape victims with PTSD who are not in treatment. However, there may be differences in the physiological arousal dimension of PTSD among trauma types or between clinical and non-clinical populations. The subjective distress data suggest that there may be differences between rape victims and non-victims in their physical discomfort experience.

S402

Basic Research

GENETIC ASSOCIATION STUDIES OF PTSD

Arieh Y. Shalev, Ronen Segman, Department of Psychiatry, Hadassah University Hospital

This poster presents the first large genetic association study of PTSD. Candidate genes with known dysfunctional polymorphism related to biological responses to stress were examined for an association with PTSD. 108 PTSD patients and 104 carefully documented trauma survivors who did not develop PTSD participated in this study. All subjects gave an written informed consent to participate in the study. The results show that PTSD is associated with significant clustering of alleles carrying dysfunctional mutations for genes related to the neuronal transmission of stress response. Some of these mutations were also associated with increased early responses to the traumatic event. These findings supports previous epidemiological findings that showed an inherited vulnerability to develop PTSD upon exposure to traumatic stress PTSD.

S403

Basic Research

DISSOCIATION SCORE IN RELATION TO PHYSICAL AND SEXUAL ABUSE

Sofia P. Simotas, Houston VA Medical Center

Dissociation, including dissociative amnesia for past events, is strongly linked to trauma and abuse. It has been proposed that dissociative amnesia may be more likely to develop in certain cases; e.g., when there is a close relationship between victim and abuser, and when the victim is very young (Freyd, 1994). Data collected from a university student population are presented in relation to this theory. Dissociative experiences score (based on Dissociative Experiences Scale, DES; Carlson & Putnam, 1993) was analyzed in relation to history of physical and sexual abuse, closeness to abuser, and age at time of abuse. History of physical assault was strongly related to DES score, and there was a trend toward statistical significance of correlation between sexual abuse and dissociation (DES) score. Although closeness to sexual or physical abuser was not significantly related to DES score, age at time of first sexual abuse episode was significantly related to dissociation score, with younger age correlated with higher DES scores. Age at first physical assault was not related to DES score. Although causality between abuse and dissociation cannot be determined from these findings, results and implications are discussed in relation to trauma theory and the development of dissociative experiences.

S404

Basic Research

THE BOLAND PROJECT: TRAUMA, RESILIENCY, & ACADEMIC ACHIEVEMENT IN COLLEGE FRESHMEN

Laura Palmer, Carla Brinker, Anne R. Farrar, Seton Hall University

On January 19, 2000, Seton Hall University experienced one of the worst tragedies in its history when a dormitory fire took 3 young lives, critically injured 4 others, injured 60 others, and affected every member of the university community across emotional, psychological, and cognitive sequelae. The research protocol consists of an extensive demographic inventory, the Boland Event Schedule (Palmer, 2000), the Impact of Events Scale (Horowitz, 1979), the Posttraumatic Cognitions Inventory (Foa, 1999), the Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996), the Young Adult Social Support Inventory (McCubbin, Patterson, & Grochowski, 1991), and the Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987). These measures are respectively designed to measure the emotional and cognitive indicators of posttraumatic stress, additional stressors the student is currently experiencing, sources of social support, resiliency and growth factors, and attachment patterns. This presentation represents the initial phase of a follow-up investigation that is designed to determine the immediate and long-term impact of the fire on various domains of functioning for our students. The sample consists of 35 participants who had various levels of exposure to the fire. Analyses examined the relationship between social support, attachment, utilization of campus resources, degree of impact of trauma, relationship between exposure to the event, post-traumatic cognitions, and the degree of impact on academic functioning. It is anticipated that this research will better inform university communities to more effectively respond to campus tragedies and crisis.

S405

Basic Research

NON-TRAUMATIC VERSUS TRAUMATIC MEMORIES—A DYNAMIC SYSTEM APPROACH

Danka Savic, International Aid Network (IAN)

The findings that moderate arousal enhances memorizing while higher levels of arousal reduce it (the often mentioned inverted U-shaped curve) apply to declarative memories. On the other hand, traumatic memories, which are very deeply engraved, occur at extremely high levels of arousal and are a part of implicit memory system. The process of overall memorizing (declarative + nondeclarative) indicates a self-organized adaptive complex system that has two stationary stable states acting as "attractors" of memorized contents: the one at low arousal we ascribe to declarative memories and the other one to traumatic (dissociated). Whether a certain stressful event will be memorized as traumatic or not, depends on individual differences - genetic and experiential. A traumatic threshold is defined as the intensity of stress that overpowers one's coping mechanisms

and it is a measure of one's information processing capacity in conditions of aroused (stress) state. After that point, hippocampal processing is blocked and dissociation processes take over. As the pathology progresses, the high-level attractor becomes stronger and future life events get attached to the traumatic nucleus.

S406

Basic Research

PSYCHOMETRIC PROPERTIES OF THE BOSTON LIFE SATISFACTION INVENTORY AMONG VETERANS WITH PTSD

Alethea A. Smith, Barbara L. Niles, Lynda A. King, Daniel W. King, National Center for PTSD, Boston VAMC

The Boston Life Satisfaction Inventory (BLSI) is a self-report rating scale for assessing life satisfaction and wellbeing. This scale was derived from the Lehman Quality of Life Interview as a brief evaluation of life satisfaction with special consideration to life areas and wording appropriate for populations with PTSD including veterans. The BLSI consists of 27 items and assesses eight categories including finances, living situation, work, leisure activity, family relationships, social relationships, safety, and health. Examinees are instructed to indicate how satisfied they are with each life situation using a 7-point scale ranging from "Very Dissatisfied" to "Very Satisfied." This study details the psychometric evaluation of the BLSI including reliability and validity data for a sample of Vietnam veterans. Results suggest the measure demonstrates good internal consistency and test-retest reliability. Furthermore, significant negative correlations were obtained between the BLSI and several measures of psychopathology including PTSD, anxiety and depression.

S407

Basic Research

FACTOR STRUCTURE OF THE COPING STRATEGIES INVENTORY IN A SAMPLE OF TRAUMATIZED WOMEN

Angela E. Waldrop, Patricia A. Resick, Deana Jefferson, Laura Matthews, University of Missouri-St. Louis

The Coping Strategies Inventory (CSI; Tobin et al., 1989) was developed to identify and explore the relationships between the "primary dimensions of coping" reported by various authors. The hierarchical factor structure of the CSI was derived from analyses using undergraduate samples. Studies have examined the relationship of CSI scores to level of functioning among battered women and sexual assault survivors. However, the measurement qualities of the CSI have not been examined in a traumatized community sample. Therefore, it is unclear whether trauma survivors' coping responses would follow a similar pattern. The current study examines the factor structure of the CSI in a large sample (n = 900) of women from different trauma populations, including sexual assault, physical assault, and domestic violence. The sample was split, with the first half examined using an exploratory factor analysis. The factor structure yielded by this analysis was then tested using a confirmatory factor analysis of the second half of the sample. This presentation will discuss the results of both analyses and will compare those results to the findings of Tobin et al. (1989). The presentation will also discuss the implications of the findings for use of the CSI with trauma populations.

S408

Basic Research

RELATIONSHIP BETWEEN BRAIN INJURY AND PSYCHOPATHOLOGY IN BATTERED WOMEN

Eve M. Valera, Harvard Medical School and Mass. Mental Health Center; Howard Berenbaum, University of Illinois at Urbana-Champaign

Women in battering relationships have been shown to have high rates of psychopathology such as depression, anxiety, and posttraumatic stress disorder (PTSD). These problems are commonly believed to be psychological sequelae of being in an abusive relationship. However, women also sustain injuries which could result in brain injuries, and brain injury is highly associated with psychological disorders such as depression, anxiety, and PTSD. Therefore, we examined brain injuries in battered women and the association between brain injuries and several forms of psychopathology, namely, general distress, anhedonic depression, worry, anxious arousal, and PTSD symptomatology. Ninety-nine battered women were assessed using neuropsychological, psychopathological, and abuse history measures. Women were

recruited from both shelters and community-based programs. Correlational analyses revealed that brain injury severity was associated with PTSD independent of partner abuse severity, and was related to general distress, anhedonic depression, and worry via a relationship with partner abuse severity. Partner abuse severity was associated with anhedonic depression, worry and PTSD symptom severity, but only through a relationship with brain injury severity. These results suggest that examining potential brain injury in battered women is critical to improving treatment, services, and our understanding of battered women.

S409

Basic Research

CHILDHOOD SEXUAL ABUSE: INDIVIDUAL AND RELATIONAL SYMPTOMS IN COUPLES

Briana S. Nelson, Kansas State University

Current trauma research primarily focuses on the individual, with problems among family members often overlooked. Family systems and secondary traumatic stress perspectives are missing from much of the current traumatic stress research. This study compares 15 female clients with a reported history of childhood sexual abuse (CSA) and their male partners and 17 female clients with no CSA history and their partners, using a 2x2 mixed MANOVA design. Couples were receiving therapy in clinics that serve community populations. Individual stress and trauma symptoms were compared using the Brief Symptom Inventory (Derogatis, 1993), Purdue Post-Traumatic Stress Disorder Scale-Revised (Lauterbach & Vrana, 1996), and Traumatic Events Questionnaire (Vrana & Lauterbach, 1994). Relationship impairment was assessed using the Dyadic Adjustment Scale (DAS; Spanier, 1976), Relationship Assessment Scale (RAS; Hendrick, 1988), and Hostile/Avoidant/Supportive Couple Interactions Scale (HASCIS; adapted from a scale by Matthews, Conger, & Wickrama, 1996). The results indicated that CSA partners reported significantly more individual stress and trauma symptoms than non-CSA partners for both men and women, providing support for the theory of secondary trauma in the male partners in CSA couples. The relationship impairment results did not reach statistical significance; however, potential explanations for these results will be described.

S410

Basic Research

IS LEARNED HELPLESSNESS AN ANIMAL MODEL FOR PTSD?

Frederick Petty, University of Texas Southwestern Medical Center; Gerald Kramer, Dallas Veterans Affairs Medical Center

Learned helplessness is a maladaptive behavior induced by exposure to inescapable aversive stress. Thus, learned helplessness has face validity for serving as a laboratory model for PTSD. Both PTSD and learned helplessness are clearly induced by a traumatic stressful event. However, learned helplessness is generally considered an animal model of depression. Since PTSD shares an extensive comorbidity with clinical depression, possibly learned helplessness could be considered to model the depressive component of PTSD, or to model PTSD comorbid with major depressive disorder. Controversy has arisen regarding the utility of learned helplessness as an animal model for PTSD because early experiments suggested that learned helplessness, unlike PTSD, did not persist for more than a few days after the inescapable traumatic stress exposure. However, new research has clearly demonstrated that the vulnerability to learned helplessness can persist for weeks to months, in the rat, after exposure to a single aversive stressful event. Also, new models of learned helplessness using repeated inescapable stress exposure clearly show that the maladaptive behavior can persist for long periods of time, similar to the symptoms of PTSD. Current research is studying whether the neurobiological correlates of transient learned helplessness are similar to those of persistent, acute learned helplessness. Learned helplessness may prove useful in testing new pharmacotherapies for PTSD, and in providing a laboratory model for studying harmful stress effects across species.

S411

Basic Research

DECREASED PERFORMANCE ON FRONTAL LOBE-RELIANT TASKS IN COMBAT VETERANS WITH PTSD

Ann M. Rasmusson, Steven M. Southwick, VA National Center for PTSD, Clinical Neuroscience Division; Robert Schultz, Yale Child Study Center; Amy Arnsten, Yale University School of Medicine; Dennis S. Charney, NIMH

We compared a group of male Viet Nam veterans with combat-related PTSD and healthy age- and IQ-matched subjects on a battery of neuropsychological tests reliant on frontal lobe function. Subjects were free of medications or other substances with central nervous system effects for at least 4 weeks before testing. Preliminary analysis of data from 18 PTSD subjects and 11 healthy nontraumatized control subjects: Consistent with work by others, the PTSD group showed an increase in response time on the Modified Stroop Test using combat-related words ($p=0.02$), but not OCD sensitive, positive, or neutral words. The groups did not differ on the Regular Stroop Test. On the Conner's Continuous Performance Test, the PTSD group demonstrated a deficit in the overall index of attention ($p=0.007$) and a more pronounced increase in reaction time when the interstimulus interval was increased ($p=0.02$). On the Wisconsin Card Sort Test, the PTSD group showed a decrease in the number of correct responses ($p=0.01$), and trends toward decreases in criteria met ($p=0.07$) and mean response time to wrong answers ($p=0.08$). The data will be reanalyzed upon reaching the target number of subjects per group. In addition, combat and substance abuse controls are now being tested.

S412

Basic Research

PHYSIOLOGICAL CORRELATES OF ACUTE STRESS DISORDER IN MVA SURVIVORS

Connie H. Veazey, Edward B. Blanchard, University at Albany State University of New York; John Broderick, Albany Medical College; Edward J. Hickling, The Sage Colleges

The present study is a prospective examination of the relationship between initial vital signs, heart rate (HR) and blood pressure both diastolic (DBP) and systolic (SBP), as measured in the emergency department (ED) following a motor vehicle accident (MVA) and the diagnosis of Acute Stress Disorder (ASD). The researchers are working in collaboration with ED physicians to recruit participants. Thus far 19 people have been assessed within 1 month of their MVA. The final sample will include 50 participants. Six (31.5%) of these people meet criteria for ASD, while 13 do not meet criteria for the disorder. Preliminary results indicate that those with ASD are evidencing a trend for higher initial HRs (104.5) than those without ASD (85) ($F=2.93$, $p=.105$). There are no differences on initial SBP or DBP. Thus, results are supportive of previous findings which found that initial higher vital signs may be an indicator of greater psychological distress following trauma. These results are in direct contrast to findings which have shown MVA survivors seen in the ED who have elevated HRs and BP are less at risk to develop PTSD.

S413

Basic Research

DECREASED NAA IN THE ABSENCE OF ATROPHY IN THE HIPPOCAMPUS IN PTSD

Thomas C. Neylan, Norbert Schuff, Maryann Lenoci, Daniel S. Weiss, Michael W. Weiner, Charles R. Marmar, University of California, San Francisco

Previous magnetic resonance imaging (MRI) studies of posttraumatic stress disorder (PTSD) reported hippocampal volume loss. The goals of this study were 1) to determine the relationship between hippocampal atrophy and PTSD in the absence of alcohol abuse and 2) to test if loss of N-acetylaspartate (NAA, a neuron marker) in the hippocampus of PTSD occurs separate from atrophy. In addition, volume changes in the entorhinal cortex were also explored. Eighteen male patients with combat-related PTSD (mean age 51.2  2.5 years) and 19 male control subjects (mean age 51.8  3.2) were studied using MRI and Proton MR spectroscopic imaging. Both groups had no alcohol and drug abuse during the past 5 years. PTSD and control subjects had similar volumes of hippocampus and entorhinal cortex. In contrast to volume, NAA was significantly reduced by about 23% and creatine containing

compounds were reduced between 11% and 26% bilaterally in the hippocampus of PTSD when compared to control subjects. NAA and creatine reductions imply that there are hippocampal abnormalities in PTSD. Furthermore, these metabolite changes seem to be better indicators of PTSD pathology than volume losses.

S414

Basic Research

INCREASED ADRENAL DHEA RELEASE IN PREMENOPAUSAL WOMEN WITH PTSD

Ann M. Rasmuson, Deborah S. Lipschitz, Steven M. Southwick, VA National Center for PTSD, Clinical Neuroscience Division; Zoran Zimolo, Yale University Dept. of Psychiatry; Jitka Vasek, Mary Ellen Mustone, Jessica Wolfe, VA National Center for PTSD, Womens Health Division; Dennis S. Charney, NIMH

We examined dehydroepiandrosterone (DHEA) responses to a maximally stimulating dose of ACTH (250 mg/kg, i.v.) in premenopausal women with PTSD (n=14) compared to 13 healthy nontraumatized controls (NTC) and 7 healthy trauma controls (TC). DHEA was similar among the groups at baseline, but increased more after ACTH in the PTSD group compared to either the NTC and TC groups (time by diagnosis: $F(4,56)=3.39$, $p=0.02$ with Greenhouse-Geisser epsilon; peak change: $F(2,30)=4.28$, $p=0.02$, PTSD-21.2+3.3, NTC-11.2+2.4, TC-10.8+2.3 ng/ml). There was a correlation between peak changes in DHEA and cortisol in all subjects ($r=0.48$, $p=0.005$), but the ratio between the peak change in DHEA and peak change in cortisol was greater in the PTSD group compared to the healthy controls (PTSD-1.1+0.15 vs. NTC & TC-0.65+1.1, $p=0.02$). This suggests that premenopausal women with PTSD have a greater capacity for DHEA release in response to maximum adrenal stimulation. We hypothesize that antigluccorticoid effects of DHEA may contribute to upregulation of pituitary and adrenal responses to CRF and ACTH, as previously observed in women with PTSD, and that the positive modulation of NMDA receptors and antagonism of GABAA receptors by DHEA(S) may contribute to PTSD symptoms such as anxiety, hyperarousal, memory disturbances, and dissociation.

S415

Basic Research

DO THE NOVELTY P3 AND P3B INDEX DECLARATIVE MEMORY FUNCTION IN COMBAT-RELATED PTSD?

Wendy K. Stegman, Lorraine P. Stewart, Catherine J. Kutter, Kelly Teresi, Ned J. Arsenault, Rebecca S. Prestel; Matthew O. Kimble, Danny G. Kaloupek, Steven H. Woodward, National Center for PTSD

Two event-related electroencephalographic potentials (ERPs), the P3b and the novelty P3, have been associated with declarative memory mechanisms, though in different ways. In list-learning tasks, remembered items are found to be associated with larger P3bs during acquisition than items later forgotten. The novelty P3 is preferentially elicited by unremembered stimuli, and so must bear some relation to memory. Furthermore, this scalp potential is eliminated by hippocampal lesions (Knight, 1996). We were interested in whether these ERPs would index declarative memory function in a sample of Vietnam Era combat-related PTSD patients and controls. The P3b and novelty P3 were elicited together in an auditory paradigm in which subjects listened to a series of tones and counted infrequent tones of higher pitch. The series also included unique and novel computer-generated sounds. Counted tones elicited the P3b, and novel sounds, the novelty P3. Declarative memory function was indexed using subtests of the WMS-III, the Rey Visual Design Learning Test, and the Hopkins Verbal Learning Test. Both individually and in combination, the P3b and novelty P3 failed to index declarative memory function in this sample of trauma-exposed subjects. Memory complaints also failed to predict memory performances; however, memory complaints were, themselves, significantly associated with reduced P3b amplitudes.

S416

Basic Research

DECLARATIVE MEMORY FUNCTION IN COMBAT RELATED PTSD: A REPLICATION

Lorraine P. Stewart, Wendy K. Stegman, Catherine J. Kutter, Ned J. Arsenault, Rebecca S. Prestel, Danny G. Kaloupek; Steven H. Woodward, National Center for PTSD

A growing number of studies have examined the relationship between PTSD and declarative memory. We will report findings obtained from 54 Vietnam combat-exposed subjects administered a range of declarative memory instruments. Tests administered included the Rey-Osterrieth Complex Figure Test (ROCFT), the Logical Memory Subtest (LMS) of the Wechsler Memory Scale, the Rey Visual Design Learning Test (RVDLT), and the Hopkins Verbal Learning Test (HVL). Subjects diagnosed with PTSD demonstrated a generalized pattern of mild impairment in declarative memory function across all tests. Within the patient sample, subjects with a history of alcohol abuse/dependence did not demonstrate worse declarative memory performance than those without. Equivalent forms of the RVDLT and HVL were administered before and after a social stress test. Only the HVL exhibited a main effect of administration (lower post-stress performance), which did not interact with diagnostic group. Only the more difficult tasks, such as delayed recall task of the ROCFT and the longer LMS episode (Story B), exhibited relationships to PTSD symptom severities. No single symptom measure exhibited consistently strong relations to impaired memory performances over subject groupings.

S417

Basic Research

INTERNALIZING AND EXTERNALIZING BEHAVIOR: ASSOCIATED PSYCHOSOCIAL AND STRESSOR CHARACTERISTICS

Alethea A. Smith, Jennifer L. Greif, Mark W. Miller, National Center for PTSD, Boston VAMC

This study examined correlates between internalizing/externalizing behaviors and measures of personality, psychopathology, and exposure to trauma. Data were collected from 208 veterans undergoing diagnostic evaluation at a specialized PTSD clinic. Instruments included measures of depression (BDI), PTSD (PCL, CAPS), personality (MPQ, MMPI2), and substance abuse. Measures of internalizing and externalizing were extracted from the clinical assessment reports filed by clinicians at the end of the evaluation. Project personnel read each report and coded the presence/absence of both child and adult internalizing/externalizing behaviors. Raters also coded reports of childhood sexual, physical, or emotional abuse, and counted the number of other potentially traumatic life events. Presence of internalizing/externalizing behavior in childhood was significantly correlated with internalizing/externalizing behavior in adulthood. Internalizers were found to have higher rates of Panic Disorder and Depression while externalizers score higher on scales measuring aggression, social, potency, and psychopathic deviance. Internalizers also report significantly more childhood sexual and emotional abuse while externalizers report more physical abuse. Implications for the consideration of basic individual differences in externalizing/internalizing temperament will be discussed.

S418

Basic Research

THE VARIETIES OF WORLDVIEWS POST-TRAUMA: QUESTIONING ASSUMPTIONS

Michael J. Poulin, Roxane C. Silver, University of California, Irvine

Previous trauma research suggests that much of the impact of negative life events results from the tendency of victims to develop negative views of the world in response to traumatic experiences. We maintain, however, that such an account does not adequately represent the variety of worldviews in evidence post-trauma. There are two reasons for our position; one is methodological and the other theoretical. First, prior research has employed data analyses that overlook variance in worldview responses. Second, previous researchers have focused on the benign/non-benign dimension in interpreting post-trauma worldviews. In contrast, the present study of 1126 Vietnam Veterans analyzed worldviews (as assessed by Janoff-Bulman's (1989) World Assumptions Scale) to

discover multiple patterns of worldviews post-trauma. A cluster analysis revealed four worldview types among these individuals. Examination of these results indicated that only two groups fell along a benign/non-benign dimension. All four groups were better characterized as differing in styles of perceived world meaningfulness. These four groupings were distinguished by differential levels of distress, ability to make sense of their Vietnam experiences, and religiosity. The findings suggest that negative worldviews are not necessarily a hallmark of trauma and that differing psychosocial contexts may play an important role in the trauma-worldview relationship.

S419

Basic Research

CRITERION A: DIAGNOSTIC IMPLICATIONS OF SINGLE VS. MULTIPLE TRAUMAS

Laura Holdcraft, Katherine Comtois, University of Washington; Tracy L. Simpson, University of Washington, VA Puget Sound Health Care System; Lisa J. Roberts, VA Puget Sound Health Care System

Posttraumatic Stress Disorder has been conceptualized as a phobic response to a single threatening event or a related series of such events. Using this framework, only symptoms associated with a focal stressor can be counted toward the diagnosis. However, in practice many clinicians and researchers do not insist that symptoms be tied to one specific stressor. In order to examine this diagnostic issue, 94 dually diagnosed community mental health clients completed Foa's Posttraumatic Stress Diagnostic Scale (PDS) twice: 1) reporting on symptoms associated with the traumatic experience they found to be most stressful, and 2) reporting on symptoms associated with multiple traumatic experiences. Overall, 75.5% reported at least one traumatic event that met Criterion A requirements for PTSD and 48.9% met current diagnostic criteria for PTSD if either response to the PDS was considered. Nine participants who did not meet criteria for PTSD based on their single most stressful event did meet criteria when they included their other traumatic events. Within-subject analyses revealed that total symptom severity was significantly higher when multiple traumas were considered and avoidance symptoms were especially likely to be more frequently endorsed. Conceptual and treatment implications of these findings will be discussed.

S420

Basic Research

PSYCHOMETRIC VALIDATION OF A SEXUAL ABUSE MEASURE: THE SAEQ-BOYS

Elizabeth A. Rupp, Tina R. Houston, Erin Smith, Marjorie L. Graham Howard, Fuller Graduate School of Psychology; Brian T. Madvig, Alliance CL Association; David W. Foy; GSEP, Pepperdine University, Fuller Theological Seminary

Although sexual abuse in young children is a well-documented concern in trauma literature, few instruments assessing such abuse have been standardized and published. Traditionally these have been interview assessments. A need exists for a general screening tool that can be more easily used in intake sessions. This study presents and evaluates psychometric properties of the boys version of the Sexual Abuse Exposure Questionnaire (SAEQ - Boys)- adapted from the original SAEQ. This investigation utilizes archival data from 58 boys in residential treatment and 19 boys in an outpatient clinic (N=77, ages 6-16, M = 10.6) who completed the SAEQ and a measure of PTSD symptoms. Results revealed a 10-item reliability of $\alpha = .83$, with construct validity represented by a correlation of $r = .34$, $p < .01$ between PTSD and total SAEQ scores. Concurrent validity between SAEQ-boys self-reported sexual abuse and documented sexual abuse was 67% within the residential treatment sample with 57% sensitivity and 77% specificity. Findings suggest the SAEQ-Boys may be a useful initial screening tool for sexual abuse in school-aged males.

S421

Basic Research

PSYCHOMETRICS OF THE COMPASSION SATISFACTION AND FATIGUE TEST

B. Hudnall Stamm, Teresa Knox, Kelly Davis, Idaho State University Institute of Rural Health; Craig Higson-Smith, South African Institute for Traumatic Stress; Joseph M. Simons-Rudolph, North Carolina State University

This poster presents data on the Compassion Satisfaction and Fatigue test. The CSF has three scales, Burnout, Compassion Satisfaction and Compassion Fatigue. Data (n=700) have been compiled from four countries and from a variety of helpers including volunteer debriefers in a business setting, humanitarian aid workers in war zones, rape crisis workers, nurses, trauma therapists, and health professionals in training. One third of the respondents are male, two-thirds female. The mean age of the respondents is 36 (SD 11.5). Alpha reliabilities for the three subscales range from .84 to .86 with an overall reliability of .84 Using exploratory factor analysis, the data clearly show three scales, characterized by (1) Fear, intrusive and avoidant activities and hyperarousal, (2) Sense of helplessness, failure, lack of balance and self-awareness that things were not ok, and (3) pleasure, joy, invigoration, and wanting to keep doing the work. These fit with the scales as designed (1) Compassion Fatigue (TS symptoms), (2) Burnout, and (3) Compassion Satisfaction. Normative data from the existing database will be presented, as will be plans for a US, randomized study to establish baseline for physicians, nurses, psychotherapists, and administrators in the healthcare field in the US.

S422

Basic Research

HPA AXIS FUNCTIONING IN TRAUMA-EXPOSED POLICE OFFICERS: INITIAL FINDINGS

Alain Brunet, McGill University & Douglas Hosp. Res. Ctr; Thomas C. Neylan, Nnamdi Pole, Suzanne R. Best, Daniel S. Weiss, Charles R. Marmar, University of California, San Francisco

Is the pattern of HPA axis downregulation frequently observed in PTSD specific to this group, or is it an expected adaptation observed in everyone exposed to trauma irrespective of PTSD status? Given the mixed research findings, we designed a study aimed at examining this question. Data were collected in a sample of 50 non-treatment seeking police officers who agreed to participate in a clinical interview on posttraumatic stress and other psychiatric symptoms. The biological outcome variables include (1) basal salivary cortisol samples collected the first hour of awakening, and (2) the reduction in waking cortisol levels following a low-dose dexamethasone challenge. Analyses examined the relationship of these biological variables with level of exposure to critical incidents, peritraumatic responses to the worst critical incident, and duty-related PTSD symptoms.

S423

Basic Research

FEAR-POTENTIATED STARTLE IN URBAN POLICE OFFICERS

Nnamdi Pole, Thomas C. Neylan, Suzanne R. Best, Charles R. Marmar, University of California, San Francisco

Exaggerated startle response is such a common clinical complaint among PTSD patients that it has been included in the DSM-IV diagnostic criteria for this disorder. Yet, the empirical evidence for exaggerated startle in PTSD has been equivocal. It seems that the most consistent relationship between PTSD status and exaggerated startle has been observed when the startle data were obtained in a threatening context. Thus, we decided to examine the relationship between fear-potentiated startle and PTSD symptoms in a sample of 55 urban police officers. Participants were exposed to a series of sudden (0 ms rise-time), loud (115dB) sounds (white noise bursts) while simultaneously watching a cue that occasionally warned them of an impending electric shock. Physiologic responses (including electromyogram of orbicularis oculi and skin conductance levels) were assessed following each acoustic stimulus. Analyses revealed that greater PTSD symptoms were associated with greater physiologic responses to fear-potentiated startle.

S424

Basic Research

FACTOR STRUCTURE OF THE PTSD CHECKLIST IN SEXUALLY HARASSED WOMEN

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

Posttraumatic Stress Disorder (PTSD) is characterized by a constellation of symptoms purportedly resulting from one or more traumatic events. In the DSM-IV these symptoms are separated into three clusters: re-experiencing, avoidance, and hyperarousal. Recent research, however, has generally favored a 4-factor conceptualization of PTSD symptoms in which the DSM-IV avoidance cluster is separated into two distinct factors of avoidance and emotional numbing. The PTSD symptom criteria are largely based on clinical and research work with combat veterans. However, the pattern of symptoms for these individuals may not generalize to all trauma populations. Thus, there is a need for research on symptom structure for various trauma types. In this study 1,218 women participating in a class-action sexual harassment lawsuit against a large, financial services firm completed an extensive survey that included the PTSD Checklist (PCL). Complete-linkage cluster analyses and confirmatory factor analyses were conducted to identify the underlying structure of sexual harassment-related PTSD symptoms. The results mostly supported the four-factor model, thereby demonstrating some generalizability across stressor type. Factor structure results for different subtypes of sexual harassment will also be reported.

S425

Basic Research

MEMORY COMPLAINTS AND PERFORMANCE DEFICITS IN INDIVIDUALS WITH PTSD

Catherine J. Kutter, Rebecca S. Prestel, Danny G. Kaloupek, Steven H. Woodward, Matthew O. Kimble, Lorraine P. Stewart, Wendy K. Stegman, Ned J. Arsenault, National Center for PTSD

Previous investigators have documented memory impairment in individuals with PTSD. Within a larger study of the effects of combat stress on the brain, we assessed 54 Vietnam veterans' memory complaints as well as their performance on several measures of memory functioning. Participants reported perceptions of their own memory deficits on the Cognitive Symptom Checklist and completed several performance measures: The Rey-Osterreith Complex Figure Test, the Wechsler Memory Scale (Logical Memory subscale), the Rey Visual Design Learning Test, and the Hopkins Verbal Learning Test. Although individuals with PTSD demonstrated only mild and inconsistent memory deficits on performance measures, their memory complaints were dramatically elevated relative to individuals without PTSD. On the Cognitive Symptom Checklist, participants with PTSD endorsed over five times as many memory difficulties as participants without PTSD. Preliminary analyses suggest that memory performance and memory complaints are differentially associated with certain demographic and symptom measures. As further data are collected in this ongoing investigation, we will explore the correlates of memory complaints and performance deficits. Data are also being collected on Gulf War Veterans, and further analyses will evaluate the possibility of an age effect on the observed relationships. Implications of these findings and future directions will be discussed.

S426

Basic Research

PRELIMINARY PSYCHOMETRIC PROPERTIES OF THE RACE-RELATED EVENTS AND REACTIONS SCALE (RERS) AMONG COLLEGE STUDENTS

Lynn C. Waelde, Pacific Graduate School of Psychology

Although there has been considerable interest in health outcomes of exposure to racism, few studies have examined the traumatic impact of racism. The Race-Related Events and Reactions Scale (RERS) is a 37-item self-report measure of exposure and reactions to potentially traumatizing experiences of racism. The scale is designed to assess DSM-IV posttraumatic stress disorder criteria for exposure to a traumatic event and reactions to the event (criteria A1 and A2). Exposure to racism was assessed by indicating whether respondents had ever experienced any of 23 experiences of racism, such as "someone threatened to kill me because of my race or ethnicity." Respondents

then selected the "worst event" and answered 14 items concerning their reactions at the time the event was occurring (e.g., "I felt helpless"). Participants (N = 300) were meeting a requirement for an undergraduate psychology class. Preliminary psychometric data regarding the validity, internal consistency and one month test-retest reliability will be presented. These preliminary findings suggest that the RERS is a potentially useful measure of the traumatic impact of experiences of racism.

S427

Basic Research

CHILDHOOD INTERPERSONAL AND OTHER LIFETIME TRAUMA IN DEPERSONALIZATION DISORDER

Daphne Simeon, Orna Guralnik, Margaret Knutelska, James Schmeidler, Department of Psychiatry, Mount Sinai School of Medicine

In contrast to the other dissociative disorders, the relationship of trauma to depersonalization disorder is unknown. The purpose of this study was to systematically investigate the role of childhood interpersonal trauma and other lifetime traumatic stress in depersonalization disorder. Method: Forty-nine subjects with DSM-IV depersonalization disorder (DPD) and 26 healthy comparison subjects (HC) free of lifetime Axis I and Axis II disorders, of comparable age and gender, were administered the Dissociative Experiences Scale and the Childhood Trauma Interview (CTI), which measures separations, physical neglect, emotional abuse, physical abuse, witnessing violence and sexual abuse. A subset of subjects (31 DPD and 16 NC) were also administered a Lifetime Traumatic Stressors Questionnaire (LTSQ), which measures childhood and adulthood traumatic events exclusive of those in the CTI. Results: Childhood interpersonal trauma as a whole was highly predictive of both a diagnosis of depersonalization disorder, and of dissociation, pathological dissociation, and depersonalization scores. Emotional abuse, both in total score and in severity, emerged as the most significant predictor both of depersonalization disorder diagnosis and of depersonalization scores, but not of general dissociation scores which were better predicted by combined emotional and sexual abuse. The majority of perpetrators in the category of emotional abuse were either or both parents. With regard to other lifetime traumatic stress, DPD subjects scored significantly higher than HC subjects on both total events and adjustment scores to those events. CTI and LTSQ scores were weakly but significantly correlated. When examined by stepwise logistic regression, both childhood interpersonal and other lifetime trauma made statistically significant independent contributions to the prediction of diagnosis. Conclusions: Childhood interpersonal trauma, and in particular emotional abuse, may play a role in the pathogenesis of depersonalization disorder. Other lifetime traumatic stressors may also contribute to the pathogenesis or to the perpetuation/potential of dissociative symptoms over time.

S428

Basic Research

POSTTRAUMATIC STRESS RESPONSE IN CHILDREN AND MOTHER FOLLOWING PEDIATRIC KIDNEY TRANSPLANTATION

Jodie M. Ambrosino, A.I. duPont Hospital for Children

2000 Student Research Award Winner

S429

Basic Research

PRELIMINARY EVIDENCE FOR THE DIFFERENTIAL EFFECTS OF PHYSICAL AND NONPHYSICAL VIOLENCE ON HEALTH AND HELP-SEEKING AMONG BATTERED WOMEN LIVING IN HAWAII

Jennifer E. Daly, University of Hawaii School of Social Work

This study examined predictors of health and help-seeking among 100 battered women of Caucasian, Asian-Pacific Islander, and mixed ethnicity. Measures of physical violence (Conflict Tactics Scale), psychological abuse (Psychological Maltreatment of Women Index), physical health (Cohen-Hoberman Index of Physical Symptoms), and psychological distress (Brief Symptom Inventory) were used to predict the total number of services sought in the past 6 months. A step-down strategy was used to minimize Type I errors associated with correlated variables (i.e., physical health, psychological distress, and helpseeking). Results indicate that after controlling for psychological

abuse and distress, only exposure to physical violence uniquely predicted women's physical health symptoms. In analyses of psychological distress (controlling for physical health), increased domination/isolation in the past 6 months, not physical violence, was a significant predictor. Increased levels of dominating/isolating behaviors were also significantly associated with a greater number of services even after controlling for physical violence, health symptoms, and psychological distress. Exploratory analyses found no significant differences in health or helpseeking as a function of ethnic identification and belonging (using the Multiethnic Identity Measure). Results suggest a differential effect of violence on women whereby physical violence predicts physical symptoms and psychological abuse predicts psychological symptoms. Findings also indicate that psychological abuse, especially dominating and isolating experiences, may significantly increase the number of services sought. Implications of these results for medical, mental health, and domestic violence services among multi-ethnic battered women are discussed.

S430

Basic Research

LONG-TERM TREATMENT OF CHRONIC PTSD WITH PAROXETINE: A CONTROLLED CLINICAL TRIAL

Katherine L. Beebe, GlaxoSmithKline; Randall D. Marshall

S500

Human Rights

WORK TRAUMA RESULTING FROM INJURIOUS BULLYING

Gary Namie, Ruth Namie, Campaign Against Workplace Bullying

One in six U.S. workers experiences Psychological Violence at work. Workplace Bullying, the imported UK term for emotional abuse, is repeated, health-endangering, illegitimate assault of a person that can trigger a traumatic injury. The workshop's first topic is the results of a survey of 1335 self-described targeted individuals. Variables included perpetrator and target characteristics, the rationale for selection as a target, impact on the target's psychological and physical health, sources and extent of social support and economic consequences. The second presentation explores barriers to treating this special traumatized population based on experience with 4,000 cases. This population, of mostly women (77%), has been intentionally bombarded by nearly daily threats by one or more people on the job over a prolonged period resulting in the destruction of their sense of security and safety. Barriers to treatment and full recovery include (1) access problems from little to no income, (2) biases of mental health and EAP professionals, (3) protracted involvement in complaint processes, (4) a lack a social support, and (5) a paucity of legal remedies making externalization difficult, lengthening recovery through self-blame. The suffering by those with Work Trauma who face societal and professional rejection is America's "Silent Epidemic."

S501

Human Rights

TRAUMA AND DISCLOSURE: EXPERIENCES OF 6 TO 13-YEAR-OLD CHILDREN FOLLOWING SEXUAL ABUSE

Jacqueline V. Hatlevig, Winona State University

The experiences of rural children from 6 to 13 years of age within three years following the discovery of sexual abuse was explored using a qualitative approach. A small sample from rural Midwest United States was selected for in-depth interviews and was asked to complete a series of drawings. The transcripts were initially coded for content and themes about the transition process following sexual abuse. A secondary analysis was conducted to explore environmental factors influencing the transition process following sexual abuse. For these participants, sexual abuse was a critical life event. The life transition of the children involved two disrupting events, the sexual abuse and the disclosure process. Managing the aftermath of the trauma involved developing skills that would mediate the relationships in their lives and contain the intrusiveness of others. Findings raised questions about the failure of the legal system to protect these children and the difficulties of children living in rural poverty. Implications for professionals include having a better understanding of the numerous confounding problems these children encounter following abuse. Some of the confounding variables reported by the children were problems with the investigation and court process and problems with family members, extended family members and community members.

S502

Human Rights

BARRIERS TO ACCESS: THE NEED TO REACH OUT

Eric Harper, Amber E. L. Gray, Rocky Mountain Survivors Center

In this poster presentation we will explore the ways in which traditional psychotherapy can be insufficient to meet the specialized needs of survivors of war trauma and torture, because of a historical reluctance to be open to new and creative approaches. These approaches, which we discuss, cannot necessarily be known before hand; they are co-constructed and come into being in the process of outreach and therapy. What the practitioner of this approach brings to the work is a 'methodological skeleton' upon which this co-construction takes place. The 'methodological skeleton' is applied through the dimensions of tactics, strategy and policy. Tactics are a way to engage the client; strategy can be defined as both the deciphering of what is at play, and resourcing the client. Policy is the ethics that the practitioner brings to the work so as to be able to take up a position with the individual and community. In this poster, we will explore the application of these dimensions as a way to overcome barriers that make seeking help for survivors of war trauma and torture difficult. Barriers are social, legal, medical, psychological and cultural. We will begin by asking whether or not the diagnosis of Post Traumatic Stress Disorder (PTSD) for this population is a barrier in itself. Torture, as a traumatic experience, creates sequelae that are far more severe than the diagnosis of PTSD allows. Additionally, torture is a dehumanising trauma, and the focus of the work must be on the human being. We will discuss the importance of the use of the ritual when working cross culturally with people with limited resources. We will offer a new paradigm in which we look at culture as a resource as opposed to a barrier. We also see ritual as a cultural resource, in which therapy is one of the many healing rituals. We will present several of the approaches and interventions we have used the Rocky Mountain Survivors Center to meet the needs of this population.

S600

Ethics

ETHICS, TRAUMA, AND THE THERAPIST'S FAMILY OF ORIGIN

Bruce Lackie, Walden University

While ethical codes provide a rational, left-brain approach to the conduct of practice, often the practitioner's personal history, particularly as learned in the family of origin, shapes the actual practice in invisible ways. This has led to the traditions of supervision, consultation, and personal therapy. No one is immune from the potential for re-enactment of old, unresolved issues. Like a slow burning fire in a coal mine, these issues can burn for years and can go unrecognized unless one travels to that part of the earth, the underworld. Ethical dilemmas are often rooted in and evoked by old trauma wounds in the caretaker. They can take us by surprise, and because it is the nature of PTSD to avoid that which scares us, it can be that hole in the sidewalk that welcomes us back with its familiar grasp. The presentation is in three parts: The first deals with the nature of ethics and the variations on that theme; Part II revisits the therapist's family of origin and illustrates how parentification has a life of its own, often leading to a career in the helping professions; Part III revisits the concepts of ethical dilemmas and compassion fatigue. How one recognizes and resolves ethical dilemmas is not always sufficiently addressed by the professional code we practice by. Without understanding the personal code we live by, we can be at risk of re-enactments based on basic assumptions of destructive entitlement. This workshop serves as a supplement to the overt guidelines of our professions, by making more visible the covert guidelines of our personal, living history.

S700

Clinical Theory/Clinical Practice

MALADAPTIVE COGNITIONS IN ADULT CHILD SEXUAL ABUSE SURVIVORS

Debra L. Kaysen, Christine D. Scher, Patricia A. Resick, Center for Trauma Recovery-UMSL

Child sexual abuse (CSA) has been linked to PTSD development. While theoretical models of PTSD have posited that traumatic events either invalidate preexisting adaptive schemas or confirm maladaptive ones, causing PTSD symptomatology, this has not been explored in CSA survivors. Moreover, while CSA survivors are at risk for

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revictimization, the effects of revictimization on maladaptive beliefs has not been investigated. This study examined differences in maladaptive schemas among victimized women with and without CSA histories. Participants were adult women who had been raped (N=137) or physically assaulted (N=74). Maladaptive cognitions were assessed at 1-month post-crime using the Personal Beliefs and Reactions Scale (PBRs). One hundred women reported no CSA while 107 women reported abuse. There were no statistical differences in CSA between the assault and rape groups. A 2 (trauma) x 2 (CSA) MANOVA on PBRs subscales was significant for both CSA and trauma. Women with CSA histories had more maladaptive beliefs about esteem, intimacy, power, safety, and trust. The raped women had more maladaptive beliefs about esteem, intimacy, power, and trust than assault survivors. A MANOVA of two additional PBRs subscales showed significant main effects for both CSA and trauma. Women with CSA histories had more maladaptive beliefs about self and others while rape survivors had more maladaptive beliefs about self. These results highlight the need for continued research on interpersonal victimization and cognitive distortions.

S701

Clinical Theory/Clinical Practice

ATTACHMENT PATTERNS OF ADULT SURVIVORS OF CHILDHOOD ABUSE: APPROACHES TO TREATMENT

David Wright, Gillian Templeton, Homewood Health Centre; Kim L. Harper, Carol A. Stalker, Wilfrid Laurier University

Community-based programs for adult survivors of childhood abuse often use abuse specific or PTSD based treatment approaches. Recent research, however, has found that attachment patterns affect how trauma survivors cope with the aftermath of abuse. Attachment patterns can explain an array of difficulties that survivors experience including problematic relationships with partners, families, friends, and therapists. Research with adult childhood abuse survivors found that insecure attachment patterns predicted disruptions in beliefs about self and others, greater emotional disturbance, increased PTSD symptoms, and decreased self-esteem. Insecure attachment patterns were also related to difficulties in developing social support. This research is being used to develop treatment methods to address attachment issues of adult survivors and assist them in identifying and maintaining supportive people in their lives. This presentation will examine treatment methods that can assist clinicians in helping survivors of childhood abuse to identify attachment difficulties and the effects on their relationships; define support and identify supportive people; and learn how to change their problematic relationships. The presentation will also address issues of therapists' countertransference when working with survivors with problematic attachment patterns. Participants will be encouraged to respond to the material and contribute their ideas to the discussion of treatment methods.

S702

Clinical Theory/Clinical Practice

TREATMENT OF SEXUAL ASSAULT SURVIVORS UTILIZING COGNITIVE AND CLINICAL ART THERAPY

Christine A. Volker, California Dept. of Corrections, State of California

The present study examined the relationship between self-esteem and symptoms of post-traumatic stress disorder. A treatment-outcome study design examined the efficacy of utilizing cognitive and clinical art therapies within a solution-centered approach to victimization. The review of literature explores the effects of victimization with a focus on perceived coping; examines the research pertaining to group therapy as it encompasses cognitive therapy and art therapy; and investigates theoretical views in imagery, cognition and affect, with particular attention to post-traumatic stress disorder. Seventeen adolescent and young adult female subjects with a history of sexual assault (3-6 months prior) were given a brief structured clinical interview, the Beck Depression Inventory (BDI), the Impact of Event Scale (IES), the Trauma Symptom Checklist-40 (TSC-40), and the Multi-Self-Esteem Inventory (MSEI). Subjects were then randomly assigned to a treatment group (n=8) or a control group (n=9). Subjects in the treatment group participated in ten 90-minute sessions of weekly group psychotherapy. Multivariate analysis of variance between treatment and control groups on the IES ($p < .0573$) was marginally significant, with group means pointing to fewer symptoms of PTSD in the treatment group than in the control group. Examining the correlations between symptoms of PTSD as evidenced in the TSC-40 and self-esteem, as evidenced in the MSEI, revealed a strong trend which approached significance ($p < .0596$) that

there would be an inverse relationship between symptoms of PTSD and self-esteem. Not related to any hypothesis in this study was the significant finding that the treatment group evidenced lower scores on the BDI than the control group ($p < .0480$). As exploratory research, these findings were encouraging and suggest several new areas of research to be explored.

S703

Clinical Theory/Clinical Practice

TRAINING AND SUPERVISION AS ESSENTIAL COMPONENTS OF COMMUNITY-BASED ABUSE SPECIFIC PROGRAMS

Jennifer Steadman, South Lake Regional Health Centre; Kim L. Harper, Wilfrid Laurier University

This presentation will describe the developmental changes in a multi-agency, multi-disciplinary community-based organization for treatment of sexual abuse through the lifespan. At its inception in 1987, there were no abuse specific programs in this rural/suburban area north of Toronto, which covers 687 square miles. Its diverse population is ethnically mixed in the south and includes a First Nation reserve in the north. This program, owned by the community, depended on the participation of all social service, health, education, and legal services. Professionals from these agencies were trained to provide group treatment for sexually abused children, teens, their families, and offenders. Agencies were required to provide assessment, case management, and other treatment services. Sexual abuse specific training and group supervision of group therapists were essential components of the program that were repeatedly modified in structure and process as greater understanding of the processes developed and the organization grew. The presenters, who are founders of the organization, will discuss what they learned over 13 years of working together about program development, training, supervision, and group treatment. The reenactment of abuse scenarios in training, supervision and treatment groups was striking. Presenters will describe the intensity of these processes and their unrelenting challenges.

S705

Clinical Theory/Clinical Practice

RESILIENCE AND POSTTRAUMATIC GROWTH: A TRANSFORMING EXPERIENCE IN CAMBODIAN REFUGEES

Edith Shiro, Carl Auerbach, Yeshiva University

Experiencing trauma can be devastating and often results in negative consequences in both the physiological and psychological realm. Yet, some individuals are able to bounce back from traumatic experiences without having long-term posttraumatic stress and other symptoms. Furthermore, some individuals endure the traumatic event and are able to grow from the experience by undergoing a process of change and transformation. Current literature on resilience and posttraumatic growth has been overly reductionistic or has defined the concepts in a negative way (i.e. lack of symptoms). The purpose of this qualitative study was to identify the main issues articulated by people who have endured traumatic experiences and grew and were transformed by it. Particularly, explore the perceived benefits and positive changes that these individuals experienced in the aftermath of traumatic stress. Refugees from the Cambodian community in the Bronx were interviewed using a semi-structured interview that consists of open-ended questions referring to issues suggested in the literature about resiliency and posttraumatic growth. The interviews were audiotaped and transcribed. The data was analyzed for emerging themes in accordance to the grounded theory of qualitative research developed by Strauss and Corbin (1990) and Auerbach (1997). The results of the study pointed to the importance of spirituality and meaning as well as the sense of belonging and connection within a community as reported by the experience of growth after trauma. The study helped gain a better understanding of the impact of trauma in Cambodian refugees's lives and the process of change and transformation by traumatic experiences. Implications for clinical and community interventions are discussed.

S706

Clinical Theory/Clinical Practice

SLEEP DISORDERS AS SYMPTOMS OF ANXIETY AND DEPRESSION IN PTSD

Krzysztof Rutkowski, Chair in Psychiatry, Jagiellonian University

Subjects were victims of persecution for political reasons in Poland between 1944 and 1956. 90 persons were examined. From among 90 victims of tortures recurrent dreams of content directly connected with the trauma were present in 68 persons (76%) (group I), in 22 persons (24%) the symptom was absent (group II). According to 24 item Hamilton Scale arithmetic mean for group I is 10,6 and is significantly lower than in group II (17,8) and the differences are statistically significant ($t=4,96, p<0,001$). Anxiety state and trait arithmetic means are similar no statistically significant differences were present. Results obtained indicate correlation between presence of nightmares and high level of anxiety only, absence of nightmares is correlated with significant high level of depression. Focusing on the symptom of nightmares concerning traumatic event may accelerate the process of diagnosing, indicating not only PTSD diagnosis but also its course with expressed anxiety symptoms. The researches indicate that PTSD and Major Depressive Disorder are independent effects of trauma, both disorders should be considered in diagnostics and therapy of posttraumatic disorders.

S707

Clinical Theory/Clinical Practice

THE RELATION BETWEEN ABUSE-SPECIFIC ATTRIBUTIONS AND PTSD AMONG SEXUALLY ABUSED CHILDREN: AN INFORMATION PROCESSING MODEL

Deborah C. Wise, Jeffrey N. Wherry, Children's Advocacy Services of Greater St. Louis

Information processing theory has been proposed to explain the etiology of posttraumatic stress disorder among survivors of various traumatic experiences, including rape, combat, and child sexual abuse (Foa, Steketee, & Rothbaum, 1989; Hartman & Burgess, 1988; 1993; Horowitz, 1976; Janoff-Bulman, 1989; Resick & Schnicke, 1992). According to information processing theory, a victim's interpretation of events as threatening basic assumptions of safety leads to posttraumatic stress symptoms. This study will test the hypotheses that perceptions of the world being dangerous, of being vulnerable, and of being disempowered will be related to higher levels of posttraumatic stress symptoms among sexually abused children. Multiple regression analyses will be performed using a sample of 261 sexually abused children, ages 6 to thirteen. The collection of this archival data was supported by a grant from the National Institute of Mental Health. The Children's Impact of Traumatic Events-Revised (Wolfe, Gentile, Michienzi, Sas, & Wolfe, 1991) was used to measure attributions regarding sexual abuse experiences; the Diagnostic Interview for Children and Adolescents-III-Revised (Reich, Welner, & Herjanic, 1992) was used to assess posttraumatic stress symptoms; and the Abuse Dimensions Inventory (Chaffin, Wherry, Newlin, Crutchfield, & Dykman, 1997) was used to measure abuse-related characteristics and severity.

S708

Clinical Theory/Clinical Practice

GROUP WORK WITH REFUGEE CHILDREN

Priscilla Schulz, Jelena Todic, Davorka Marovic-Johnson, The War Trauma Recovery Project Inc.

The War Trauma Recovery Project (WTRP) provides community education and psychological treatment programs to war refugees suffering from trauma. WTRP is located in St. Louis, Missouri-home to the largest Bosnian refugee population in the U.S. Despite the persistence of often disabling PTSD and comorbid disorders, few refugees seek treatment. Additionally, few existing mental health services effectively address war refugees' mental health needs. Refugee children also suffer emotional aftereffect from war and resettlement. Thousands of refugee children from war zones live in resettlement countries, but little is written describing effective programs that address their needs. Traumatization and uprooting can interfere with children's psychological development. For some, behavior regressed to an earlier stage of development. Sometimes the traumatic effects of war and resettlement appear as aggressive behaviors or play that reenacts traumatic events. WTRP collaborates with a local school to provide

social group work services to Bosnian refugee children. Trauma Symptoms Checklist-Children scores identify areas of clinical concern and direct intervention. Home visits by WTRP and school personnel provide psychoeducation and counseling to parents and family members. Our poster presentation will describe the results of services to these elementary school children and their families including problems addressed, goals and session-by-session intervention.

S709

Clinical Theory/Clinical Practice

WAR TRAUMA RECOVERY PROJECT, INC.—CASE STUDY

Priscilla Schulz, Jelena Todic, Davorka Marovic-Johnson, The War Trauma Recovery Project, Inc.

The War Trauma Recovery Project (WTRP) is a community based psychological treatment program for war refugees suffering from trauma. WTRP is located in St. Louis, Missouri. Estimates are that 30% or more refugees are tortured before fleeing home countries. Recent proceedings at the Hague War Tribunal have prosecuted the imprisonment, rape and torture of countless women during the civil war in the former Yugoslavia. As many as 50-65% of war refugees, including rape and torture survivors, suffer from PTSD. Despite the persistence of often disabling PTSD and comorbid disorders, few refugees seek treatment. Additionally, few existing mental health services effectively address war refugees' mental health needs. Since 1997 WTRP has provided native-language based, culturally sensitive treatment to war refugees, some of whom have been rape and torture survivors. WTRP's program includes psychoeducation, psychosocial rehabilitation and cognitive-behavioral treatment. This poster presentation will outline WTRP's services to one female rape and torture survivor from war in the former Yugoslavia. A chart of Posttraumatic Symptom Scale scores will be presented along with WTRP's adaptation of existing trauma treatments to fit this client's needs. The presentation problems and psychopathology of this case, treatment goals, interventions and improvements in social and occupational functioning will also be described.

S710

Clinical Theory/Clinical Practice

SECONDARY VICTIMIZATION AS AN OCCUPATIONAL HEALTH AND SAFETY HAZARD ... HEALTH CARE PROVIDERS

Judy A. Stein, University of Victoria; Barry M. Stein, Sh'ulhetun Health Society

The workshop will raise awareness and provide understanding for health care providers that service Aboriginal clients and other high risk groups. Secondary victimization is an occupational hazard for health care professionals such as nurses, psychologists as well as para-professionals that repeated counsel and respond to victims of abuse. The experience of First Nations peoples in British Columbia is replete with extreme examples of victimization. The legacy of Residential Schools - a system that existed for nearly 100 years and was designed to destroy aboriginal culture has had widespread impact leading to many Native peoples suffering from PTSD. Health care workers inadvertently may experience stress and burnout from working with this population by listening to the traumatic incidents and responding to a seemingly never end of daily crises.

S711

Clinical Theory/Clinical Practice

THE TREATMENT CHALLENGES OF PTSD IN A PEACEKEEPING POPULATION: TWO CLINICAL CASE PRESENTATIONS

Susan R. Brock, Chartier Arnold Brock and Associates; Lyn H. Williams-Keeler, A.F.F.T.E.R., A Trauma Centre

This workshop will present two distinctly different long-term PTSD therapy cases in a Canadian peacekeeping population. The presentations will highlight the importance of thorough assessment in tailoring a creative and flexible treatment plan that incorporates empirically driven treatment techniques with individual characteristics and needs. In particular, the role developmental experiences, personality traits and the pre- and post-trauma milieu play in how soldiers respond to the cumulative traumas that so often characterize their peacekeeping role will be discussed with an emphasis on how

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an understanding of these factors can be utilized to facilitate healing. Workshop participants will be encouraged to participate in sharing their own insights and experience in working with this challenging population. The presenters, Dr. Susan Brock and Lyn Williams-Keeler, MA both specialize in trauma treatment with military, Veteran and police personnel. Susan works in private practice in Saskatchewan and Lyn works in private practice in Ottawa. Both presenters work from an eclectic theoretical orientation. Dr. James Munroe, a psychologist with the Boston VA Outpatient Clinic with extensive clinical experience in long-term outpatient treatment of Vietnam Veterans, will be the discussant.

S712

Clinical Theory/Clinical Practice

CORRELATES OF SCHIZOPHRENIC WOMEN WITH SEXUAL OR PHYSICAL ABUSE HISTORY

Daeho Kim, research fellow, Samuel Noh, senior research scientist, CCHS CAMH/Clarke; Jyunghyun Nam, Professor, Dept. of Psychiatry, Hanyang University Medical Center

The history of abuse and related characteristics in 100 female schizophrenic inpatients were investigated with the Symptom Checklist-90-Revision(SCL-90-R), the Dissociative Experiences Scale, and the Barron Ego Strength Scale, the Positive and Negative Syndrome Scale(PANSS), interview on delusion and hallucination, and finally semistructured interview on abuse history. Fifty two patients(52%) were sexually or physically abused in the past and one third of abused patients were abused both in childhood and adulthood. When compared with those without such history, they are more likely to have family history of father's alcohol problem and spousal abuse, personal history of suicidal attempts, run away and promiscuity and likely to be diagnosed as undifferentiated type. They scored significantly higher level of overall symptoms, multiple symptoms(e.g., anxiety, somatization, depression, etc), and dissociation, together with lower ego strength. No difference was found in psychotic symptoms dimension. Logistic regression analysis showed father's spousal abuse, run away, promiscuity, undifferentiated subtype and higher PANSS global psychopathology score differentiated the abused patients from non-abused most. Clinicians should be aware of the high prevalence of past trauma in this population and relevant approaches should be considered.

S713

Clinical Theory/Clinical Practice

AN ECOSYSTEMIC MODEL OF TRAUMATIZATION IN UNDERSERVED COMMUNITY POPULATIONS

William A. O'Connor, University of Missouri at Kansas City

The purpose of this study was to develop a model which supports access and treatment for survivors as well as prevention of victimization and re-victimization. The model assumes that victimization is not randomly distributed across settings, but can be predicted by specific characteristics of community settings. Alternate causal models of victimization were tested in samples from a population which is both at-risk and underserved by community resources via Structural Equation Modeling (SEM) techniques. Data were collected from 801 recipients of mental health services in an urban core catchment area, including both Person (vulnerability) measures and Setting measures (stress, supports, and setting structure) associated with the criterion violent event measure. Both Vulnerability and Situation measures were associated with the occurrence of violent assaults, but a situation-mediated model (vulnerability varies by setting) provided a significantly better Goodness-of-Fit (GFI=.960) than single path models in which person variables contribute directly. The best-fit model supports the conclusion that traumatic interpersonal violence is not adequately conceptualized by person descriptors (of either victim or perpetrator) as if random across settings. The application of this type of model in a community-based service delivery setting is discussed.

S714

Clinical Theory/Clinical Practice

ANSAR FOR KIDS, COMMUNITY OUTREACH TO BOSNIAN CHILDREN

Stefanie F. Smith, University of Connecticut; Martha B. Mingel, ANSAR for Kids

A community based program is presented that was created to provide spiritual and therapeutic guidance to the increasing number of Bosnian children survivors of the Bosnian-Serbian war that are now living in a city of the United States. The program meets once a week and serves an average of 67 children aged 9 - 17 years. All children participate in a psychoeducational group on PTSD and then receive a brief screening interview for PTSD. Children who may have PTSD are assessed again through art and a structured, validated PTSD interview. These children then participate in therapeutic groups for part of the day. Some receive individual work or are referred elsewhere for treatment. The other children participate in alternative activities such as reading and art. All children participate in religious studies (Muslim) and various recreational and educational activities. This presentation will present the philosophy and more detailed description of the program for the PTSD and non-PTSD diagnosed children, a discussion of the unique challenges in serving this population (language, religion, and culture issues), samples of art produced by the children, and evaluations of treatment efficacy by examining the differences between initial interviews and 3 and 6-month follow-ups.

S715

Clinical Theory/Clinical Practice

BEARING WITNESS THROUGH THE GIFT OF EMPTY SPACE

Eric Harper, Rocky Mountain Survivors Center; Angela Rackstraw

The theoretical and practical context which gives rise to the problem addressed in this paper, is that many traumatized individuals exposed to political violence in South Africa find themselves marginalized, and do not 'come knocking at our door'. In some cases this is due to the manner in which some practitioners cling to, and expect clients to conform to a particular therapeutic frame, while in other situations there are often no care-givers sufficiently concerned (about these children) to refer them. This is partly because the care-givers themselves have been silenced into a conspiracy of coping due to the accumulation of their own pain. The framework mentioned above holds the client ransom to a 'language game' restricting the client's capacity to speak, subjecting the client to a particular kind of social-bond and alienating those that are unable to adapt and comply with this therapeutic framework. Three-community outreach projects will be presented: 1) Art psychotherapy groups with black children living in impoverished areas, suffering from physical and sexual abuse as well as other forms of violence; 2) Community outreach work with ex-political prisoners living in South Africa; 3) A 'critical incident crisis response' team working with individuals exposed to violence (bomb blasts, hijackings, family members murdered, etc). The work all involved multidisciplinary collaboration, and with ex-political prisoners - the use of healing rituals that formed part of that community. This was pioneering work that evolved as we went along. The paper explores non-intrusive ways of reaching out to clients through the co-construction of a framework in which the work can take place, and which draws upon existing support structures within that community. In the case of the Art therapy groups, images will be shown to help illustrate the clinical work, where the children's artworks serve to help them find a voice. This presentation will conclude by arguing that the gift of empty space (ethics) is what the practitioner brings to the work, whilst the therapeutic framework is co-constructed with the client, and draws upon structures that have offered some solutions to the client group. But sometimes there are no solutions, no easy answers, and all that the practitioner can do, is to bear witness to what the client is able to bring into this space, as well as to what they leave out of it.

S716

Clinical Theory/Clinical Practice

HOME VISITS WITH REFUGEE FAMILIES: STEPS TOWARDS HEALING AND COMMUNITY CONNECTIONS

Joan M. Liautaud, Mary P. Black, Nela Krosnjak, Chicago Health Outreach; Thad S. Rydberg, The Center for Multicultural and Multilingual Mental Health

Refugees who are survivors of war, genocide and torture are a severely underserved population. Arriving in this country with overwhelming needs including, displacement, adaptation, new language and lifestyles, coping with traumatic memories, living with unspeakable losses, and facing misunderstanding and prejudice - traumatized refugees are often unaware or unable to negotiate social services and other systems established to assist them. Refugees' needs for services and support in a new country are tremendous and the resources designed to meet these needs are often inaccessible - putting refugees at further risk. This case presentation will focus on how a community-based program, delivering mental health services to refugee children and families, works with families in home settings. Three families from distinctly different countries will be presented; each initially isolated and at risk. Details describing how working within clients' homes fosters collaborative problem solving, insight into unique strengths and challenges, as well as vital links to community resources will be discussed. Presenters will also discuss the need to question traditional boundaries by stepping outside of expert roles, modeling how to negotiate new systems and caring for basic needs - needs that once addressed, allow individuals to focus on psychological healing and rebuilding their lives.

S717

Clinical Theory/Clinical Practice

CREATING AND IMPLEMENTING A VIOLENCE INTERVENTION AND PREVENTION CENTER

Robert C. Stone, Ellen Taliaferro, Trevor Mills, UT Southwestern Medical Center, Dallas

The Parkland Health & Hospital System's Violence Intervention and Prevention (VIP) Center is the first medically directed, clinically oriented Center for victims of violence in the United States. The Center opened in May of 1999 and offers a network of support and clinical services. On-site services include medical evaluation and care, psychiatric evaluation and treatment, support with criminal justice, legal and safety concerns and assistance with economic challenges. The Center is also a model for the use of education with continuous training for healthcare providers and members of the community in addressing the needs of violence victims. This workshop will discuss the process of developing and implementing a full-service, multi-disciplinary domestic violence clinic. Details will be given on how to create a violence treatment center to provide medical and psychiatric evaluation and treatment services while integrating with existing social service agencies. Additional emphasis will be placed on conducting research and providing forensic support in a VIP Center.

S900

Cross-Cultural

ISSUES IN RACE/GENDER MATCHING BETWEEN THERAPIST AND TRAUMA GROUP

Judith A. Lyons, VAMC-South Central MIRECC/U. MS Medical Center; Cho Lam, Seth A. Brown, Veterans Affairs/U. Mississippi Medical Center

Traditionally, trauma processing groups have been led either by a fellow trauma survivor or by a therapist who, although not a trauma-survivor, is viewed by clients as non-threatening. It is not the norm to use a therapist who resembles the perpetrator of the trauma. This paper presents clinical cases where the traditional arrangement was not observed. What happens when a man co-leads a women's sexual trauma group? When an Asian therapist co-leads a Vietnam trauma group? Should qualified trainees be denied the opportunity to work in such groups if their gender or race might make clients uncomfortable? What if other anxiety-disorder training options are not available? What if clients object? Can therapist-group "mismatching" cause harm? Can it be therapeutic? These questions are addressed through recent examples of psychology interns rotating through a PTSD treatment program. "Mismatched" placements were met with concern by patients and staff. Special precautions taken

before and during group placements are reviewed. Case examples of positive and negative clinical outcomes are discussed. Patient perspectives expressed during treatment and in subsequent focus groups are presented. Recommendations are offered regarding when such "mismatches" are most likely to be beneficial, and how they can be implemented most smoothly.

S901

Cross-Cultural

THE IMPACT OF NATIONAL AND ETHNIC IDENTITY ON COPING WITH TRAUMA

Rony Berger, Natal & Al Quds University

The recent clashes between the Israeli Arab population and the Israeli law enforcement authorities have left significant traumatic imprints on this community highlighting the need to address the special needs of this population. The condition of the Arabs in Israel is unique, not only because they are considered disloyal ethnic minority deprived of many citizens rights, but primarily because they consider themselves part of the Palestinian people, with whom Israel has had hostile conflict for the past 50 years. The split identity of Arab Israelis have contributed to their stressful conditions impacting the way in which this community has coped with the recent traumatic events. Since we assume that national and ethnic identity are important ingredients in contributing to community resilience, we believe they should be taken in consideration when planning either a community preventive trauma relief program or in treating trauma victims. In this presentation we will outline the theoretical background to the assumptions we suggested and examine this formulation in the context of two traumatic experiences within the Arab Israeli community. It is our hope that our concepts are applicable not only to Israel but also to other national or ethnic conflicts worldwide.

S902

Cross-Cultural

REACHING OUT FOR THOSE WHO REALLY NEED IT

Vedrana Mladina, Austria

The aim of this community based project is to give a psycho-social support to refugees and asylum seekers in Graz, Austria. These persons are in a way living in a vacuum, because their legal status in Austria is either unsolved or very uncertain, so that most of them have to deal with it for years. Not having a security and future perspective on the one side and having to deal with the severe traumatic experiences, which resulted from difficult circumstances under which they had to leave their countries on the other side, leaves not really enough space for well being. That's why it is important to offer these persons appropriate psycho-social assistance by meeting them in their everyday setting. Under such conditions, where there is no realistic progress in terms of problem solving to be seen and where the uncertainty doesn't allowed the classical form of trauma therapy, the best and only strategy is the strengthening and empowerment of the personal resources. This is an attempt to create or to renew the lost self esteem base and to fight against learned hopelessness, which can be helpful for both -process of trauma healing and for the future problem solving abilities as well. This summarized project description should demonstrate how outreaching psycho-social assistance can be well applied in an refugee shelter in Graz, Austria, where 50 refugees and asylum seekers with different cultural backgrounds are living together.

S903

Cross-Cultural

COMPARISONS OF PALESTINIAN CHILDREN'S PROJECTIVE DRAWINGS BETWEEN FIRST AND CURRENT INTIFADA

Ahmad M. Baker, Birzeit University, Palestine

This research is a continuation of previous research conducted on Palestinian children during the first Intifada (1987 - 1993) in which projective drawings of children were used to assess their perception and response to the political and military violence to which they were subjected. Although the current research is in progress, preliminary data on nearly 300 drawings of children have been gathered, analyzed, and compared with the data obtained on children during the first Intifada. Each child was given a set of crayons (eight colors) and a sheet of paper with eight frames in which the child was asked to complete the drawing in the colors (s)he desires. Demographic data (e.g.,

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age, gender, residence) were recorded to aid in the analysis, with particular attention paid to residence (certain neighborhoods were subjected to violence more than others). The drawings were then analyzed in terms of the themes depicted and the colors chosen according to the child's age, gender, and degree of subjection to military violence. The results were then compared with the findings gathered during the first Intifada. Preliminary results show that the response of Palestinian children has been modified since the first Intifada in terms of themes depicted and colors chosen. These findings will be discussed in terms of their relevance to psychosocial, cultural, and political variables. Special emphasis will be placed on the relevance of the findings to the advancement of our knowledge about how trauma is perceived and processed by children of nonWestern cultures.

S904

Cross-Cultural

BOSTON CENTER FOR REFUGEE HEALTH AND HUMAN RIGHTS: SERVING SURVIVORS OF MASS VIOLENCE AND TORTURE

Linda A. Piwarczyk, Deborah L. Blumberg, Boston Center for Refugee Health and Human Rights, BUSM; Peter S. Bachrach, National Center for PTSD, BUSM; Terence M. Keane, National Center for PTSD, BUSM, BCRHHR

The Boston Center for Refugee Health and Human Rights is a collaboration between the clinical departments of Boston Medical Center and the Boston University Schools of Medicine, Public Health, Law, and Dentistry. A chart review was conducted on a sample of 110 refugees seen by the International Mental Health Program between January 1999 and September 2000. Refugees and asylum seekers from 26 countries were treated. They ranged in age from 18 - 78, 53.6% were female, 69.1% were unemployed, 54.5% had no insurance. Approximately two thirds (62.7%) had histories of torture using the World Medical Association definition. 23.6% experienced rape or attempted rape. Nine out of ten fled secondary to political reasons, followed by ethnic and religious persecution. In our sample of 110, 34.5% of our patients had first degree relatives who were killed, 33.6 tortured, or arrested/imprisoned 25.5%. Seven out of ten suffered from PTSD, generally co-morbid with depression. Most common medical problems included headaches, chronic pain, gastrointestinal symptoms, TB exposure, and hypertension. Conclusion: Primary care providers are often the first health care professionals to treat refugee victims of torture and mass violence. When interviewing a refugee, it is important to ask about previous history of torture, including sexual trauma, in addition to possible trauma experienced by the family to more fully understand one's exposure to trauma and clinical presentation.

S905

Cross-Cultural

PSYCHOSOCIAL PROGRAMMING IN KOSOVO: SOCIAL AND CULTURAL IMPLICATIONS FOR ASSISTING CONFLICT-IMPACTED COMMUNITIES

David Hutton, University of Manitoba; Jan Field, Consultant

This paper discusses community-based psychosocial programming in mitigating the mental health impacts of the war and trauma, in this case the 1998 conflict in Kosovo. The need to provide a multi-disciplinary service approach is emphasized. In many war-impacted countries like Kosovo, populations must not only cope with widespread atrocities and destruction, but also economic deprivation and impoverishment. Physical survival needs not only compound people's distress, but prevent people from pursuing positive alternatives which can help rebuild lives and ameliorate the loss and despair of war. To this end, psychosocial programming must go beyond addressing individual needs through a clinical perspective, and integrate mental health into a community development approach which also promotes economic and social rehabilitation. Programming as such is most effective when adopting a participatory, approach which complements and strengthens indigenous resources and capacities, rather than reproducing Western models of psychosocial intervention. Post-trauma interventions in this context may assume a socio-centric perspective, in contrast to the more egocentric Western perspective, assisting communities to maintain and develop natural social coping mechanisms which enhance adaptive functioning and self-determination.

S906

Cross-Cultural

CULTURAL BELIEFS AND THE USE OF HEALTH CARE BY RAPE VICTIMS

Madhabika B. Nayak, Dept. of Family & Community Medicine, Kuwait University Faculty of Medicine

Cultural beliefs about violence are important influences on the process of recovery from experiences of violence. Health care interventions must integrate information on beliefs regarding violence and the use of health care due to experiences of violence. Using data from a larger project on health and violence, this study examined beliefs related to rape among a sample of 103 adult women (aged 16-49) in Kuwait. Women attending gynecology clinics and undergraduate students completed a survey on their beliefs about rape as an act of violence, its health impact, and options available to women who have experienced rape. Overall, half of all respondents stated that victims should not tell anyone about their assault and that a victim never recovers from the experience. However, 86% felt that victims should seek health care, preferably from a social worker, psychologist or gynecologist. The presentation will explore the influence of different factors (including personal victimization) on beliefs about rape and how beliefs may affect victims' use of health interventions.

S907

Cross-Cultural

AN ASSESSMENT OF COMMUNITY SERVICES TO AN INDIGENOUS COMMUNITY

Gretchen C. Seirmarco, New York State Psychiatric Institute

This poster demonstrates an assessment which was undertaken of community services available to an ethnically mixed community which pre-dates the Revolutionary War. This community is located in proximity to one of the largest cities in the United States and is in one of the most affluent states in the nation yet is an underserved population. Historic, geographic and sociocultural aspects of this mountain community play an important role in the relative isolation of these proud indigenous peoples. The ethnic origins of the community are Native American, African American and Northern European settlers. The history of the community is intertwined with native american history, the history of slavery, the traumatization of wars and subsequent revictimization. The church has played a role historically and in the present for this community but assessment reveals that "faith based" initiatives may not be enough