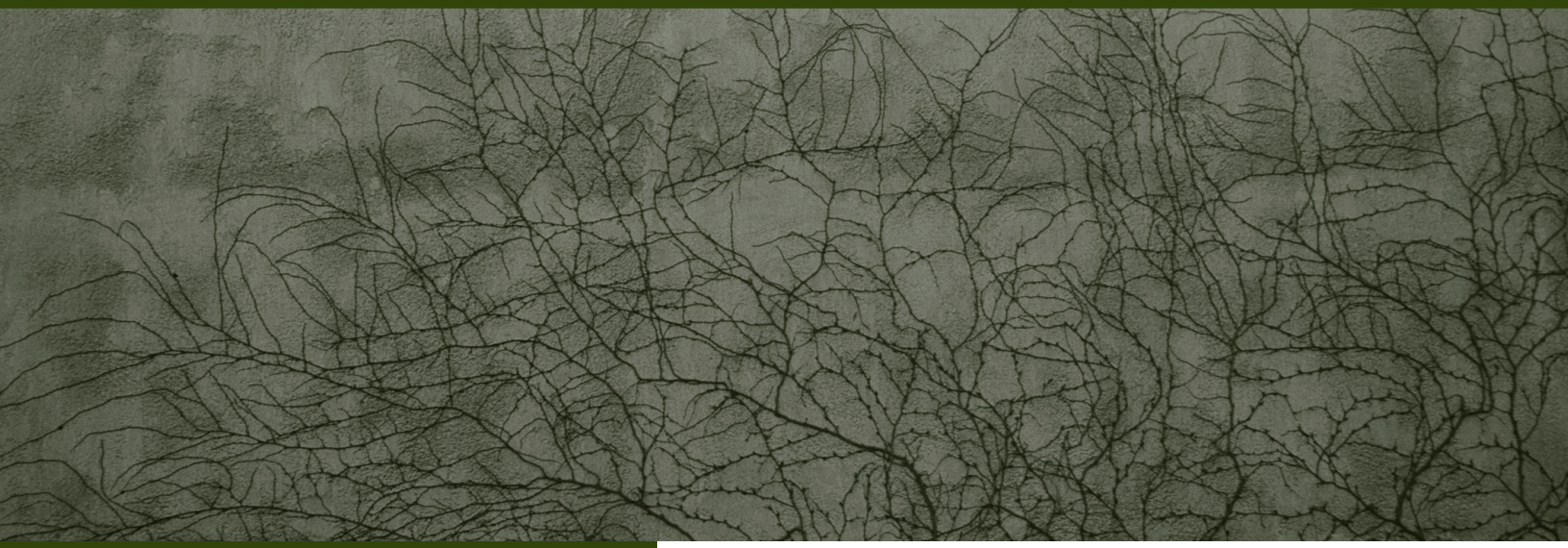
Complex Psychological Trauma:

Its Correlates and Effects



November 7–10, 2002

Baltimore Marriott Waterfront Hotel

Baltimore, Maryland, USA

The largest gathering of professionals dedicated to trauma treatment, education, research and prevention

18th Annual Meeting

Final Program and Proceedings

Jointly Sponsored by

THE INTERNATIONAL SOCIETY FOR TRAUMATIC stress STUDIES

ISTSS

and the **Dartmouth-Hitchcock Medical Center**

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THE INTERNATIONAL SOCIETY FOR TRAUMATIC stress STUDIES

ISTSS

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Northbrook, IL 60062
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Letter from the Chair

Dear Colleague:

Welcome to the18th Annual Meeting of the ISTSS. At the meeting this year, you will find much programming relating to the meeting theme of complex trauma and to mass trauma and the events of September 11th. John Briere and I have designated a number of sessions as "featured" to draw your attention to work in these areas that we see as particularly important.

This year's meeting will feature many familiar elements and a few new ones. Back again from last year will be Expert Clinical Consultation sessions where clinicians can bring questions from their own work to experienced, highly regarded clinicians. Other returning features include the Quiet Reflection Room (in the Heron room in a quiet corner of the 4th floor), a Student Breakfast, Media Night, and the Friendship Banquet. From years past, we've brought back the opening Presidential Address that will focus on the meeting theme. We have also revived the awards reception so that all members can sip champagne and help us congratulate those receiving awards. Tables at the reception will be designated by tracks and Special Interest Groups to serve as gathering places for attendees with similar interests. The awards reception will be a festive event, so feel free to dress up if you are so inclined.

New in 2002 will be simultaneous parallel plenary sessions, designed to allow plenary sessions on more topics without using more programming time. Another format innovation will be poster sessions held by track during regular meeting sessions. Each track will be assigned a session for that track's posters. Poster authors will attend these track sessions to be available to discuss their work. We hope this will also provide an opportunity for those sharing similar interests to gather as a group and interact. Another new feature that will be of particular interest to clinicians will be the Master Clinician Sessions. In these, leaders in the field will demonstrate particular therapeutic approaches in mock treatment sessions.

A new feature that will be of interest to researchers is forums on funding priorities and programs of three U.S. government agencies with interest in traumatic stress and on the funding process and preparation of applications. Forums on the development of ethics guidelines for ISTSS and on the recently-funded National Child Traumatic Stress Network round out the new forum series.

Thanks to the efforts of co-chairs Rachel Yehuda and Charles B. Nemeroff, ISTSS members will have the opportunity to attend a special satellite meeting on Friday focused on biological aspects of PTSD and featuring many eminent stress and PTSD researchers. Seating will be limited, so check at the registration desk to see if space is available.

We hope you enjoy the meeting and that you won't forget to provide feedback about the new meeting features by completing the meeting evaluation. Responses to the evaluation are very important in planning next year's meeting.

Sincerely,

Eve Carlson
2002 Program Chair

John Briere
President

Program Committee

Program Chair

Eve Carlson

President

John Briere

Deputies

Ann Aukemp	*Media*
Chris Courtois	*DC Local Program Deputy*
Esther Giller	*Baltimore Local Program Deputy*
Lucy Berliner	*Workshops*
Rachel Kimerling	*Posters*
Sherry Riney	*Logistics*
Paige Ouimette	*Posters*
Stuart Turner	*Pre-Meeting Institutes*

Program Committee Members

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Ruth Blizard
Sandra Bloom
Chris Brewin
Marylene Cloitre
Jon Conte
Mark Creamer
Constance Dalenberg
Mary Ann Dutton
Catherine Ehrlich
John Fairbank
Julian Ford
David Foy
Steve Frankel
Claire Frederick
Judith Herman
James High
Elizabeth Howell
Russell Jones
Danny Kaloupek
Dan King
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Richard Kluft
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Clare Pain
Jane Perrin
Roger Pitman
Illona Pivar
Lucy Quimby
Terry Richmond
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Josef Ruzek
Ted Rynearson
Paula Schnurr
Ulrich Schnyder
Seth Segall
Gretchen Seirmarco
Arik Shalev
Katherine Shear
Alethea Smith
Avron Spiro
Yvonne Tauber
Elisa Triffleman
Bessel van der Kolk
Lynn Waelde
Patricia Watson
Stevan Weine
Linda Williams
Camille Wortman
Helena Young
Shaika Yuksel
William Yule

THE INTERNATIONAL SOCIETY FOR TRAUMATIC stress STUDIES
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Registration

The ISTSS Registration and CE/Membership Service Desk will be open in the Grand Ballroom Foyer at the following times:

Wednesday, November 6	3:00 p.m.–7:00 p.m.
Thursday, November 7	7:30 a.m.–7:00 p.m.
Friday, November 8	7:30 a.m.–5:30 p.m.
Saturday, November 9	8:00 a.m.–5:30 p.m.
Sunday, November 10	8:00 a.m.–Noon

Participation in the ISTSS 18th Annual Meeting is limited to registered delegates. Your full registration includes:

Educational Sessions and Materials
- Admission to oral and plenary sessions
- Admission to poster sessions and presentations
- Final program and proceedings

Networking/Social Events
- Welcome reception
- Gala awards reception
- Special Interest Group meetings
- Poster open houses

Conference Features
- Presidential address, presented by John Briere
- ISTSS Annual Business Meeting
- ISTSS committee and task force meetings
- Exhibits of products and services
- Movie/multimedia sessions
- ISTSS bookstore
- Session audiotapes

Events Available for Additional Fee
- ISTSS Friendship Banquet
- Pre-Meeting Institutes

Join the International Society for Traumatic Stress Studies

ISTSS meeting registration does not include membership in ISTSS. If you are not already a member of ISTSS, consider joining the society now at the registration table in the Grand Foyer. ISTSS membership includes subscriptions to the *Journal of Traumatic Stress*, *Traumatic StressPoints* newsletter, reduced meeting registration rate at future ISTSS conferences and access to the online ISTSS membership-only area, including the ISTSS member directory. Members also may participate in Special Interest Groups (SIGs) and committees.

Meeting Mentors

New this year, meeting mentors will be available to mingle with and assist first-time attendees. Meeting mentors will be designated by a pink button labeled, "Mentor." First-time attendees should feel free to approach mentors and introduce themselves, and vice versa.

Meeting Hotel and Meeting Rooms

All sessions and events at the ISTSS 18th Annual Meeting will take place at the Marriott Waterfront Hotel, Baltimore. A floor plan of meeting facilities is located on the back cover.

Baltimore Marriott Waterfront
700 Aliceanna St.
Baltimore, Maryland 21202
Ph: 410/385-3000
Guest Fax: 410/895-1900
www.marriott.com

Transportation to the Airport

The Baltimore Marriott Waterfront Hotel is located 10 miles from the Baltimore-Washington International Airport. BWI Super Shuttle is the recommended shuttle service. The fees are approximately $11 one way. You must make reservations to return to the airport. For reservations, call 1-888/826-2700. Taxis also are available for approximately $21 one way.

Parking

Valet parking at the hotel is $23 per day and self-parking is $17 per day.

Badges

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

Attire

Attire for all sessions is business casual.

Smoking Policy

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

Concierge Services/Baltimore Tour Information

Please visit the full-service Concierge Desk while you are in Baltimore. The desk is located in the ISTSS registration area of the Marriott Waterfront Hotel. The concierge will be able to assist you make any last minute recommendations, group meal arrangements and registration for tours around Baltimore.

Message Center

The ISTSS message center is located next to the registration desk at the Baltimore Waterfront Hotel. Messages for registrants are posted alphabetically by last name. Please remove your messages after you have received them. The ISTSS message center can be reached by calling the hotel operator at 410/385-3000 and asking for the ISTSS registration desk.

Business Center

Copying, faxing, office supplies, computer and printer stations and other business services are available from the hotel business center. The business center is located on the 5th floor. Business hours are Monday–Thursday, 6:30 a.m.–11:00 p.m.; Friday, 6:30 a.m.–5:00 p.m.; Saturday, 7:00 a.m.–3:00 p.m.; and closed on Sunday.

Special Assistance

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

Meeting Evaluation

We need your help to improve the ISTSS annual meeting. Evaluation forms have resulted in many improvements in recent years. The evaluation form is included in your registration packet. Please return your completed evaluation to the ISTSS registration desk in the Grand Foyer before noon on Sunday. This is **not** the same evaluation form required for continuing education credit.

Speaker Ready Room — Chasseur, 3 (GB)

If you plan to use audiovisual aids during your presentation, please visit the speaker ready room before your presentation. The room is equipped with much of the same audiovisual setup as session rooms, so you may test your materials and rehearse your presentation.

Special Events/Meetings

Student Breakfast — Harborside D, 4 (HB)

Friday, November 8 7:00 a.m.–8:15 a.m.

A breakfast will be held for all student participants—a great way to start the meeting!

Exhibits — Grand Foyer, 3 (GB)

Friday, November 8 10:00 a.m.–6:30 p.m.

Saturday, November 9 10:00 a.m.–6:30 p.m.

Stop by the exhibits to see the display of products and services of interest in the trauma field. The exhibits provide valuable interaction between the profession and organizations that provide the products and services.

Quiet Reflection Room — Heron, 4 (HB)

Friday, November 8 8:30 a.m.–6:30 p.m.

Saturday, November 9 8:30 a.m.–6:30 p.m.

A special room has been set aside to provide for quiet reflection. Participants are free to use this room as a quiet retreat from conference activities and, obviously, are asked to remain silent while in the room. This feature is supported by the Spirituality and Trauma Special Interest Group.

ISTSS Annual Business Meeting — Grand Salon VI, 3 (GB)

Saturday, November 9 11:30 a.m.–12:30 p.m.

All meeting participants are invited to attend the Annual Business Meeting. This is your opportunity to learn about the society, ask questions and make suggestions about ISTSS.

Baltimore Inner Harbor

ISTSS Special Interest Groups

The purpose of Special Interest Groups (SIGs) is to provide members with a forum for networking, communicating and interacting in specific topic areas related to traumatic stress. These groups also serve to provide a means of personal and professional involvement in activities of the society and to network with colleagues nationally and internationally throughout the year. All meeting participants are welcome and encouraged to attend the SIG meeting. See the Schedule at a Glance for room location. Special Interest Groups will meet at the following times:

Friday, November 8, 5:30 p.m.–6:30 p.m.

- Child Trauma
- Criminal Justice
- Dissociation
- Human Rights and Social Policy
- Media
- Physiology, Pharmacology, and Neuroscience
- Policy and Prevention
- Research Methodology
- Traumatic Grief

Saturday, November 9, 5:30 p.m.–6:30 p.m.

- Creative Body and Energy Therapies
- Diversity and Cultural Competency
- Early Interventions
- Gender and Trauma
- Intergenerational Transmission of Trauma and Resilience
- Internet and Technology
- Spirituality and Trauma

Gala Awards Reception — Grand Salon VI, 3 (GB)

Saturday, November 9 6:30 p.m.–8:30 p.m.

Help us recognize the recipients of this year's awards from the International Society for Traumatic Stress Studies. The reception is included as part of your registration fee. Look for tables designated by tracks and Special Interest Groups to meet colleagues with similar interests.

ISTSS Friendship Banquet — Grand Salon VII, 3 (GB)

Saturday, November 9 8 p.m.–10 p.m.

After the Gala Awards Reception, everyone is welcome and encouraged to attend the ISTSS Friendship Banquet. The banquet will be an opportunity to share a meal and experience a sense of community with others at ISTSS. Tickets cost $50 and may be purchased at the ISTSS registration desk.

Reception for VA Employees — Dover B/C, 3 (GB)

Friday, November 8 6:30 p.m.–7:30 p.m.

Hosted by the National Center for PTSD.

Continuing Education (CE)/ Membership Services Desk — Grand Foyer, 3 (GB)

The Continuing Education (CE)/Membership Services Desk has the same hours as the registration desk, except on Sunday when the CE portion of the desk will remain open 30 minutes after the final plenary session. Please stop by to pick up your CE evaluation packet if you registered for a continuing education certificate. **No CE credit can be given without completing this evaluation packet.** You also can sign up and pay for CE credit at this desk, if you didn't already do so with your conference registration. In addition, you may pay membership dues here. ISTSS headquarters staff members Marti Buckely, administrator, and Nicki Patti, education manager, will be available to answer your membership and continuing education questions.

Various continuing education certificate types are available to cover a variety of career fields as described below. A fee of $35 is required for each certificate type needed. You may not register for credits after November 10, 2002. Psychologists should check with the continuing education desk regarding CE certificate options.

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

The Dartmouth-Hitchcock Medical Center designates this educational activity for up to 23.75 hours of Category I credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he or she actually spent in the educational activity.

The International Society for Traumatic Stress Studies is recognized by the National Board for Certified Counselors (NBCC) to offer continuing education for National Certified Counselors. We adhere to NBCC Continuing Education Guidelines.

Course meets the qualifications for 23.75 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences.

This program has been approved by the National Association of Social Workers for 2.375 CEUs and 23.75 contact hours.

This activity CNE# 0A0-11204-08-02 for 28.5 contact hours has been approved by the Texas Nurses Association, which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditations. This approval meets Type I criteria for mandatory continuing education requirements toward relicensure as established by the Board of Examiners for the State of Texas.

Disclosure of Presenter's Relationships

All presenter's for this meeting are expected to disclose, at the beginning of their presentation or product exhibit, any economic or other personal interests that create, or may be perceived as creating, a conflict related to the material discussed. This policy is intended to make you aware of presenter's interests, so you may form your own judgments about material presented. Such relationships are disclosed on the last page of the addendum. Presenters also are expected to disclose, at the beginning of their presentation, any product mentioned during their presentation that is not labeled for use under discussion or is still being investigated. This policy is intended to allow you to form your own judgments about such material.

Plenary Sessions — Room

Complex Psychological Trauma: Clinical Implications of an Evolving Paradigm
(Briere)
Thursday, 6:30 p.m.–7:30 p.m. — **Grand Salon VI, 3 (GB)**

Trauma and Reconciliation: The Case of Northern Ireland
(Daly, McBride, Kiely, New, Doherty, Little)
Friday, 10:00 a.m.–11:30 a.m. — **Grand Salon VI, 3 (GB)**

Clinical Research on Traumatic Stress: Its Promise and Limitations in the Treatment of Complex Trauma
(Carlson, Shalev, Mellman, Resick, Triffleman)
Saturday, 10:00 a.m.–11:15 a.m. — **Grand Salon VI, 3 (GB)**

Treating Children with Complex Child Abuse Trauma
(Berliner, Friedrich, Cohen, Briere)
Saturday, 10:00 a.m.–11:15 a.m. — **Harborside E, 4 (HB)**

How the Science of Stress and Substance Abuse Can Inform Treatment
(Hanson)
Saturday, 10:00 a.m.–11:15 a.m. — **Harborside D, 4 (HB)**

The Phenomenology of Dissociation and Its Treatment Implications for Complex Trauma
(van der Hart, Bryant, Dalenberg, Loewenstein)
Sunday, 10:45 a.m.–12:00 p.m. — **Grand Salon VI, 3 (GB)**

New Perspectives on Veterans with Complex Trauma
(Ruzek, Gusman, Pitman, Shea, Najavits, Kudler)
Sunday, 10:45 a.m.–12:00 p.m. — **Harborside B, 4 (HB)**

Clinician Master Sessions — Grand Salon VI, 3 (GB)

Expert clinicians will demonstrate particular therapeutic approaches to a client with complex trauma.

Charles Marmar: Brief Dynamic Psychotherapy for Traumatic Grief
Friday, 1:00 p.m.–2:15 p.m.

Edna Foa: Prolonged Exposure Therapy
Saturday, 2:30 p.m.–3:45 p.m.

Patricia Resick: Cognitive Processing Therapy
Sunday, 7:45 a.m.–9:00 a.m.

Expert Clinical Consultation Sessions — Falkland, 4 (HB)

In group consultation sessions, get an expert's answer to your own clinical case questions.

Christine Courtois
Friday, 4:00 p.m.–5:15 p.m.

David Foy
Saturday, 8:30 a.m.–9:45 a.m.

Bessel van der Kolk
Saturday, 1:00 p.m.–2:15 p.m.

Stuart Turner
Saturday, 2:30 p.m.–3:45 p.m.

Matthew Friedman
Saturday, 4:00 p.m.–5:15 p.m.

Forums for Information and Discussion

Presentations that provide information and an opportunity to ask questions about major projects, policies or programs.

The National Child Traumatic Stress Network
Friday, 8:30 a.m.–9:45 a.m. **Galena, 4 (HB)**

All You Ever Wanted to Know About Applying for Training Grants
Friday, 8:30 a.m.–9:45 a.m. **Grand Salon IV, 3 (GB)**

Trauma-related Research Priorities and Funding Programs: NIDA
Friday, 1:00 p.m.–2:15 p.m. **Grand Salon VII, 3 (GB)**

Disaster, Terrorism, and Trauma Programming at SAMHSA
Friday, 2:30 p.m.–3:45 p.m. **Galena, 4 (HB)**

National Institutes of Health Research Funding and Applications
Friday, 2:30 p.m.–3:45 p.m. **Grand Salon VII, 3 (GB)**

Trauma-Related Priorities and Funding Programs: NIMH
Friday, 2:30 p.m.–3:45 p.m. **Grand Salon III, 3 (GB)**

Preparing Applications for SAMHSA/Center for Mental Health Services Programs
Friday, 4:00 p.m.–5:15 p.m. **Galena, 4 (HB)**

The Development of Ethical Guidelines for ISTSS
Saturday, 2:30 p.m.–3:45 p.m. **Grand Salon VII, 3 (GB)**

Poster Presentation Sessions **Grand Salon V, 3 (GB)**

Each poster is presented either Friday or Saturday, starting at 8:30 a.m. and concluding at 6:30 p.m. Poster presenters will be available during specific sessions grouped by track to discuss their work. Each day concludes with a poster open house from 5:15 p.m. to 6:30 p.m. Presenter attendance at the open house is encouraged. Therefore, please visit the poster during its scheduled presentation time if you would like to discuss the work with the presenter. Poster presentations are categorized by track that best suits the subject matter. Within each track, posters are in order by presenting author's last name. A floor map showing the location of posters will be available in the poster hall. For poster session times for different tracks, see the poster schedule on page 96.

Student Poster Award

Student poster awards will be given based on overall quality of presented posters. One poster winner will be selected from all entries, as well as three honorable mention poster awards. The winner will be honored at the Gala Award Reception on Saturday. Students eligible for the award must meet the following qualifications: 1) they have indicated their student status on their poster submission; 2) they are current members of ISTSS; 3) they completed the poster research while in school; and 4) their poster was accepted by the program committee. The winner will receive a complimentary registration for the 2003 ISTSS annual meeting.

Media Presentations

Reclaiming Hope…In a Changed World
(Gamble)
Friday, 8:00 p.m.–9:15 p.m. **Grand Salon VIII, 3 (GB)**

Languages of Emotional Injury
(Simpson)
Friday, 9:15 p.m.–10:00 p.m. **Grand Salon VIII, 3 (GB)**

International Training of Psychosocial Trainers Held in Africa
(Baron)
Friday, 8:00 p.m.–9:15 p.m. **Grand Salon VII, 3 (GB)**

If I Could
(Anderson)
Friday, 8:00 p.m.–10:30 p.m. **Grand Salon IX/X, 3 (GB)**

Debriefing Session **Laurel A/B, 4 (HB)**

Saturday, November 9 5:30 p.m.–6:30 p.m.

Secondary exposure to trauma can be a significant issue for trauma workers. ISTSS strives to provide a supportive environment that will assist meeting participants in understanding how secondary exposure might be influencing them.

A debriefing session will be held so that meeting participants can talk about their conference experiences, discuss issues related to secondary exposure and explore self-care strategies that might be useful in dealing with the effects of secondary exposure.

ISTSS Bookstore **Atlantic/Bristol, 3 (GB)**

Visit the ISTSS Bookstore during the meeting, where a large selection of trauma-related publications will be on sale. ISTSS is contracted with Professional Books, Newton, Mass.

Session Audiotapes **Grand Foyer, 3 (GB)**

Most presentations will be recorded. Cassette tapes will be sold on site through Professional Programs. You also may purchase recordings of sessions from past ISTSS meetings from Professional Programs 661/255-7774; E-mail orders@proprog-tapes.com. An order form from last year's annual meeting is available at www.istss.org under the 17th Annual Meeting section.

Special Joint Meeting Arrangements with the International Society for the Study of Dissociation

The morning session of Sunday, Nov. 10, will include some presentations jointly sponsored by ISTSS and the International Society for the Study of Dissociation, which holds its meeting Nov. 9–12.

Special Satellite Meeting

Friday, November 8

Biologic Concepts Related to the Etiology, Pathophysiology and Treatment of PTSD — **Grand Salon IX/X, 3 (GB)**

Co-chairs: Rachel Yehuda, PhD, Charles B. Nemeroff, MD, PhD

Registrants of the ISTSS 18th Annual Meeting are invited to attend this satellite meeting. However, all interested participants must be registered for this special meeting. If you have already registered for this event, please check in at the desk outside of the meeting. If you have not pre-registered, please inquire at the on-site registration desk, or outside the meeting room regarding availability. The proceedings of this meeting will be published in the journal, *Neuropsychopharmacology.*

7:00 a.m.	Continental Breakfast
8:00 a.m.	Introduction (Rachel Yehuda, PhD and Charles B. Nemeroff, MD, PhD)
8:15 a.m.–10:45 a.m.	**Session One:** Stress and the Brain (R. Yehuda, PhD, Chair)
8:15 a.m.–8:45 a.m.	*Joseph E. LeDoux, PhD:* Emotion, Memory and Stress Disorders
8:45 a.m.–9:15 a.m.	*Bruce S. McEwen, PhD:* Stress and Hippocampal Structural Plasticity
9:15 a.m.–9:30 a.m.	Q & A
9:30 a.m.–10:00 a.m.	*Dennis S. Charney, MD:* Neuroanatomic Alterations in PTSD: Can They be Reversed by Medication?
10:00 a.m.–10:30 a.m.	*Clint D. Kilts, PhD:* The Neural Correlates of Trauma Re-Experiencing in Female Rape Vicitms with PTSD: Effects of Treatment Using Prolonged Imaginal Exposure
10:30 a.m.–10:45 a.m.	Q & A
10:45 a.m.–11:00 a.m.	Break
11:00 a.m.–1:45 p.m.	**Session Two:** Factors That Influence and Modify the Stress Response (C. B. Nemeroff, MD, PhD, Chair)
11:00 a.m.–11:30 a.m.	*Paul M. Plotsky, PhD:* Early Adverse Experience as a Developmental Risk Factor: Evidence From Rodent and Primate Models
11:30 a.m.–12:00 p.m.	*Charles B. Nemeroff, MD, PhD:* The Role of Early Trauma in the Pathophysiology of Depression
12:00 noon	Q & A Boxed Lunch will be available
12:30 p.m.–1:00 p.m.	*Michael J. Meaney, PhD:* Maternal Care and the Development of Individual Differences in Vulnerability for Anxiety and Trauma Related Disorders
1:00 p.m.–1:30 p.m.	*Rachel Yehuda, PhD:* Transgenerational Aspects of Stress Responses in PTSD: The Role of Parental PTSD
1:30 p.m.–1:45 p.m.	Q & A
1:45 p.m.–3:00 p.m.	**Session Three:** Translating Biologic Concepts and Findings Into Clinical Research and Practice
	Edna B. Foa, PhD: Can Biological Findings Inform Psychosocial Treatments?
	Jack M. Gorman, MD: Translating Biologic Findings into Rational Pharmacotherapy Panel Discussion
2:45–3:00 p.m.	Q & A
3:00–3:15 p.m.	Summary and Wrap Up

Special Satellite Meeting Continuing Education

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

The Mt. Sinai School of Medicine designates this educational activity for up to 6.25 hours of Category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he or she actually spent in the educational activity.

Continuing Education for other professions may be available for these sessions. Please inquire at the CE desk or at the desk outside this meeting.

18th Annual Meeting Tracks

All oral and poster presentations are categorized in a track that best suits the subject matter of that presentation. Below is a list of track numbers, names and abbreviations that will be used throughout the meeting.

1. Assessment, Diagnosis, Psychometrics, and Research Methods (assess)
2. Biological and Medical Research (biomed)
3. Children and Adolescents (child)
4. Clinical and Interventions Research (clin res)
5. Community Programs and Interventions (commun)
6. Complex Trauma and Interpersonal Violence (complex)
7. Culture, Diversity, Social Issues, and Public Policy (culture)
8. Clinical Practice, Issues, and Interventions (practice)
9. Disaster, Mass Trauma, Prevention and Early Intervention (disaster)
10. Media, Training, and Education (train)
11. Miscellaneous Topics (misc)

18th Annual Meeting Notes on Final Program

- The first person listed is the chair of the session.
- For symposia, the second name under the title is the discussant.
- The Schedule at a Glance only names chairs, presenters, and discussants.
- Featured presentations are shown in **BOLD** word titles.
- Presentations marked with a SIG endorsed stamp means that one of the ISTSS Special Interest Groups has endorsed this particular session. The specific SIG is indicated in the abstract text.
- Each listing shows the room name and location as indicated:
  3 (GB)……Third Floor, Grand Ballroom Level
  4 (HB)……Fourth Floor, Harborside Ballroom Level
  The map is located on the back cover of the program for your convenience.
- The Index includes only oral and poster presenters. It does not include coauthors beginning on page 142 or citations.

Schedule at a Glance

Featured Sessions are Shown in Bold Titles.

Wednesday, November 6

		Room Name	Floor #	Track Abbreviation	Page #
3:00 p.m.–7:00 p.m.	Registration	**Grand Foyer**	**3**		

Thursday, November 7

7:00 a.m.–7:00 p.m.	Speaker Ready Room	**Chasseur**	**3**		
7:30 a.m.–7:00 p.m.	Registration	**Grand Foyer**	**3**		
	Bookstore	**Bristol/Atlantic**	**3**		
	Tape Desk	**Grand Foyer**	**3**		
8:00 a.m.–9:00 a.m.	Coffee Break	**Grand Foyer**	**3**		

9:00 a.m.–12:30 p.m. and 1:30 p.m.–5:00 p.m.

SIG Endorsed **PMI**	Complicated Grief and Traumatic Loss (Pivar, Jacobs, Prigerson, Neimeyer, Shear, Rynearson, Salloumn, Spear)	**Grand Salon VI**	**3**	**misc**	**24**
SIG Endorsed **PMI**	Early Intervention to Prevent Development of PTSD (Ruzek, Bisson, Kassam-Adams, Shalev, Orner, Watson)	**Laurel C/D**	**4**	**disaster**	**24**

9:00 a.m.–12:30 p.m.

PMI	How to Implement Prolonged Exposure for Chronic PTSD (Foa, Hembree)	**Grand Salon IX**	**3**	**practice**	**25**
PMI	Refining Clinical Skills in Working with Complex Psychological Trauma (Munroe, Fisher, Pratt, Abblett, Quinn)	**Laurel A/B**	**4**	**complex**	**25**
PMI	Risk Management in the Treatment of Complex Trauma (Courtois, Turkus, Anderson)	**Grand Salon VIII**	**3**	**complex**	**25**
PMI	Preventing Psychological and Moral Injury in Military Service (Shay, Stokes, March, Ritchie, Pierce, Weisaeth, Starry)	**Dover A**	**3**	**disaster**	**26**
PMI	Risking Connection: A Treatment Model Offering Hope and Healing (Saakvitne, Lev, Mockus)	**Grand Salon X**	**3**	**complex**	**26**
PMI	Assessment of Traumatized Children and Adolescents (Najarian, Gully, Ippen, Pelcovitz, Lubit, Rodriguez, Courtney)	**Dover C**	**3**	**child**	**26**
PMI	The Relentless Journey: A Phased Clinical Intervention for Refugees (Turner, Robertson, Dionisio)	**Grand Salon VII**	**3**	**complex**	**26**
PMI	Disseminating Trauma Research in the Courtroom (Dutton, LeBoeuf, Rosenberg, Evans)	**Dover B**	**3**	**complex**	**27**

1:30 p.m.–5:00 p.m.

PMI	Structural Dissociation and Phase-oriented Treatment of Chronic Trauma (van der Hart, Nijenhuis, Steele)	**Laurel C/D**	**4**	**complex**	**27**
PMI	Political Torture: Complex Issues and Implications for Treatment (Pearson, Fabri, Okawa, Gray)	**Grand Salon VII**	**3**	**complex**	**27**
PMI	Establishing and Protecting the Relationship with Traumatized Clients (Dalenberg, Courtois, Gold)	**Grand Salon VIII**	**3**	**practice**	**28**

Presentation Type Descriptions

Cases: Presentations that use an individual case or a series of cases to illustrate important clinical, theoretical, or policy issues.

Consultations: In group consultation sessions, get an expert's answer to your own clinical case questions.

Forums: Presentations that provide information and an opportunity to ask questions about major projects, policies, or programs.

Master Clinician Sessions: Demonstrations by expert clinicians of particular therapeutic approaches to a client.

Panels: Presentations that provide the opportunity for presentation and discussion of diverse approaches by people working in related areas.

Posters: Individual presentations in a poster form on a wide variety of subjects related to traumatic stress.

Symposiums: Groups of presentations that relate to a common theme, issue, or question.

Workshops: Presentations that are didactic and offer practical experience to help participants increase their understanding and skill in a particular area.

Day/Time		Room Name	Floor #	Track Abbreviation	Page #
PMI	Forensic Evaluations of Complex Trauma Cases in Civil Litigation (Armstrong, High, Elliott, Saks)	**Dover B**	**3**	**complex**	**28**
SIG Endorsed **PMI**	Categorical Data Analysis: An Epidemiological Approach (Sonis, D. King, L. King)	**Dover A**	**3**	**assess**	**28**
PMI	Acceptance and Commitment Therapy: Theory and Treatment of Complex PTSD (Walser, Loew, Gregg, Westrup, Rogers)	**Grand Salon IX**	**3**	**practice**	**29**
PMI	Treatment of Traumatized Children: A Developmental Perspective (Cohen, Van Horn, Mannarino, Cloitre, Saltzman)	**Dover C**	**3**	**child**	**29**
PMI	Providing Trauma Consultation to School Systems (Hull, Slicher, Tanaciev, Seaton)	**Grand Salon X**	**3**	**child**	**30**

6:30 p.m.–7:30 p.m.

Presidential Address	Complex Psychological Trauma: Clinical Implications of an Evolving Paradigm (Briere)	**Grand Salon VI**	**3**		**30**
7:30 p.m.–9:00 p.m.	Opening Reception	**Harborside Ballroom**	**4**		

Friday, November 8

7:00 a.m.–8:15 a.m.	Student Breakfast	**Harborside D**	**4**		
7:00 a.m.–3:15 p.m.	**Special Satellite Meeting:** Biologic Concepts Related to the Etiology, Pathophysiology and Treatment of PTSD	**Grand Salon IX/X**	**3**		
7:00 a.m.–7:00 p.m.	Speaker Ready Room	**Chasseur**	**3**		
7:30 a.m.–8:30 a.m.	Coffee/Tea	**Grand Foyer**	**3**		
7:30 a.m.–5:30 p.m.	Registration Bookstore Tape Desk	**Grand Foyer** **Atlantic/Bristol** **Grand Foyer**	**3** **3** **3**		
8:30 a.m.–6:30 p.m.	Quiet Room	**Heron**	**4**		
8:30 a.m.–6:30 p.m.	Posters	**Grand Salon V**	**3**		

8:30 a.m.–9:45 a.m.

Forum	The National Child Traumatic Stress Network (Fairbank, Pynoos, Hunt, DeMartino)	**Galena**	**4**	**child**	**31**
SIG Endorsed **Forum**	All You Ever Wanted to Know About Applying for Training Grants (Koenen, Feerick, Delany, Perl, Tuma)	**Grand Salon IV**	**3**	**train**	**31**
Symposium	Comorbidity and Correlates of Substance Use Across Trauma (Ouimette)	**Grand Salon VII**	**3**	**complex**	**31**
	PTSD and Substance Use Disorder: Epidemiologic Evidence (Chilcoat) Substance-Abuse Related Deaths Among Veterans Treated for PTSD (Drescher) PTSD and Substance Use in Inner-City Adolescent Girls (Lipschitz) The Relation of PTSD and Alcohol Abuse in Volunteer Disaster Workers (Stewart)				
Symposium	Mental Health Service Acquisition for Trauma Survivors (Jaycox, Foy)	**Dover B/C**	**3**	**clin res**	**32**
	How Do Women Decide the Kind of Help They Need After an Assault? (Zoellner) Health Services Utilization Among Injured Trauma Survivors (Wagner) Mental Health Service Use Among Injured Trauma Survivors (Jaycox)				
SIG Endorsed **Symposium**	Improving Early Interventions to Prevent Trauma-Related Problems (Ruzek, Watson)	**Grand Salon III**	**3**	**disaster**	**33**
	Models of Early Intervention Following Trauma (Ruzek) Coping Strategies Used by Emergency Services Personnel (Orner) Enhancing Treatment Effectiveness for Acute Stress Disorder (Bryant)				
Symposium	**Consequences of Violence and Trauma for Young African American Men (Rich)**	**Grand Salon II**	**3**	**culture**	**33**
	Black Male's Burden: Forms of Interpersonal Violence (Hasbrouck) Screening for Community Violence in Primary Care Settings (Leskin) The Experience of Violence for Young Black Men: Pathways to Reinjury (Rich)				

Friday, November 8, 8:30 a.m.–9:45 a.m. (continued)

		Room Name	Floor #	Track Abbreviation	Page #
Symposium	Child Abuse, Self-Representations, and Posttraumatic Stress (Krause, Courtois)	**Grand Salon VIII**	**3**	**complex**	**34**
	Impact of Abuse on Children's Self-Representation in Relationships (Ayoub) Impact of Sexual Abuse on Self and Identity in Adolescents and Adults (Westen) Impact of Childhood Abuse on Self-Discrepancies and Posttraumatic Stress (Krause) Child Abuse: Self-Representations, Dissociation, and Attachment (Alexander)				
Symposium	**Beyond PTSD: Community Recovery in New York City Post-9/11 (Saul)**	**Grand Salon VI**	**3**	**disaster**	**35**
	Survival, Recovery, and Preparedness: An Information Processing Model (Chemtob) Collective Identity and Social Ritual: Using the System of the City (Fullilove) Learning from Humanitarian Crises: Collective Recovery in Manhattan (Saul)				
SIG Endorsed **Symposium**	Recall Bias in Retrospective Reports of Major Stressful Events (J. B. Turner)	**Kent A/B/C**	**4**	**assess**	**35**
	Recall Bias in Checklist Reports of Exposure to War-Zone Stressors (Dohrenwend) Childhood Trauma and Adult Pain: Retrospective/Prospective Comparison (Raphael)				
Workshop	Treating Traumatic Bereavement in Children and Adolescents (Cohen, Mannarino)	**Laurel C/D**	**4**	**child**	**36**
Workshop	Treating Complex Trauma in Street Children (Panos, Villar Miguelez, Stamm, Anderson)	**Laurel A/B**	**4**	**child**	**36**
Workshop	An Intervention for Integrating Communication and Conflict Skills (Riney, Young)	**Dover A**	**3**	**practice**	**36**
Workshop	Group Therapy for Male Trauma Survivors: Gender and Connection (Brown, Schatzow)	**Grand Salon I**	**3**	**complex**	**36**
Case	Psychological Intervention with Civilian Terror Victims (Freedman, Adessky)	**Falkland**	**4**	**practice**	**36**
Posters	Poster presenters of Track 4, Clinical and Interventions Research, will be available to discuss their posters	**Grand Salon V**	**3**	**clin res**	**111**

10:00 a.m.–11:30 a.m.

Plenary	Trauma and Reconciliation: The Case of Northern Ireland (Daly)	**Grand Salon VI**	**3**	**complex**	**37**
10:00 a.m.–6:30 p.m.	Exhibits	**Grand Foyer**	**3**		

1:00 p.m.–2:15 p.m.

Forum	Trauma-Related Research Priorities and Funding Programs: NIDA (Condon, Schnur, McNamara)	**Grand Salon VII**	**3**	**clin res**	**37**
Master Session	Master Clinician Session: Brief Dynamic Psychotherapy (BDP) for Traumatic Grief (Marmar)	**Grand Salon VI**	**3**	**practice**	**37**
SIG Endorsed **Panel**	Human Rights and Complex Trauma: From the Global to the Individual (Aronson, Winston, Hanscom, Okawa)	**Grand Salon VIII**	**3**	**complex**	**37**
Symposium	Posttraumatic Stress and Psychological Comorbidity Following Cancer (Kangas)	**Dover B/C**	**3**	**clin res**	**38**
	PTSD in Mothers of Children Undergoing BMT (Manne) Correlates, Predictors, and Course of Trauma Symptoms in Cancer (Butler) Incidence, Course and Predictors of ASD and PTSD Following Cancer (Kangas)				
Symposium	Psychological Functioning/Adaptation in Child and Adolescent Refugees (Grant Knight, Keane)	**Dover A**	**3**	**child**	**38**
	National Child Traumatic Stress Network Projects on Refugee Children (DeMartino) Psychosocial Interventions with Refugee Communities (Duff) Psychological Functioning of Child and Adolescent Refugees (Hunt) Psychological Functioning in Resettled Unaccompanied Sudanese Minors (Grant Knight)				
SIG Endorsed **Symposium**	**The Developmental Psychobiology of Childhood Trauma: Part I (Koenen, Putnam)**	**Laurel A/B**	**4**	**child**	**39**
	Does Mother's Violence History Affect Her Present Parenting? (Schechter) The Neurobiology of Child Abuse (Teicher) Cerebellar Volumes in Pediatric Maltreatment-Related PTSD and GAD (DeBellis) The Influence of Domestic Violence on Children's IQ: A Twin Study (Koenen)				
Symposium	**Study of Identical Twins Discordant for Combat Exposure in Vietnam (Pitman)**	**Grand Salon IV**	**3**	**biomed**	**40**
	Physiologic Responses to Tones in Twins Discordant for Combat Exposure (Orr) Twin Study of the Origin of Psychiatric Comorbidity in PTSD (Lasko)				
Workshop	The ABCs of CBT with Traumatized Children and Their Families (Mannarino, Cohen, Deblinger)	**Laurel C/D**	**4**	**child**	**40**

Friday, November 8, 1:00 p.m.–2:15 p.m. (continued)

		Room Name	Floor #	Track Abbreviation	Page #
Workshop	Reducing Clinicians' Fears of Using Established CS Exposure Techniques (Levis, Rourke)	**Grand Salon III**	**3**	**practice**	**41**
Workshop	The ABCs of IRBs for Trauma-related Research (Newman, Shamoo, Brooks)	**Grand Salon II**	**3**	**misc**	**41**
Workshop	Groups for War Veterans: Models, Staging, and Meeting Challenges (Wattenberg, Glynn, Unger, Niles)	**Grand Salon I**	**3**	**practice**	**41**
Workshop	PTSD Psychopharmacology Primer for Clinical Practice (Nagy, Marshall, Zayfert)	**Kent A/B/C**	**4**	**practice**	**41**
Case	Child Holocaust Survivors' Apparently Normal Lives: At What Cost? (Tauber, Brom, Cohen)	**Galena**	**4**	**complex**	**41**
Case	Complex PTSD as a Clinical Pathway for Violent Behavior (Puig, Santina)	**Falkland**	**4**	**practice**	**42**
Posters	Poster presenters of Track 9, Disaster, Mass Trauma, Prevention, and Early Intervention, and Track 11, Miscellaneous, will be available to discuss their posters	**Grand Salon V**	**3**	**disaster** **misc**	**135** **140**

2:30 p.m.–3:45 p.m.

Forum	Disaster, Terrorism, and Trauma Programming at CMHS/SAMHSA (Hassett, DeMartino, Norris)	**Galena**	**4**	**disaster**	**42**
Forum	National Institutes of Health Research Funding and Applications (Miner, Levitin, Boyce)	**Grand Salon VII**	**3**	**clin res**	**42**
Panel	Compassion Fatigue in Israeli Professional Caretakers (Lackie, Berger, Brom, Hanoch Tauber)	**Falkland**	**4**	**complex**	**42**
Symposium	**Prevention of Intergenerational Transmission of Traumatic Effects (Portney)**	**Grand Salon III**	**3**	**disaster**	**43**
	Generational Complex Trauma: Systemic Treatment and Prevention (Armsworth) Preventing Hate and Genocide in the Next Generation (Elmore) Childrearing Attitudes and Practices of Parents of Abused Children (Trickett)				
Symposium	Child Traumatic Stress in Medical Settings (Saxe, Pynoos)	**Dover A**	**3**	**child**	**43**
	ASD and PTSD in Children Hospitalized with Burns (Saxe) Acute and Posttraumatic Stress After Pediatric Traffic-related Injury (Kassam-Adams) Assessment of Posttraumatic Symptoms in Medically Ill Children (Shemesh) Worst Moments: Adolescents' Descriptions of Traumatic Medical Events (Stuber)				
SIG Endorsed **Symposium**	The Developmental Psychobiology of Childhood Trauma: Part II (Koenen, Debellis)	**Laurel A/B**	**4**	**child**	**44**
	Trauma and the Development of Metacognitive Skills in Young Children (Blair) Initial Hormonal Predictors of Psychopathology in Child Trauma Victims (Delahanty) Terrorism's Lasting Biological Effects on Direct Victims and Offspring (Tucker)				
Symposium	Contextual, Therapeutic, and Forensic Paradigms for Complex Trauma (Brown)	**Grand Salon VI**	**3**	**complex**	**45**
	The Context of Complex Trauma: A Contextual Model of Complex PTSD (Gold) Treatment Approaches for PTSD (Courtois) Forensic Assessment of Complex Post-Trauma in Civil Cases (Brown)				
Symposium	Sleep, Dreams, and PTSD (Mellman)	**Grand Salon IV**	**3**	**biomed**	**45**
	Contextualized Images in Dreams Before and After September 11, 2001 (Hartmann) Relationships of Dream Content to Recent Trauma and PTSD (Pigeon) The Psychophysiology of PTSD Nightmares (Woodward) REM Sleep and the Early Development of PTSD (Mellman)				
Symposium	Psychological Reactions to the 9/11 Terrorist Attacks (Marshall)	**Kent A/B/C**	**4**	**disaster**	**46**
	Distress and Resiliency in Coping with the Tragedy of 9/11 (Butler) A National Longitudinal Study of Responses to the 9/11 Attacks (Holman) Findings from the National Survey of American's Reactions to 9/11 (Schlenger) Posttraumatic Stress Disorder and Depression in NYC after 9/11 (Galea)				
Symposium	Complex Trauma in Family Systems (Williams)	**Grand Salon VIII**	**3**	**complex**	**47**
	Functioning of Children with Complex Victimization Histories (Saunders) Child Adjustment and Parental Trauma History: Data from the NFS (Smith) Complex Trauma in The Lives of Female Non-Offending Parents (Banyard)				
Symposium	Psychiatric Morbidity Following Military Deployment (Creamer, Litz)	**Dover B/C**	**3**	**clin res**	**47**
	PTSD Rates and Psychiatric Co-Morbidity in Canadian Peacekeepers (Richardson) Factors Influencing C-R PTSD Symptom Change Following Treatment (Forbes) Factors Maintaining Chronic Posttrauma Symptomatology (Hodson)				

Friday, November 8, 2:30 p.m.–3:45 p.m. (continued)

		Room Name	Floor #	Track Abbreviation	Page #
Workshop	ABCs of Medication with Traumatized Children (Amaya-Jackson, Cohen, Donnelly)	**Laurel C/D**	**4**	**child**	**48**
Workshop	Helping Clinicians Identify and Assist at Risk Bereaved Patients (Prigerson, Schachter, Jacobs)	**Grand Salon II**	**3**	**assess**	**48**
Workshop	Culturally Competent Care: Can We Train People to Provide It? (Etherington, de Jong)	**Grand Salon I**	**3**	**train**	**49**

4:00 p.m.–5:15 p.m.

Consultation	Expert Clinical Consultation (Courtois)	**Falkland**	**4**	**practice**	**49**
Forum	Trauma-Related Research Priorities and Funding Programs: NIMH (Tuma, Juliano-Bult, Street, Dolan-Sewell)	**Grand Salon III**	**3**	**clin res**	**49**
Forum	Preparing Applications for SAMSHA/Center for Mental Health Services Programs (Wood, Gaba, Guthrie)	**Galena**	**4**	**commun**	**49**
Panel	Intervention after Chemical, Biological and Radiological Attack (Ritchie, Shalev, Asukai, Pastel)	**Dover A**	**3**	**train**	**50**
Symposium	Post-Traumatic Stress After Injury or Residential Fire (Kassam-Adams)	**Dover B/C**	**3**	**clin res**	**50**
	Predictors of Posttraumatic Distress in Residential Fire Survivors (Keane) Residential Fire: The Effect of Parents' Distress Reactions on Children (Jones) Contribution of Psychological Distress to Postinjury Disability (Richmond) Pediatric Injury: Posttraumatic Stress, Recovery, and Family Impact (Kassam-Adams)				
Symposium	**Evidence-Based Treatments for Co-occurring PTSD and Substance Abuse (Najavits)**	**Grand Salon II**	**3**	**clin res**	**51**
	Substance Dependence-PTSD Therapy: Outcomes of a Pilot Trial (Triffleman) Treatment Outcomes in Women with Comorbid Substance Use and PTSD (Hien) Seeking Safety Therapy: Outcomes for Women in Prison (Najavits)				
Symposium	Evaluation and Treatment of Childhood Violent and Medical Trauma (Murphy)	**Laurel A/B**	**4**	**child**	**51**
	Breaking the Intergenerational Cycle of Trauma with Early Intervention (Ford) Mental Health and Police Responses to Children Exposed to Violence (Marans) Acute Preventative Treatment for PTSD in Children in Medical Settings (Saxe) Caregiver Focused Therapy for Domestic Violence-Exposed Young Children (Van Horn)				
Symposium	**The Complex Adaptation to Trauma in Very Large Epidemiological Samples (van der Kolk)**	**Grand Salon VI**	**3**	**complex**	**52**
	PTSD Prevalence Rates in Very Large Treatment Seeking Medicaid Samples (Macy) Epidemiological Evidence of the Burden of Disease for PTSD (McFarlane) The Wide Ranging Health Effects of Adverse Childhood Experiences (Anda)				
Symposium	Biological and Cognitive Abnormalities in PTSD with Psychotic Symptoms (Lindley, Hamner)	**Grand Salon IV**	**3**	**biomed**	**53**
	PTSD with Psychotic Symptoms; Eye-Tracking and Neuroendocrinology (Sautter) Cognitive and Symptom Expression Abnormalities in PTSD with Psychotic Symptoms (Lindley)				
Symposium	Resilience and Trauma (Maercker)	**Grand Salon VII**	**3**	**clin res**	**53**
	Israeli and Palestinian Children in the Shadow of Terror (Lavi) Long-Term General Life Adjustment Among Vietnam Veterans (King) Criminal Victimization, Resilience, and Salutogenic Variables (Maercker)				
Workshop	OVC Guidelines for the Treatment of Child Physical and Sexual Abuse (Saunders, Berliner)	**Laurel C/D**	**4**	**child**	**54**
Workshop	Behavioral Couple's Therapy for PTSD (Monson, Guthrie, Stevens, Riggs, Schnurr)	**Grand Salon I**	**3**	**practice**	**54**
Workshop	Application of Dialectical Behavior Therapy to Trauma-Related Problem (Wagner, Melia, Roemer)	**Grand Salon VIII**	**3**	**complex**	**54**
Workshop	Counter Transference in Complex PTSD (Dalenberg, High, Armstrong)	**Kent A/B/C**	**4**	**practice**	**54**
Posters	Poster presenters of Track 3, Children and Adolescents, and Track 7, Culture, Diversity, Social Issues and Public Policy, will be available to discuss their posters	**Grand Salon V**	**3**	**child/culture**	**106** **133**
5:15 p.m.– 6:30 p.m.	Poster Open House	**Grand Salon V**	**3**		

Friday, November 8, 5:30 p.m.–6:30 p.m.

		Room Name	Floor #	Track Abbreviation	Page #
SIG	Child Trauma	**Grand Salon III**	**3**		
SIG	Criminal Justice	**Grand Salon VII**	**3**		
SIG	Dissociation	**Grand Salon VIII**	**3**		
SIG	Human Rights and Social Policy	**Laurel C/D**	**4**		
SIG	Media	**Grand Salon I**	**3**		
SIG	Physiology, Pharmacology, and Neuroscience	**Laurel A/B**	**4**		
SIG	Policy and Prevention	**Grand Salon II**	**3**		
SIG	Research Methodology	**Grand Salon IX/X**	**3**		
SIG	Traumatic Grief	**Grand Salon IV**	**3**		
8:00 p.m.–9:15 p.m.	**Media—**Reclaiming Hope...In a Changed World (Gamble)	**Grand Salon VIII**	**3**		**55**
8:00 p.m.–9:15 p.m.	**Media —**International Training of Psychosocial Trainers Held in Africa (Baron)	**Grand Salon VII**	**3**		**55**
8:00 p.m.–10:30 p.m.	**Media—**If I Could (Anderson)	**Grand Salon IX/X**	**3**		**55**
9:15 p.m.–10:00 p.m.	**Media—**Languages of Emotional Injury (Simpson)	**Grand Salon VIII**	**3**		**55**

Saturday, November 9

7:00 a.m.–7:00 p.m.	Speaker Ready Room	**Chasseur**	**3**		
7:30 a.m.–8:30 a.m.	Coffee/Tea	**Grand Foyer**	**3**		
8:00 a.m.–5:30 p.m.	Registration	**Grand Foyer**	**3**		
	Bookstore	**Atlantic/Bristol**	**3**		
	Tape Desk	**Grand Foyer**	**3**		
8:30 a.m.–6:30 p.m.	Quiet Room	**Heron**	**4**		
8:30 a.m.–6:30 p.m.	Posters	**Grand Salon V**	**3**		

8:30 a.m.–9:45 a.m.

Consultation	Expert Clinical Consultation (Foy)	**Falkland**	**4**	**practice**	**56**
Panel	News Coverage That Works: A Case Study (Scherer, Alexander, Smith)	**Grand Salon VIII**	**3**	**train**	**56**
Panel	**Expert Consensus on Interventions for Intentionally Caused Mass Trauma (Watson, Shalev, Ritchie, Orner, Schnyder)**	**Grand Salon VI**	**3**	**disaster**	**56**
Panel	**Diverse International Approaches to Political Trauma (Hanscom, Seltzer, Iskandar-Dharmawan, Duff)**	**Grand Salon X**	**3**	**commun**	**56**
Symposium	Schizophrenia, Trauma and PTSD (Gearon, Friedman)	**Grand Salon VII**	**3**	**clin res**	**56**
	Sexual and Physical Abuse Risk Factors for Women with Schizophrenia (Tenhula) Trauma and PTSD in Drug Abusing Women with Schizophrenia (Gearon)				
Symposium	Recent Developments in Clinical Research on Complex PTSD (DESNOS) (Spinazzola, van der Kolk)	**Harborside D**	**4**	**complex**	**57**
	Cross-Cultural Prevalence of Disorders of Extreme Stress (DESNOS) (de Jong) New Casuistic Outcome Methodology for Complex PTSD Therapy Processes (Baars) Traditional and Complex PTSD in Homeless Parents and Addiction Clients (Ford)				
Symposium	New Research in Brain Imaging in Trauma Disorders (Vermetten, Brannan)	**Grand Salon IV**	**3**	**biomed**	**57**
	Reduced Hippocampal and Total Brain White Matter Volume in PTSD (Villarreal) Brain Imaging Using Symptom Provocation in PTSD: Effects of Therapy (Lindauer) Hippocampus and Memory in Twins Discordant for Vietnam Service and PTSD (Bremner) Memory Performance and Hippocampal Volume in PTSD and DID (Vermetten)				
Symposium	Memory and Trauma (Moulds)	**Harborside E**	**4**	**clin res**	**58**
	Working Memory and the Suppression of Unwanted Intrusive Cognitions (Brewin) Impaired Inhibition of Trauma Information Among Rape Survivors (Cloitre) Dissociation and Encoding in Acute Stress Disorder (Moulds)				

Saturday, November 9, 8:30 a.m.–9:45 a.m. (continued)

		Room Name	Floor #	Track Abbreviation	Page #
Symposium	**Battered Women's Experience in Context (Dutton)**	**Grand Salon IX**	**3**	**culture**	**59**
	The Role of Stalking in Long-Term Outcomes for IPV Victims (Goodman) Listening to What Battered Women Tell Us About Protection Orders (Lennig) Domestic Violence in Japan: A Study of Urban Sheltered Battered Women (Ishii) Engaging the State in Protecting Battered Women (Murphy) No Single Profile of Intimate Partner Violence (Dutton)				
Symposium	Secondary Trauma in 9/11 Mental Health Relief Workers (Zimering, Keane)	**Grand Salon III**	**3**	**disaster**	**60**
	Secondary Trauma in Red Cross Workers at Logan Airport Post-9/11 (Munroe) Vicarious Trauma in Aid Workers After the World Trade Center Disaster (Thiel de Bocanegra) Secondary Trauma in Disaster Relief Clinicians at Ground Zero (Gulliver)				
Workshop	Transforming the Legacies of Childhood Trauma in Couple Therapy (Miehls, Basham)	**Grand Salon II**	**3**	**complex**	**60**
Workshop	Implementing the ISTSS International Training Guidelines (Weine, Danieli, de Jong, Eisenman, Ursano)	**Grand Salon I**	**3**	**train**	**61**
Workshop	Enhancing PTSD Treatment Compliance and Readiness to Change (Murphy, Rosen)	**Dover B/C**	**3**	**complex**	**61**
Workshop	Creating Sanctuary for Traumatized Children (Abramovitz, Rivard, McCorkle, Nice-Martin, Farragher)	**Laurel A/B**	**4**	**child**	**61**
Workshop	Treating Traumatized Children with Attachment Problems (Friedrich, Berliner)	**Laurel C/D**	**4**	**child**	**61**
Workshop	Integrating PE with Traumatized Adults into Real Life Practice (Zoellner, Feeny, Hembree)	**Kent A/B/C**	**4**	**practice**	**61**
Workshop	Treating African American and Hispanic Victims of Child Maltreatment (de Arellano, Briggs-King)	**Dover A**	**3**	**culture**	**62**
Case	From Individual to Societal Trauma Therapy in the Republic of Georgia (Leavitt, Javakhishvilli)	**Galena**	**4**	**complex**	**62**
Posters	Poster presenters of Track I, Assessment, Diagnostics, Psychometrics and Research Methods, will be available to discuss their posters	**Grand Salon V**	**3**	**assess**	**96**
10:00 a.m.–6:30 p.m.	Exhibits	**Grand Foyer**	**3**		

10:00 a.m.–11:15 a.m.

Plenary	Clinical Research on Traumatic Stress: Its Promise and Limitations in the Treatment of Complex Trauma (Carlson, Shalev, Mellman, Resick, Triffleman)	**Grand Salon VI**	**3**	**clin res**	**62**
Plenary	Treating Children with Complex Child Abuse Trauma (Berliner, Friedrich, Cohen, Briere)	**Harborside E**	**4**	**child**	**62**
Plenary	How the Science of Stress and Substance Abuse Can Inform Treatment (Hanson)	**Harborside D**	**4**	**clin res**	**62**
11:30 a.m.–12:30 p.m.	Annual Business Meeting	**Grand Salon VI**	**3**		

1:00 p.m.–2:15 p.m.

Consultation	Expert Clinical Consultation (van der Kolk)	**Falkland**	**4**	**practice**	**63**
Panel	Psychosocial Interventions in Africa (Munroe, Aradom, Mwiti, Higson-Smith, Friedman)	**Grand Salon X**	**3**	**commun**	**63**
Panel	International Perspectives on Humanitarian Aid Worker Support (Eriksson, Snider, Simone, Fawcett, Lopes Cardozo)	**Grand Salon I**	**3**	**culture**	**63**
Panel	Facing Complex Psychological Trauma in Family Setting (Agani, Ukshini)	**Galena**	**4**	**commun**	**63**
Panel	Organizational Responses for the Media — Trauma-Focused Interventions (Newman, Brayne, Drew)	**Dover A**	**3**	**train**	**63**
Symposium	Update on Neurobiology and PTSD in Children and Adolescents (Scheeringa)	**Laurel C/D**	**4**	**child**	**63**
	Catecholamines, Cortisol and Pituitary Volumes in Child PTSD (DeBellis) Dissociation and Heart Rate in Sexually Abused Girls (Putnam) Heart Rate and RSA Reactivity in Traumatized Preschool Children (Scheeringa)				

Saturday, November 9, 1:00 p.m.–2:15 p.m. (continued)

		Room Name	Floor #	Track Abbreviation	Page #
Symposium	Psychological Trauma: Delineating Risk (O'Donnell)	**Dover B/C**	**3**	**clin res**	**64**
	Does Criterion A2 have Relevance Beyond PTSD? (Creamer) Predicting PTSD and MDE: Can We Differentiate? (O'Donnell) Does Active Coping Prevent PTSD? (Schnyder) Gender Differences in the Relationship Between ASD and PTSD (Bryant)				
Symposium	The Hippocampus in PTSD: Updates on Structure and Function (Kaloupek, Pitman)	**Grand Salon IV**	**3**	**biomed**	**65**
	Lower Hippocampal Volume as a Risk Factor for Chronic PTSD (Gilbertson) Explicit Memory and Hippocampal Function in PTSD (Shin) Hippocampal Volumes Following Combat Stress are Linked to Depression (Woodward)				
Symposium	Addressing the Psychosocial Needs of Families in Violent Communities (Melzer-Lange)	**Grand Salon IX**	**3**	**commun**	**66**
	Project UJIMA; Scope of Service (Hall) Complex Psychosocial Challenges Faced by Adolescent Assault Victims (McCart) Parental Distress and Concerns Following Their Child's Assault (Phelps)				
Symposium	Challenges to Assessing Trauma Exposure and the Utility of Criterion A (Lauterbach, Keane)	**Grand Salon VIII**	**3**	**assess**	**66**
	Trauma-No Trauma? Looking Through the Pigeon Hole (Lauterbach) Challenges to Assessing Trauma Histories in Complex Trauma Survivors (Carlson)				
Symposium	**A Public Health Perspective on Traumatic Stress (McFarlane)**	**Harborside E**	**4**	**culture**	**67**
	A Public Health Perspective on Disaster Preparedness (Chemtob) Informing Public Health Policy Through Epidemiological Research (Fairbank) The Use of a Public Health Model in Defined Populations (McFarlane)				
Symposium	Is Exposure Therapy for PTSD Helpful or Harmful? (Feeny, Foa)	**Grand Salon VI**	**3**	**clin res**	**67**
	How Well Received Is Prolonged Exposure by Women with PTSD? (Feeny) Dropout Rates Across Treatments for PTSD (Hembree) Symptom Exacerbation in Women with PTSD Undergoing Imaginal Exposure (Zoellner) The Use of PE: Clinical Decision Making (Litz)				
Symposium	Rapid Response Training of Mental Health Professionals Following September 11 (Marshall, Oldham)	**Grand Salon III**	**3**	**disaster**	**68**
	Responds to the WTC Attack: Treatment Guidelines and Training Programs (Suh) Evaluation of Training Workshops for Effective Trauma Treatment (Amsel) Across the Hudson: Mobilizing Community Responses After 9/11 (Gaffney)				
Symposium	Trauma and Victimization Among Female Juvenile Offenders (Dixon, Foy)	**Laurel A/B**	**4**	**child**	**69**
	Trauma and Psychopathology in Violent Female Juvenile Offenders (Dixon) Violence Exposure and PTSD Among Delinquent Girls (Wood) The Development and Treatment of Delinquency (Moore)				
Workshop	Bereavement After Violent Dying: Screening and Management for Adults (Rynearson, Correa)	**Grand Salon II**	**3**	**complex**	**69**
Workshop	Community-Based Therapy with Traumatized Children and Adolescents (Lanktree, Saltzman)	**Grand Salon VII**	**3**	**commun**	**69**
Workshop	Spirituality and Complex Trauma: Group Intervention with Combat Veterans (Drescher, Young, Loew)	**Kent A/B/C**	**4**	**practice**	**70**
Workshop	Multiply-Traumatized Low-Income Women: Complex Trauma, Complex Needs (Warshaw, Bloom, Panzer)	**Harborside D**	**4**	**complex**	**70**
Posters	Poster presenters of Track 6, Complex Trauma and Interpersonal Violence, will be available to discuss their posters	**Grand Salon V**	**3**	**complex**	**125**

2:30 p.m.–3:45 p.m.

Consultation	Expert Clinical Consultation (Turner)	**Falkland**	**4**	**practice**	**70**
Forum	The Development of Ethical Guidelines for ISTSS (Berliner, Pratt, M.B. Williams)	**Grand Salon VII**	**3**	**misc**	**70**
Master Session	Master Clinician Session: Prolonged Exposure Therapy (Foa)	**Grand Salon VI**	**3**	**practice**	**70**
Panel	**Community-based Work with Torture Survivors, First Findings (Duff, Paker, Kahn)**	**Grand Salon X**	**3**	**commun**	**70**

Saturday, November 9, 2:30 p.m.–3:45 p.m. (continued)

		Room Name	Floor #	Track Abbreviation	Page #
Panel	Caring for Humanitarian Relief Workers: Crisis Bound Institutions (Ross, Munroe, Kovach, Higson-Smith)	**Grand Salon III**	**3**	**disaster**	**71**
Panel	When Protection Fails: Surviving Srebrenica and the Aftermath (Danieli, Weerts, Neuffer, Pasagic)	**Galena**	**4**	**train**	**71**
Panel	Assessing Gender-based Violence Among Conflict-affected Populations (Ward, Balaban, Koss)	**Dover A**	**3**	**culture**	**71**
Panel	Educating Journalists About Trauma Serves the Community (Simpson, Scherer, Bull, Moritz, Green)	**Grand Salon VIII**	**3**	**train**	**71**
Symposium	**Resource Loss and Gain's Impact on PTSD Occurence and Treatment (Hobfoll)**	**Harborside E**	**4**	**clin res**	**71**
	Role of Resources in the Early Response to Traumatic Events (Shalev) Life-course Perspective on Combat Trauma: Applying COR Principles (King) Initial Loss Begets Future Loss: Disasters and Beliefs About the World (Kaniasty) "Loss Spiral" in Israel: POWS and War Veterans (Neria)				
Symposium	Trauma, PTSD and Long-Term Health Effects (Baker)	**Laurel C/D**	**4**	**biomed**	**72**
	Ambulatory Monitoring and Physical Health Report in Veterans with PTSD (Beckham) Is PTSD Associated with Elevated Heart Rate and Blood Pressure? (Buckley) Neuroendocrine Activity in Gulf War Veterans with PTSD (Golier) Possible Cardiac Risk Factors in Gulf War Veterans with PTSD (Baker)				
SIG Endorsed **Symposium**	Gender and PTSD: Comorbidity and Social Context (Kimerling)	**Dover B/C**	**3**	**clin res**	**73**
	Gender Differences in War-related PTSD in U.S. Vietnam Veterans (Dohrenwend) Gender Differences in PTSD Among Patients with Substance Use Disorders (Stewart) Gender, PTSD, and Medical Comorbidity (Kimerling)				
Symposium	Community Interventions Following the World Trade Center Attacks (Becker, Chemtob)	**Harborside D**	**4**	**disaster**	**73**
	Community Intervention by a Victims Assistance Agency (Burke) Systemic and Organizational Issues in an Intervention for 9/11 Survivors (Becker) Risk Factors and Survival Rates of PTSD Among WTC Survivors of 9/11 (Spinazzola) Treatment of Individuals Within a Community-Based Intervention (Suescun)				
Symposium	**Complex PTSD: The Interaction of Race and Class (Bradley, Harvey)**	**Grand Salon I**	**3**	**culture**	**74**
	Race, SES and Interpersonal Violence (Bradley) Path to Wholeness: African-American Survivors of Childhood Violence (Bryant) One More Thing: When Race and Class Meet Early Trauma (Sorsoli)				
Symposium	Coping and Service Utilization For Victims of Chronic Domestic Assault (Lewis, Resick)	**Grand Salon II**	**3**	**complex**	**75**
	Variables Influencing Help-Seeking Behavior in Battered Women (Lewis) Coping With Chronic Violence: Spontaneous and Effortful Avoidance (Mechanic) Coping With Violence: Women's Perspectives on Helping Sources (Waldrop)				
Workshop	Searching the PILOTS Database: Strategies and Techniques (Lerner, Norris)	**Grand Salon IV**	**3**	**misc**	**75**
Workshop	Introduction to Assessment of Adult Complex Trauma Survivors (Carlson, Dalenberg)	**Kent A/B/C**	**4**	**assess**	**76**
Workshop	Treating Child Traumatic Stress: A Neuron to Neighborhood Approach (Saxe, Grant Knight)	**Laurel A/B**	**4**	**child**	**76**
Workshop	Domestic Violence: A Coordinated Community Response (Rogers, Boeschen)	**Grand Salon IX**	**3**	**commun**	**76**
Posters	Poster presenters of Track 2, Biological and Medical Research, will be available to discuss their posters	**Grand Salon V**	**3**	**biomed**	**102**

4:00 p.m.–5:15 p.m.

SIG Endorsed **Consultation**	Expert Clinical Consultation (Friedman)	**Falkland**	**4**	**practice**	**77**
Panel	**Racism, Trauma and PTSD (Triffleman, Loo, Waelde, Chemtob)**	**Grand Salon I**	**3**	**culture**	**77**
Panel	Integrating Culture and Trauma into Education and Training Programs (Osterman, de Jong, Brady)	**Galena**	**4**	**train**	**77**
Panel	Organizational Responses to September 11, 2001: Lessons Learned (Newman, Essig, Monseu, Yehuda)	**Grand Salon III**	**3**	**disaster**	**77**

Saturday, November 9, 4:00 p.m.–5:15 p.m. (continued)

		Room Name	Floor #	Track Abbreviation	Page #
Symposium	Here-and-Now or There-and-Then? New Evidence on Complex PTSD Treatment (Ford, Classen)	**Harborside E**	**4**	**clin res**	**77**
	Trauma-Focused vs Present-Focused Group Therapy for CSA Survivors (Classen) Skills Training and Exposure: Are Both Better Than One? (Cloitre) Development and Initial Evaluation of Brief Integrative Therapy (McDonagh-Coyle) Controlled Evaluation of a Present-Focused Trauma-Processing Therapy (Ford)				
Symposium	Biology Research on PTSD: Addressing Complexity and Clinical Issues (Hopper, van der Kolk)	**Grand Salon IV**	**3**	**biomed**	**78**
	Neuroimaging of Hyperarousal and Dissociative Responses in PTSD (Lanius) Identifying and Accounting for Complexity in PTSD Functional Imaging (Osuch) Psychophysiological Reactivity in Domestic Violence Victims (Griffin) Exploring the Consequences of Approaches to PTSD Psychophysiology Data (Hopper)				
Symposium	Prevention Models for Teen Dating Violence (Jaycox, Dutton)	**Laurel C/D**	**4**	**child**	**79**
	Arts Based Initiative to Prevent Violence Against Women and Girls (Ricardo) Prevention of Dating Violence Among Latino Youth in Los Angeles (Jaycox)				
Symposium	Contextual Therapy for Complex PTSD: Theory, Research and Case Study (Gold)	**Harborside D**	**4**	**complex**	**79**
	Contextual Theory and Its Implications for Treatment of Complex PTSD (Gold) Intra- and Extra-familial CSA Survivors Family of Origin Characteristics (Gold) Predicting CSA Survivor Symptoms: Attachment and Abuse Characteristics (Andres) Effects of Family Environment on Employment Among CSA Survivors (Abramovich) Case Illustration of Contextual Theory to Treat Complex PTSD (Sigmund)				
Symposium	Early Reactions to Trauma and Subsequent Health and Well-Being (Marshall)	**Dover B/C**	**3**	**clin res**	**80**
	The Prominent Role of Hyperarousal in the Development of PTSD (Schell) Dissociation Does Not Protect Against Peritraumatic Distress (Brunet) Reassessing the Link Between Peritraumatic Dissociation and PTSD (Marshall)				
Symposium	Engaging Adolescents In Trauma Focused Services (Kaplan)	**Laurel A/B**	**4**	**child**	**81**
	A Primary Care Model for Traumatized Adolescents (Diaz) School-Based Treatment of Trauma and Bereavement Following a Disaster (Saltzman) Adolescent Trauma: Development of Assessment and Treatment Services (Labruna) Adolescents Impacted by the World Trade Center Disaster (Kaplan)				
Symposium	Graphic News: Examining Photojournalism and Public Trauma (Simpson)	**Grand Salon VI**	**3**	**train**	**81**
	Choosing Graphic Visuals: How Photography Editors Make Choices (Peterson) Making Choices: An Editor's View of Selecting Images of Trauma (Proctor) Interpreting Tragedy Through News Images: An Interactive Process (Spratt) Second Injury Through Violent Imagery: Psychological Effects of Photos (Rynearson)				
Workshop	Planning a Multidisciplinary Community Response to Mass Disaster (Bisson, Kitchiner, Roberts)	**Grand Salon VII**	**3**	**commun**	**82**
SIG Endorsed **Workshop**	Understanding Dissociation in Trauma-related Disorders (Blizard, Steele)	**Grand Salon II**	**3**	**complex**	**82**
SIG Endorsed **Workshop**	An Introduction to Item Response Theory (IRT) Methods and Applications (Palmieri, L. King, D. King)	**Grand Salon VIII**	**3**	**assess**	**82**
Workshop	A Phased Clinical Intervention for Refugees in the UK (Turner, Robertson, Dionisio, Blackburn)	**Grand Salon X**	**3**	**complex**	**83**
Workshop	Similarities and Differences in the Use of PE for Trauma or Grief (Shear, Foa)	**Grand Salon IX**	**3**	**practice**	**83**
Workshop	Complex Trauma in Cultural Context: American Indian Historical Trauma (M. Yellow Horse Brave Heart, DeBruyn, Chase, S. Yellow Horse Brave Heart)	**Dover A**	**3**	**culture**	**83**
5:15 p.m.–6:30 p.m.	Poster Open House	**Grand Salon V**	**3**		

Schedule at a Glance

Saturday, November 9, 5:30 p.m.–6:30 p.m.

		Room Name	Floor #	Track Abbreviation	Page #
SIG	Creative Body and Energy Therapies	**Falkland**	**4**		
SIG	Diversity and Cultural Competency	**Galena**	**4**		
SIG	Early Interventions	**Grand Salon III**	**3**		
SIG	Gender and Trauma	**Iron**	**4**		
SIG	Intergenerational Transmission of Trauma and Resilience	**Grand Salon I**	**3**		
SIG	Internet and Technology	**Grand Salon IV**	**3**		
SIG	Spirituality and Trauma	**Grand Salon II**	**3**		
5:30 p.m.–6:30 p.m.	Conference Debriefing Session	**Laurel A/B**	**4**		
6:30 p.m.–8:00 p.m.	Gala Awards Reception	**Grand Salon VI**	**3**		
8:00 p.m.–10:00 p.m.	ISTSS Friendship Banquet	**Grand Salons VII, VIII, IX, X**	**3**		

Sunday, November 10

7:00 a.m.–7:45 a.m.	Coffee/Tea	**Grand Foyer**	**3**		
7:00 a.m.–Noon	Speaker Ready Room	**Chasseur**	**3**		

7:45 a.m.–9:00 a.m.

Master Session	Master Clinician Session: Cognitive Processing Therapy (Resick)	**Grand Salon VI**	**3**	**practice**	**84**
Panel	Developing Networks in the Field of Traumatic Stress (Fairbank, Pynoos, Friedman, Mallah, Diaz)	**Grand Salon I**	**3**	**misc**	**84**
Symposium	Early Interventions: New Contributions to Outcome Research (Olff, Bryant)	**Grand Salon III**	**3**	**disaster**	**84**
	Early Psychological Prevention of PTSD: An Evidence-based Approach (Bisson) A Closer Look at Debriefing: Emotional Ventilation vs. Psychoeducation (Sijbrandij) Comparing Brief CBT and Writing Assignments in Preventing Chronic PTSD (van Emmerik)				
Shared ISSD **Symposium**	Trauma and Dissociation (Nixon, Marmar)	**Grand Salon II**	**3**	**clin res**	**85**
	Factor Structure of Peritraumatic Dissociation (Nishith) Peritraumatic Dissociation in Domestic Violence Victims (Griffin) Dissociation and Psychophysiological Arousal in Acute Trauma Victims (Nixon)				
Symposium	**Complex PTSD in Youth: Developmental-Cross Sectional Comparisons (Rodriguez, Pelcovitz)**	**Grand Salon VII**	**3**	**child**	**85**
	Predictors of PTSD/Complex PTSD Children: Multivariate Relationships (Friedrich) Child Sexual Abuse Frequency and PTSD Type II Symptoms (Wolfe) Complex PTSD in Multiply-Traumatized Adolescents (Lajonchere)				
Symposium	Trauma and Emotional Responding: New Directions for Research (Roemer, Cloitre)	**Dover B/C**	**3**	**clin res**	**86**
	Peri- and Posttraumatic Responses: Emotional Numbing and Dysregulation (Roemer) Impact of Childhood Maltreatment on Emotional Regulation and Avoidance (Gratz) Emotion Suppression and Discordant Responses: Emotions in PTSD (Salters)				
Symposium	The Phenomenology and Biology of the Acute Stress Response in PTSD (McFarlane)	**Grand Salon IV**	**3**	**biomed**	**87**
	The Nature of the Dynamics of the Acute Stress Response in PTSD (McFarlane) ASD and PTSD in a Random Sample of Accident Victims (Schnyder) HPA and Adrenergic Responses to Recent Trauma (Shalev)				

Sunday, November 10, 7:45 a.m.–9:00 a.m. (continued)

		Room Name	Floor #	Track Abbreviation	Page #
Symposium	Complex PTSD as an Allostatic Psychobiological Process (Wilson, Somer, Jr.)	**Harborside A**	**4**	**complex**	**87**
	An Organismic, Holistic Model of Complex PTSD (Wilson) Treatment Approaches for Complex PTSD (Courtois) Listening to the Language of Survivors: Lessons About Extreme Stress (Williams)				
Shared ISSD **Symposium**	Biology and Clinical Psychopathology of Trauma, Stress, and Dissociation (Vermetten)	**Harborside B**	**4**	**complex**	**88**
	Neurobiology and Treatment of PTSD (Bremner) Depersonalization Emerging Insights into the Biology of Dissociation (Simeon) Overlapping Neurobiological Profiles of PTSD and DID (Vermetten)				
Workshop	Serving as a Media Source (Ochberg, Shapiro, Brayne, Hippocrates)	**Dover A**	**3**	**train**	**88**
Shared ISSD **Workshop**	Complex Management of Complex Trauma in Children and Adolescents (Silberg, Ferentz)	**Grand Salon X**	**3**	**child**	**88**
SIG Endorsed **Workshop**	How to Use and Calculate Likelihood Ratios for Diagnostic Tests (Sonis, King)	**Grand Salon VIII**	**3**	**assess**	**89**
Shared ISSD **Workshop**	Psychosis, Dissociation, Complex PTSD and Severe Mental Illness (Muenzenmaier, Hagmann, Shelley, Abrams)	**Grand Salon IX**	**3**	**complex**	**89**
8:00 a.m.–Noon	Registration	**Grand Foyer**	**3**		
	Bookstore	**Atlantic/Bristol**	**3**		
	Tape Desk	**Grand Foyer**	**3**		

9:15 a.m.–10:30 a.m.

Panel	Do We Debrief? (Kudler, Bisson, Ruzek, Chemtob)	**Grand Salon III**	**3**	**disaster**	**89**
Symposium	Autonomic Dysfunction in Recent PTSD (Shalev, Pitman)	**Grand Salon IV**	**3**	**biomed**	**89**
	Attentional Bias and Autonomic Reactivity in PTSD (Bryant) A Psychophysiological Study of Acute Stress Disorder in Firefighters (Guthrie) Auditory ERP Abnormalities in Female vs. Male War Veterans (Metzger)				
Shared ISSD **Symposium**	Complex Trauma and Survivors' Bodies: Physical Health and Self-Harm (Pearlman)	**Harborside A**	**4**	**complex**	**90**
	Physical Health Effects of Trauma: Working in Primary Care (Green) Physical Health and Dissociation in Relational Trauma Psychotherapies (Haven) Mutiny on the Body: Trauma-Based Treatment of Chronic Self-Mutilation (Goodwin)				
Symposium	**Emerging Findings on Psychotherapies for PTSD in Community Settings (Talbot)**	**Dover A**	**3**	**commun**	**90**
	Psychotherapy Research with Women Reporting Childhood Abuse Histories (Talbot) Treating Low-Income African-American Women with PTSD (Feske) Interpersonal Psychotherapy Groups with Low-Income Women with PTSD (Krupnick)				
Shared ISSD **Symposium**	Peritraumatic Dissociation and Posttraumatic Stress Disorder in Youth (Rodriguez, Putnam)	**Grand Salon II**	**3**	**child**	**91**
	Child Dissociative Symptoms: Relationship to Peritraumatic Experiences (Wolfe) Trauma Exposure/PTSD in Youth: Peritraumatic Dissociation Mediation (Dyb) Peritraumatic Dissociation and PTSD in Youth in Residential Treatment (Sugar)				
Symposium	Post-Disaster School-based Mental Health Programs (Brymer, Pynoos)	**Grand Salon VII**	**3**	**disaster**	**92**
	School-Based Intervention with War-Exposed Bosnian Adolescents (Layne) Oklahoma City Bombing: Posttraumatic Reactions in Teachers (Chilingar) Santana High School Shooting: A Public Mental Health Response (Brymer) 9/11 School-based Mental Health Screening (Lubit)				
Symposium	Treatment of Survivors of the September 11 Attacks (G. Marshall, Oldham)	**Dover B/C**	**3**	**disaster**	**93**
	Brief Cognitive-Behavioral Treatment for Victims of Mass Violence (Litz) Randomized Controlled Trial of Paroxetine in Adults with Chronic PTSD (R. Marshall) Treatment of WTC-PTSD Survivors: Clinical/Theoretical Considerations (Carcamo)				
SIG Endorsed Shared ISSD **Symposium**	Current Issues in Dissociation: Reflections and Misconceptions (Steele)	**Harborside B**	**4**	**complex**	**93**
	The Iatrogenesis of Dissociative Disorders: A Critical Review (Kluft) The High Cost of Dissociative Disorders (Loewenstein) The Evidence for Dissociative Amnesia (Dallam)				

Schedule at a Glance

Sunday, November 10, 9:15 a.m.–10:30 a.m. (continued)		Room Name	Floor #	Track Abbreviation	Page #
Shared ISSD **Symposium**	Prospective Studies of Trauma and Dissociation (Vermetten) Developmental Antecedents of Pathological Dissociation (Putnam) Biological and Psychological Markers of Dissociation During Stress (Morgan)	**Grand Salon IX**	**3**	**complex**	**94**
Workshop	Getting Published in the Traumatic Stress Literature (Schnurr, Kilpatrick)	**Grand Salon I**	**3**	**misc**	**94**
Workshop	Improving VA PTSD Compensation and Pension Reports (Watson, Knight, Swales)	**Grand Salon VIII**	**3**	**assess**	**94**
Shared ISSD **Workshop**	Teaching Parenting Skills to Childhood Trauma Survivors (Jordan, Welburn)	**Grand Salon X**	**3**	**practice**	**94**
Workshop	The ABCs of CBT for Adult Trauma (Resick, Nishith)	**Grand Salon VI**	**3**	**practice**	**95**
10:45 a.m.–12:00 p.m.					
Shared ISSD **Plenary**	The Phenomenology of Dissociation and Its Treatment Implications for Complex Trauma (van der Hart, Bryant, Dalenberg, Loewenstein)	**Grand Salon VI**	**3**	**complex**	**95**
Plenary	New Perspectives on Veterans with Complex Trauma (Ruzek, Gusman, Pitman, Shea, Najavits, Kudler)	**Harborside B**	**4**	**complex**	**95**

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Pre-Meeting Institutes
Thursday, November 7
9:00 a.m.–12:30 p.m. and
1:30 p.m.–5:00 p.m.

Full Day

1 Complicated Grief and Traumatic Loss

PMI (misc) **Grand Salon VI, 3 (GB)**

Endorsed by the Traumatic Grief Special Interest Group

Ilona Pivar, PhD, VA Palo Alto Health Care System-NC-PTSD, Menlo Park, CA; Beth Spear, Omega Emotional Support Services; Selby Jacobs, MD, MPH, Yale University; Holly Prigerson, PhD, Yale University School of Medicine and Department of Epidemiology and Public Health; Robert Neimeyer, PhD, University of Memphis; Katherine Shear, MD, University of Pittsburgh School of Medicine; Edward Rynearson, MD, Virginia Mason Medical Center, Seattle; Alison Salloumn, LCSW, Project Last, Children's Bureau of New Orleans

TECHNICAL LEVEL: Intermediate

The tremendous human losses suffered during events of 9/11 have resulted in increased awareness of the importance of recognizing and treating complications of grief that may arise after traumatic events. The importance of bereavement has been underemphasized in the treatment of trauma. Advancements in theory, measurement and interventions now make it vital for trauma providers to understand the synergy of trauma and loss and to become knowledgeable in the application of appropriate intervention strategies. This institute will include 6-hour long presentations with time set aside for dialogue on pertinent issues. Holly Prigerson, PhD, will clarify the definition of Complicated Grief (CG), its diagnosis, how it is distinguished from MDD and PTSD, how to recognize adverse outcomes associated with CG, and to identify who is at risk and why clinicians should screen specifically for CG. Selby Jacobs, MD, will provide case studies to enable clinicians to recognize examples of normal grief, Complicated Grief, and co-morbid CG and PTSD for the purposes of deciding who needs help as well as implementing effective treatments. Different therapeutic approaches for the treatment of complicated grief will also be presented. Robert Neimeyer, PhD, will address "Meaning Reconstruction and the Experience of Loss," a therapeutic approach to help the grieving person assimilate loss in their existing self-narrative, and will consider how this approach might influence development of interventions. Katherine Shear, MD, will present an exposure-based individual treatment for CG that is currently in clinical trials. Her presentation will include techniques, strategies and outcomes compared to other treatment results. Edward K. Rynearson will offer a conceptual, dynamic model of bereavement after violent dying, including protocols for screening and focused interventions for adult family members. Alison Salloum, LCSW, will present specific treatments for children and adolescents including a framework for assessing family and environmental impact.

2 Early Intervention to Prevent Development of PTSD

PMI (disaster) **Laurel C/D, 4 (HB)**

Endorsed by the Early Interventions Special Interest Group

Josef Ruzek, PhD, National Center for PTSD, Menlo Park, California; Jonathan Bisson, MD, University Hospital of Wales; Nancy Kassam-Adams, PhD, Children's Hospital of Philadelphia; Arieh Shalev, MD, Department of Psychiatry, Hadassah University Hospital; Roderick Orner, PhD, Department of Clinical Psychology, Lincolnshire Healthcare Trust, England; Patricia Watson, PhD, National Center for PTSD

TECHNICAL LEVEL: Intermediate

In this Pre-Meeting Institute, leaders in the development of early intervention methods to prevent trauma-related problems will provide practical guidance based on clinical experience and ongoing research. Dr. Jonathan Bisson will provide training in a cognitive-behavioral intervention being used in the Traumatic Stress Service in the University Hospital of Wales. He will provide guidance on assessment methods, identification of risk for long-term problems, and techniques to help with emotional stabilization. He will work through the four-session preventive treatment, using case examples to describe the intervention in detail. Experiential tasks will be used to promote the acquisition of specific skills and participants will receive a copy of the treatment manual; video clips will highlight aspects of the intervention. In a second presentation, Dr. Nancy Kassam-Adams of Children's Hospital of Philadelphia will discuss the adaptation of adult preventive interventions for children. She will address the interplay between child and family responses to trauma and discuss ways of involving parents as resources for children's recovery from trauma. She will describe a recently-developed screening tool, developed in the context of pediatric traffic injury, and she will outline ways of integrating procedures for identification of high-risk children into emergency medical care, school, and other community settings after a community trauma. Also discussed will be issues relevant to the training of pediatricians, teachers, and others who are likely to interact with recently traumatized children who don't seek mental health services. The third presentation, by Dr. Arieh Shalev of Hebrew University and the Hadassah School of Medicine, will provide practical guidance regarding the selection of early intervention treatment options, based on lessons learned from providing psychiatric first aid following terrorist attacks in Jerusalem. He also will suggest practical ways of evaluating the effectiveness of those interventions. In the final presentation, Dr. Roderick Orner of the Department of Clinical Psychology, Lincolnshire (England) Healthcare Trust, will review lessons learned in clinical work and survey research with British emergency services personnel. He will describe a practical approach to providing early intervention for these workers, including ways of facilitating group meetings. A video will be used to illustrate these procedures.

9:00 a.m.–12:30 p.m.

Morning

3 How to Implement Prolonged Exposure for Chronic PTSD

PMI (practice) **Grand Salon IX, 3 (GB)**

Edna Foa, PhD, University of Pennsylvania; Elizabeth Hembree, PhD, University of Pennsylvania
TECHNICAL LEVEL: Intermediate

Chronic posttraumatic stress disorder (PTSD) is an often complex and challenging disorder for clinicians to treat. But with a lifetime prevalence ranging from 6% to 12% of the population, and in the aftermath of recent terrorist events in the U.S., it is likely that clinicians will continue to see a sizable number of clients with PTSD and other trauma-related pathology. In this workshop, Edna B. Foa, PhD and Elizabeth Hembree, PhD, will provide instruction in the use of Prolonged Exposure Therapy (PE), an empirically-validated and highly efficacious cognitive behavioral treatment for chronic PTSD. Following a brief summary of the background theoretical and empirical work underlying PE, the presenters will describe the components of the treatment, and will illustrate these interventions with excerpts from videotaped therapy sessions. The objectives of the workshop for the participants are: 1) to learn about the diagnosis and psychopathology of PTSD; 2) to learn how to implement the treatment components of Prolonged Exposure Therapy; 3) to learn how clients can be helped to emotionally engage in and process traumatic memories, with the aim of reducing trauma-related symptoms and difficulties; to see segments of videotaped therapy sessions that illustrate all therapy components.

4 Refining Clinical Skills in Working with Complex Psychological Trauma

PMI (complex) **Laurel A/B, 4 (HB)**

James Munroe, EdD, Boston VA Outpatient Clinic; Lisa Fisher, PhD, National Center for PTSD; Anne Pratt, PhD, The Traumatic Stress Institute; Mitchell Abblett, PhD, The Whitney Academy; Stephan Quinn, PhD, National Center for PTSD, Boston
TECHNICAL LEVEL: Intermediate

This pre-meeting institute is designed to provide an active learning forum for clinicians at the intermediate and advanced levels of conducting therapy with complex PTSD. Much of our research and literature is based on specific traumas and short term interventions delivered soon after the event. Many clients, however, have suffered a series of traumas over a prolonged period. They may present for therapy many years after the events, when their trauma symptoms have become embedded in their lifestyle. For these clients, our established approaches to therapy may be insufficient. These clients may not possess the basic level of trust necessary to engage in traditional therapy. They require therapists with a wide range of skills. This institute will focus on identifying the therapeutic issues and the specific skills and techniques that clinicians need to work with these clients. It will be facilitated by several highly skilled therapists whose diverse experience includes clients who have been exposed to traumatic events such as combat, sexual trauma, domestic violence, and childhood physical and sexual abuse. The format will include structured exercises, video tapes, and role plays designed to promote active discussion of the issues involved in working with these clients. The emphasis will be on identifying practical skills. Participants will be encouraged to bring in their own case material and to share their experience and skills. The time will be divided into four sections including: 1) Establishing the Therapeutic Relationship, 2) The Complexities of Treating Complex Trauma, 3) The Intricacies of Exposure Work, and 4) Self Care and the Use of Self. Particular areas of focus will include: testing of trust, setting and maintaining boundaries, parallel process, dealing with aggression and threats, splitting, countertransference, re-enactment, responding to atrocities, and the affects of this work on therapists. The institute will not focus on any particular theoretical approach or the orientation, but will draw on the collective clinical experience of the participants. Attention will be paid to protecting the confidentiality of case material presented and the day will conclude with a debriefing to emphasize the importance of therapist self care.

Note: Participation in discussion of clinicians' responses to client material will be voluntary and personal disclosure of information will be discouraged. The institute will close with a debriefing to address any distress participants may experience.

5 Risk Management in the Treatment of Complex Trauma

PMI (complex) **Grand Salon VII, 3 (GB)**

Christine Courtois, PhD, Psychiatric Institute of Washington, and Private Practice, Washington, DC; Joan Turkus, MD, Psychiatric Institute of Washington, and Private Practice; Catherine Anderson, PhD, Psychiatric Institute of Washington, and Private Practice
TECHNICAL LEVEL: Intermediate

Individuals with complex trauma histories enter treatment with a number of personal/developmental and relational/attachment vulnerabilities in addition to their PTSD symptoms. Personal/developmental vulnerabilities include insecure and/or disorganized attachment to primary caregivers and resultant developmental deficits. These deficits can include an excessively negative self-concept, profound despair, ineffectiveness and powerlessness, and difficulty managing emotions leading to dysfunctional self-soothing methods such as self-injury, risk-taking, substance abuse, suicidality and, in some cases, threats to others. Relational/attachment vulnerabilities include insecurity; fear and mistrust of others; and unstable/chaotic relationships that include patterns of idealization alternating with deprecation, and violence and revictimization. These personal and relational vulnerabilities, alone or in interaction with the PTSD symptomatology (including dissociation), often result in conditions of risk for the client and, by association, for the therapist. Furthermore, they result in transference manifestations and relational dilemmas that, in turn, stimulate countertransference responses in the therapist. These risks and relational patterns have been helpfully labeled by one writer as "treatment traps and dilemmas" associated with treating individuals with complex trauma histories. Clinicians who treat this population have numerous responsibilities, starting with the need to be informed about the condition and its attendant vulnerabilities and risks. They have a major responsibility to "do no harm" through their therapeutic interactions and interventions. They must be scrupulous in the maintenance of professional standards and boundaries and must carefully exercise clinical judgement in the client's best interest, optimally in consultation with professional colleagues. This institute will review major areas of vulnerability and risk in treating cases of complex trauma and will present general treatment principles and guidelines that attend to issues of liability and risk management. Case examples will be used to illustrate a variety of treatment traps and dilemmas in clinical practice. Examples of ethical and professional management of these types of concerns will be offered and contrasted with examples of therapists' indiscretions and transgressions. The latter create conditions of liability, but most importantly, create conditions of retraumatization rather than healing for the already highly traumatized client.

6 Preventing Psychological and Moral Injury in Military Service

PMI (disaster) **Dover A, 3 (GB)**

Jonathan Shay, MD, PhD, Department of Veterans Affairs Outpatient Clinic, Boston, Newton, Massachusetts; Colonel James Stokes, MD, Army Medical Command, Ft. Sam Houston; Cameron March, Headquarters, Royal Marines, Portsmouth, UK; Lt. Colonel Elspeth Ritchie, MD, Office of the Secretary of Defense/Health Affairs; Commander Jack Pierce, MD, Headquarters, United States Marine Corps; Lars Weisaeth, MD, PhD, Headquarters Defense Command/Medical Staff, Oslo; General Donn Starry, MA, 11th Armored Cavalry Regiment, Honorary Colonel, Retired, U.S. Army 4-Star

TECHNICAL LEVEL: Intermediate

An informal, unofficial international exchange among military and mental health professionals on prevention and early treatment of psychological and moral injury in military service. No one will speak officially for their services or for their governments. Their remarks are their own. Attendees agree not to publish or circulate attributed quotations, without permission of the person quoted; participation does not imply endorsement of remarks by other presenters. An occupational health framework provides structure: PRIMARY prevention: eliminate war; SECONDARY: redesign culture, policies, and practices to prevent and reduce injury to troops; TERTIARY: early, expert, and far-forward detection, assessment, and treatment of exposures and injuries as they happen, but still within the military institutions; QUATERNARY early, effective engagement and treatment of injured veterans as they return to the civilian population, to prevent injuries from becoming chronic, disabling, or fatal. The specific allocation of time among specific levels of prevention, and to specific practices, policies, research results and needs for research, will be shaped by the mix of interests brought to the session by attendees. Among the topics brought this year by presenters: evidence-based practices in military preventive psychiatry; the applicability of earlier principles to new forms of warfare; community psychiatry practices in the military setting; the benefits and dangers of military unit associations as preventive structures bridging active duty and veteran status, and a European/Canadian perspective on military preventive psychiatry. General Donn Starry, US Army, retired, will provide the perspective of a line leader and trainer. In past years, attendees from all over the world have made enormously valuable contributions, and air time will be provided for attendees who wish to speak at greater length than the usual conference question or comment. Attendees wishing such air time should contact the Chair at jshay@world.std.com The presenters come to learn as well as to teach.

7 Risking Connection: A Treatment Model Offering Hope and Healing

PMI (complex) **Grand Salon X, 3 (GB)**

Karen Saakvitne, PhD, Traumatic Stress Institute/Center for Adult and Adolescent Psychotherapy, South Windsor, Connecticut; Beth Lev, PhD, Traumatic Stress Institute/Center for Adult and Adolescent Psychotherapy; Susan Mockus, Sidran Institute

TECHNICAL LEVEL: Intermediate

Risking Connection is a comprehensive treatment approach to working with survivors of complex trauma that takes a developmental, relational and empowerment perspective. An integral part of this approach is its focus on the experiences of the helper. In this institute, we will describe the basic ideas of the Risking Connection approach and how they offer hope and transformation for both survivors and treaters. Presenters include two therapists and a survivor-advocate who will share their experiences of this model from the perspectives of consumer, therapist, and supervisor. The major principles to be discussed are as follows: symptoms are most helpfully understood as adaptations, or attempts to solve a problem: the path toward healing (even in acute crises) is through relationship. In order for relationships to be healing, treaters need to be self-aware, including understanding and managing both their countertransference and their vicarious traumatization (i.e., the negative impact of trauma work on the person of the treater). This institute will be both didactic and experiential, modeling a relational approach, and will help treaters identify strategies to increase hope and healing in their practices.

8 Assessment of Traumatized Children and Adolescents

PMI (child) **Dover C, 3 (GB)**

Endorsed by the National Child Traumatic Stress Network

Louis Najarian, MD, New York University School of Medicine; Kevin Gully, PhD, Primary Children's Medical Center, Salt Lake City; Chondra Ghosh Ippen, PhD, Child Trauma Project, University of California at San Francisco; David Pelcovitz, PhD, Northshore University Hospital, Manhasset, New York; Roy Lubit, MD, Saint Vincent Hospital, New York; Ned Rodriguez, PhD, Hathaway Children's Clinical Research Institute, Sylmar, California; Mary Courtney, NYU Child Study Center

TECHNICAL LEVEL: Intermediate

This Pre-Meeting Institute will focus on the clinical evaluation of traumatized children and adolescents across a range of trauma types. Presentations will emphasize training in practical skills for conducting assessments, the use of clinically sound instruments, and the integration of evaluation data in treatment planning. Dr. Kevin Gully will discuss how relevant tests and interview data can be integrated in the development of a treatment plan for children who have been sexually abused. Participants will learn about specific assessment tools, data to collect during interviews with a child and parent, and how information can be integrated into a treatment plan. Dr. Chandra Ghosh Ipen will present a model for assessing very young children who have been exposed to trauma, highlighting key domains to assess when working with this population. She will present practical assessment measures, and discuss how developmental, cultural, and trauma specific factors affect the assessment process. Dr. Roy Lubit will discuss issues in the psychological assessment of school age children after the September 11 terrorist attack on the World Trade Center. He will describe ways in which traumatic symptoms of school age children differ from those of adolescents and adults, and typical discrepancies between child and parent reports. This presentation will also describe methods for, and obstacles to, conducting large-scale screenings of students in schools. Dr. David Pelcovitz will discuss the unique challenges of assessing the impact of trauma on adolescents, with an emphasis on the need for including parents and teachers in a comprehensive assessment strategy. The suitability of a downward application of adult trauma measures or upward application of child-focused measures will be discussed. Recommendations for structured and paper and pencil measures particularly suited for the clinical assessment of traumatized adolescents will be presented. Dr. Ned Rodriguez will outline a comprehensive assessment plan for traumatized youth, and provide participants with specific training in using empirically standardized screening instruments in the evaluation of traumatic experiences, posttraumatic stress symptoms and reactivity to trauma reminders.

9 The Relentless Journey: A Phased Clinical Intervention for Refugees

PMI (complex) **Grand Salon VII, 3 (GB)**

Stuart Turner, MD, The Traumatic Stress Clinic, London; Mary Robertson, MSc, The Traumatic Stress Clinic, London; Kristina Dionisio, MSc, The Traumatic Stress Clinic, London

TECHNICAL LEVEL: Intermediate

Refugees and asylum seekers are people who have faced not only persecution in their countries of origin but also the pressures of dislocation, resettlement and ongoing alienation in their new environments. It is not a surprise therefore that many present with complex psychological reactions and have different needs at different points. In this PMI/workshop, we will draw from experience of work with other complex trauma reactions and present a phased intervention model—a pathway that refugees have to negotiate in order to heal and integrate their experiences. This often starts with war and

flight, followed by arrival in a new country, with a sense of cultural dislocation and uncertainty. Resolving an asylum application may take years and even then, there may still be family separations to deal with. Interventions at this stage (phase I) are primarily focused on practical needs, symptom control and finding a safe place for support. Phase II involves the work of rebuilding a personal identity a new world. This is the point at which active therapy is appropriate. It should be needs-based. It may involve grieving for losses, therapy for trauma symptoms, reclaiming a sense of agency, dealing with changing political and religious realities. Phase III has a focus on adjustment, adaptation and establishing a reconnection between future hopes and past experiences. This work is often difficult and there is an impact on those who undertake it. It is therefore critical that self-care is an integral component of this phased model of intervention.

10 Disseminating Trauma Research in the Courtroom

PMI (complex) **Dover B, 3 (GB)**

Mary Ann Dutton, PhD, Georgetown University Medical Center, Washington, DC; Denny LeBoeuf Esq., Capital Post-Conviction Project of Louisiana; Lory Rosenberg Esq., Washington College of Law, Board Member, Board of Immigration; Barton Evans, PhD, George Washington University, Private Practice
TECHNICAL LEVEL: Intermediate

Trauma research is relevant to many legal issues. This PMI will focus on ways in which an expert witness can disseminate trauma research findings in the courtroom using as examples two specific legal issues: 1) false confession in death penalty cases and 2) immigration. Analysis of the causes of wrongful convictions in death penalty cases shows that in 21-24% of reversals, the wrongly convicted defendant made a false confession. In a much higher percentage of cases, capital defendants admit to aggravating features of the crime that are not true, thus enhancing the likelihood that they will get a death sentence. The false confession is made during police interrogation, most often by a person with a significant trauma history. Experts rely on trauma research in explaining to the judge and jury the special vulnerability that traumatized persons may have to compliance with authority in a coercive atmosphere. Equally important is the trauma expert's role in explaining the psychologically coercive aspects of methods routinely employed by the police. Similarly, the determination whether a noncitizen will be removed from the United States and returned to her home country flows from evidence of trauma -specifically domestic violence—and the complex sequelae that flows from it. This evidence may support an otherwise ineligible noncitizen's claim for adjustment of status, relief from removal or protection against persecution or torture in her home country. A trauma expert's testimony may explain factual inconsistencies, discrepancies, or memory lapses in the applicant's testimony. It may account for various adverse demeanor factors relevant to the judge's assessment of credibility, including evasiveness, lying, omissions, flat or inappropriate affect, and the inability to obtain corroborating documentation or witnesses. The trauma expert's evaluation and testimony can assist the fact-finder in characterizing and assessing the strengths and weaknesses of the evidence presented in support of the claim. This PMI will increase attendees' knowledge of the process of disseminating trauma research through expert testimony from two perspectives 1) the needs and demands of the legal system and 2) methods used by the expert witness to translate trauma research for attorneys, judges, and juries. This PMI includes verbal description of case material from immigration and death penalty criminal cases that may be distressing or disturbing to some.

1:30 p.m.–5:00 p.m.

Afternoon

11 Structural Dissociation and Phase-oriented Treatment of Chronic Trauma

PMI (complex) **Laurel A/B, 4 (HB)**

Onno van der Hart, PhD, Department of Clinical Psychology and Health Psychology, Utrecht, The Netherlands; Ellert Nijenhuis, PhD, GGZ Drenthe; Kathy Steele, MN, CS, Metropolitan Psychotherapy Associates
TECHNICAL LEVEL: Intermediate

Individuals with complex posttraumatic disorders, ranging from complex PTSD to dissociative identity disorder, are often inadequately treated in mental health care. Despite varied theoretical orientations, specialists generally agree that a phase-oriented approach is indicated, representing the current standard of care. Thus, the treatment of traumatic memories should only be undertaken when the patient is sufficiently prepared for it—a goal which is not feasible for every client or patient. Usually, three recurring treatment phases are distinguished, each of which characterized by a combination of relational-based and problem-focused approaches. Each phase can be described in terms of overcoming specific phobias. Phase 1—stabilization and symptom reduction—is dedicated to improving the quality of daily functioning by gradually raising the client's integrative capacity or mental level. More specifically, this phase aims at overcoming the phobias of contact with the therapist, of mental contents (i.e., a range of internal conditioned stimuli), and of dissociative innate defensive systems. Attainment of these goals sets the stage for Phase 2—treatment of traumatic memories—, which gradually involves overcoming the phobia of traumatic memories, allowing for their integration. Phase 3 is concerned with personality (re)integration and (re)habilitation and with overcoming the phobias of normal life, of healthy risk-taking and change, and of intimate relationships. This workshop provides an integrative framework for phase-oriented treatment of posttraumatic disorders which emphasizes their common dissociative nature and the various phobias which maintain these disorders. The basic integrative failure of traumatized individuals, characteristic of simple PTSD, is a dissociation between a psychobiological system dedicated to functions in normal life and a system dedicated to defense from major threat. More complex disorders imply further dissociations between these systems. The workshop also includes demonstration of essential approaches and techniques for each treatment phase using video presentations, and experiential practical exercises.

12 Political Torture: Complex Issues and Implications for Treatment

PMI (complex) **Grand Salon VII, 3 (GB)**

Nancy Pearson, MSW, The Center for Victims of Torture, Minneapolis, Minnesota; Mary Fabri, PsyD, The Marjorie Kovler Center for the Treatment of Survivors of Torture; Judy Okawa, PhD, Program for Survivors of Torture and Severe Trauma (PSTT) at CMHS; Amber Gray, MA, DTR, Rocky Mountain Survivors Center
TECHNICAL LEVEL: Intermediate

Survivors of politically motivated torture suffer from a wide range of complex and long-term symptoms associated with PTSD, depression, anxiety, dissociation, complicated grief, somatic complaints, guilt, and shame among others. In addition, this population has other special needs involving language and cultural adjustment, immigration status and resettlement. These special needs are compounded by a history of torture as well as the past and present social climate and national policies. The events and aftermath of September 11th have resulted in new issues and challenges facing survivors of politically motivated torture as well as those providing services for this special-needs population, such as safety concerns due to anti-immigrant/refugee sentiment, INS policies of indeterminate detention and deportation, and other repercussions of the "war on terrorism." The presenters for this pre-institute session are professionals from member organizations of The National Consortium of Torture Treatment Programs (NCTTP)

in the United States—The Center for Victims of Torture, Minneapolis; The Marjorie Kovler Center for the Treatment of Survivors of Torture, Chicago; Program for Survivors of Torture and Severe Trauma (PSTT) at CMHS, Falls Church, VA; and the Rocky Mountain Survivors Center, Denver. The NCTTP was founded in 1998 to advance the knowledge, technical capacities and resources devoted to the care of survivors of torture living in the United States and to act collectively to prevent torture worldwide. This half-day institute will provide three skill enhancing components for serving this special population: 1) an overview of the torture treatment movement advancing holistic, multi-disciplinary approaches to treatment in order to address the complex needs facing this population; 2) cross-cultural aspects of the work, including a model for working with non-English speaking clients; and 3) techniques for treating torture survivors minimizing retraumatization. Topics addressed in this last component will include: a) clinical techniques for containing symptoms, including flashbacks; b) creating safety and minimizing potential triggers in the environment; c) normalizing trauma reactions; d) integrating skills and strengths into the treatment plan; and e) basic theory and case material for the use of somatic psychology. This PMI will include display of drawings made by survivors of torture that may be potentially distressful to the participants.

13 Establishing and Protecting the Relationship with Traumatized Clients

PMI (practice) Grand Salon VIII, 3 (GB)

Constance Dalenberg, PhD, Trauma Research Institute, Alliant International University, San Diego; Christine Courtois, PhD, The Center: Posttraumatic Disorders Program; Steven Gold, PhD, Nova Southeastern University

TECHNICAL LEVEL: Intermediate

The mutual regard of client and therapist is one of the best empirical predictors of the success of longer-term treatment. The presenters believe that one source of the uneven success for complex trauma survivors in treatment is the disruption of the alliance that often follows from traumatic transference patterns. Clients with complex trauma histories often come to therapy with intense unmet dependency needs, distrust of authority, difficulty in attaching and maintaining collaborative relationships, and an inability to self-soothe or manage their dysregulated emotions. Therapists may become overwhelmed with their countertransference in such cases, withdrawing in fear from the dysregulated emotion, becoming frustrated at re-occurring misinterpretations of minor therapist behaviors, becoming angry at boundary pressure, and feeling confused as their empathy and professionalism at times seem to dictate different actions. The presenters will first re-acquaint the professionals with the common themes in such therapies from phenomenological, theoretical and clinical perspectives. That is, we will cover the questions: What does the theme look like? Why does it arise in therapy? In what clinical contexts is it likely to occur? Actual transcripts and clips from traumatized survivors will provide the stimuli for these discussions. In the second (more major) part of the workshop, the presenters will present a series of actual therapeutic crisis points that put the relationship at risk. At various points in each scene, the action will stop and the audience will be given a chance to comment, or to add twists that they were forced to face in their own practices. The presenters will then give practical examples of clinical interventions, including the theoretical underpinnings for their own choices. Included among the issues will be a) the client who presses for therapist touch, b) the client who abuses telephone contact, c) the client who seems to have no attachment to others, d) the client who rages at the therapist for minor transgressions, and e) the client who sexualizes therapy. The participants will be given opportunities to choose among scenarios based on their own interests and to offer their own discussion examples for the panel.

14 Forensic Evaluations of Complex Trauma Cases in Civil Litigation

PMI (complex) Dover B, 3 (GB)

Judith Armstrong, PhD, University of Southern California, School of Psychology, Santa Monica; James High, MD, University of Southern California, KECK School of Medicine, Santa Monica; Diana Elliott, PhD, University of Southern California, KECK School of Medicine, Santa Monica; Elyn Saks, JD, University of Southern California, School of Law, Santa Monica

TECHNICAL LEVEL: Intermediate

Since its formulation, Posttraumatic Stress Disorder has been invoked in many forms and many areas of law, e.g. as damages in tort litigation, exculpation in criminal cases, entitlements in disability claims, and evidence in domestic disputes. Reasonable application of PTSD principles in these areas, however, becomes immensely more difficult as the examinee's lifetime traumas multiply as seen in child abuse and torture survivors, prisoners of war, and the so-called "Battered Wife Syndrome." DSM-IV-TR in the "Associated Features" section of the PTSD chapter recognizes that in such cases, individuals' trauma responses can become exceedingly complex, adding somatic and dissociative symptoms, along with impairments in self-perception, and perception of others, and other complication, to the more familiar posttraumatic symptom picture. This syndrome has been termed "complex PTSD". Even if not identified as a "forensic" expert, clinicians may find themselves on the witness stand. Serving as a "expert" in court may require that one present opinions not only about diagnosis and treatment, but also regarding causal relationships between those diagnoses and events which may or may not have occurred. Additionally, these opinions must be formed and defended to a "reasonable medical/psychological certainty." Examinees in forensic settings rarely are the obvious victim of an undisputed event that caused a "simple" case of PTSD. More often the events are disputed, the symptom complaints are unusual, and the litigated incident is only the latest in a series of traumas, both current and past, in the examinee's life. Careful analysis of such cases quickly challenges our typical assumptions about victimization and truth telling, often creating severe role conflicts for clinicians new to litigation. Ways in which complex trauma complicates the analysis of such cases including the evaluation of damages, culpability, credibility, causation and disability will be described. Methods of investigation, examination, and analysis in typical complex traumatic forensic evaluations will be illustrated by case presentations. Institute participants will be asked to join in these analyses and present opinions and questions about the application of complex trauma and PTSD to their own work, clinical and forensic.

15 Categorical Data Analysis: An Epidemiological Approach

PMI (assess) Dover A, 3 (GB)

Endorsed by the Research Methodology Special Interest Group

Jeffrey Sonis, MD, MPH, University of North Carolina at Chapel Hill; Daniel King PhD, National Center for PTSD, Boston VA Medical Center; Lynda King, PhD, National Center for PTSD, Boston VA Medical Center

TECHNICAL LEVEL: Basic

This pre-meeting institute, will cover statistical techniques for analysis of data with discrete outcomes. Most trauma researchers receive strong training in the statistical analysis of data with continuous outcomes. However, the statistical techniques used in the analysis of continuous data are not appropriate for the analysis of outcomes with discrete categories, such as diagnosis (e.g., PTSD or depression), symptom cluster (e.g., reexperiencing), remission, recurrence, or death. This pre-meeting institute is designed to be an introduction to categorical data analysis, from an epidemiologic perspective, for researchers whose primary training or expertise is in continuous data. The first half of the institute will be devoted to the analysis of contingency tables. We will start with the analysis of the 2x2 table (i.e., dichotomous independent and dependent variables) and compare the use and interpretation of key measures of association: relative risk, odds ratio, risk difference, and number

needed to treat/harm. We will then explore the analysis of sets of 2x2 tables, emphasizing appropriate techniques for assessment of confounding and interaction. The analysis of tables with ordinal (discrete but ordered) outcomes, such as treatment response (no response, mild response, strong response), will also be covered. The second half of the institute will be devoted to logistic regression. All of the statistical issues covered in this pre-meeting institute will be explained with the use of a dataset involving trauma. Throughout the pre-meeting institute, we will emphasize the value and importance of estimating effect magnitude and precision, rather than calculating p values and statistical significance. The material in this institute will be presented at a basic statistical level, but familiarity with linear regression will be helpful in the section on logistic regression. Experienced researchers who want to learn logistic regression should also find this pre-meeting institute helpful.

16 Acceptance and Commitment Therapy: Theory and Treatment of Complex PTSD

PMI (practice) **Grand Salon IX, 3 (GB)**

Robyn Walser, PhD, Mental Illness Research, Education and Clinical Center, VA Palo Alto, Menlo Park, California; Dorene Loew, PhD, National Center for PTSD, VA Palo Alto; Jennifer Gregg, VA Palo Alto Health Care System; Darrah Westrup, PhD, National Center for PTSD, VA Palo Alto; David Rogers, LCSW, National Center for PTSD

TECHNICAL LEVEL: Intermediate

Acceptance and Commitment Therapy (ACT) is a new model of treatment emphasizing acceptance of internal experience while maintaining a focus on positive behavior change. This approach was designed to address maladaptive avoidance of internal experience associated with many problems in functioning and focus on making and keeping commitments. Many current psychotherapies for PTSD work directly to change thoughts and feelings as a means to overt behavior change. Unwanted emotion and the avoidance of painful memories and feelings are seen to be at the heart of multiple life problems and often are the target of treatment. Although this particular approach to therapy can be useful, at times acceptance of these private experiences, without efforts to control or change them, may be the more effective approach. This concept of acceptance as a treatment approach has long been recognized in many traditions. For instance, Client-Centered Therapy (Rogers, 1961) suggests that "openness to experience" is the predominant goal of therapy and Kabat-Zinn (1990) explains that there is no escape from the human condition and avoidance of our problems will only cause them to multiply. The solution to this dilemma is in mindfulness to experience and an "owning" of each moment whether it be good or bad. Additionally, the concept of emotional avoidance may offer organization to the functional analysis of trauma-related problems and lends coherence to understanding the sequalae of trauma. Many individuals who have been diagnosed with PTSD are struggling with traumatic memories, painful feelings and unwanted thoughts. Thus, the avoidance or control of private or internal experience commonly seems to become the goal of many trauma survivors and has a powerful impact on individuals diagnosed with PTSD. Acceptance can create a new context from which the trauma survivor may view the world and the self. If efforts to control private experience are relinquished as a means to mental health, then efforts to take healthy action, while still acknowledging emotion and thought without effort to control or change them, can lead to valued and life enhancing behavioral changes. In this pre-meeting institute, we will present the theory and application of Acceptance and Commitment Therapy, as it applies to individuals with complex PTSD. During this Premeeting Institute, experiential exercises will be used to demonstrate particular techniques of Acceptance and Commitment Therapy. There is no requirement to participate or make personal disclosures and likelihood of distress is low.

17 Treatment of Traumatized Children: A Developmental Perspective

PMI (child) **Dover C, 3 (GB)**

Endorsed by the National Child Traumatic Stress Network

Judith Cohen, MD, Allegheny General Hospital, Pittsburgh, Pennsylvania; Patricia Van Horn, PhD, JD, University of California San Francisco; Anthony Mannarino, PhD, Allegheny General Hospital; Marylene Cloitre, PhD, Cornell University School of Medicine; William Saltzman, PhD, California State University-Long Beach, UCLA

TECHNICAL LEVEL: Intermediate

This Pre-Meeting Institute will present empirically based, clinically oriented treatment strategies for traumatized children throughout the developmental spectrum. Dr. Van Horn will present on the treatment of preschool children exposed to domestic violence. The profound disruption of the child's sense of safety and that parents are reliable protectors, can distort the child's developmental trajectory and produce significant and potentially long-lasting behavioral and emotional problems. This presentation will demonstrate methods for restoring a sense of safety to parent-child dyads; helping the parent understand the young child's behavior; helping children and parents modulate their feeling expression and process traumatic memories. Dr. Mannarino will present cognitive-behavioral treatment interventions for school-aged sexually abused children and their parents, which have been demonstrated to reduce PTSD, depressive and behavioral symptoms. These interventions include stress management techniques, gradual exposure; cognitive processing, and safety and problem-solving skills. Parallel parenting skills, psychoeducation, and treatment components will be provided. Dr. Cloitre will present a phase oriented treatment approach for multiply traumatized adolescent girls, who have typically experienced child abuse in addition to community or domestic violence and a variety of other life stressors. In these youth, long standing difficulties establishing trust and maintaining appropriate interpersonal relationships and boundaries may impair their ability to seek and receive treatment for underlying psychiatric disorders such as PTSD, depression and substance abuse. The phase oriented treatment approach combines interpersonal relationship building skills, interventions aimed at improving affective modulation, and trauma-focused exposure and cognitive processing techniques. These interventions are particularly appropriate for inner-city adolescents with a history of sexual abuse, out-of-home placements, and multiple psychiatric comorbidities. Dr. Saltzman will present a school-based treatment model for treating adolescents exposed to extreme violence or war, often complicated by the traumatic loss of loved ones. It includes five treatment foci including traumatic experiences, reminders of loss and trauma, the interplay of trauma and grief, managing post-trauma adversities, and optimizing normal developmental progression. Dr. Cohen will summarize our current knowledge and future directions regarding the use of psychopharmacologic interventions for traumatized children and adolescents. All of these presentations will be clinically oriented, aimed at enhancing the ability of practicing therapists to treat traumatized children at various developmental stages.

18 Providing Trauma Consultation to School Systems

PMI (child) **Grand Salon X, 3 (GB)**

Robert Hull, EdS, MHS, Baltimore City Public School System; Carol Slicher, MS, Home and Hospital Program, Baltimore City Public School System; Joni Tanaciev, RN, American Federation of Teachers; Angela Seaton, MS, Baltimore City Public School System

TECHNICAL LEVEL: Intermediate

Administrators, teachers and related service providers in public and non-public school settings, hospitals and criminal justice institutions are increasingly expected to respond to, and program for, the distressing and disruptive behaviors expressed by traumatized children. Traditional diagnoses and treatment strategies have often led to long term, expensive, intrusive interventions that have resulted in limited success because they have not addressed trauma related issues. Many other children are not only excluded from treatment but their discipline issues lead to them being excluded from school entirely. Common results are repeated hospitalizations, placement in restrictive school programs or criminal justice/discipline problems. The purpose of this symposium is to describe how content specialists in trauma can integrate their expertise into educational settings. By bringing together individuals with years of hands on experience in reintegrating traumatized children into schools, school based professional development experts, family members and system change agents who have been specifically involved in the expansion of school based options in responding to children in crisis we will be presenting a way to bridge the gap between experts in trauma and school based staff. Trauma experts will learn the limits on applying discipline to students who are in distress, how to ensure that students are given due process in reference to eligibility for special services and provision of services that will enable the child to continue in their home school in an unrestricted setting. Specific, effective, low maintenance recommendations for providing modifications and accommodations that will allow students who are in emotional crisis to have continued access to education will be provided. The symposium will also address consultation. The decision making process in reference to helping administrators choose methods that are focused on a trauma model that deals with distress rather than the typical disability/discipline paradigm. Assisting schools in the interpretation of distressing behavior and building the schools capacity to respond to children and families in distress. Examples of effective immediate responses, school based crisis intervention (within a trauma framework), and how to work with school based personnel in identifying and using strengths, self management skills and resiliency will be presented.

Thursday, November 7
6:30 p.m.–7:30 p.m.

Presidential Address

Complex Psychological Trauma: Clinical Implications of an Evolving Paradigm

Presidential Address **Grand Salon VI, 3 (GB)**

John Briere, PhD, Departments of Psychiatry and Psychology at USC School of Medicine, and Director of the Psychological Trauma Clinic of Los Angeles County-USC Medical Center

One of the most powerful organizing ideas in the trauma field has been that of posttraumatic stress disorder. By virtue of its introduction into DSM-III, this diagnosis provided credibility to the revolutionary notion that not all disorders are inherited or arise from early psychodynamic processes. We now know that traumatic events can cause or contribute to an interacting cascade of biological, psychological, and sociocultural processes that may result in PTSD, depression, anxiety, substance abuse, somatization, dissociation, and some forms of psychosis and personality disturbance. This realization has broad implications for the entire field of mental health. It suggests that our understanding and treatment of psychological disorders, in general, can be significantly improved by taking trauma exposure into account. At the same time, it reminds trauma specialists that posttraumatic distress and disorder may take many forms and discourages a sole focus on PTSD as the *sine qua non* of traumatization.

Friday Concurrent Sessions 8:30 a.m.–9:45 a.m.

Poster Presenters of Track 4, Clinical and Interventions Research will be available to discuss their posters.

Grand Salon V, 3 (GB)

The National Child Traumatic Stress Network

Forum (child) Galena, 4 (HB)

John A. Fairbank, National Center for Child Traumatic Stress, Duke University Medical Center; Robert S. Pynoos, National Center for Child Traumatic Strress, University of California, Los Angeles; Dennis J. Hunt, International C.H.I.L.D., Center for Multicultural Human Services, Falls Church, VA; Robert DeMartino, Programs in Trauma and Terrorism, Center for Mental Health Services, SAMHSA

The mission of the recently established National Child Traumatic Stress Network (NCTSN) is to raise the standard of care and improve access to services for traumatized children and their families in communities throughout the United States. The goals of the Network are to define the problem of child traumatic stress; develop evidence-based, developmentally-sound assessments, interventions, and treatments; and work to create and coordinate a national network of organizations and institutions that provide mental health services to children and families. The National Network unites the efforts of many organizations serving traumatized children and provides a national framework to highlight their experience, expertise, and success. These links are designed to strengthen the efforts of all the Network members and improve the quality and availability of services for traumatized children. Ten Intervention Development and Evaluation Programs are primarily responsible for development, delivery, and evaluation of improved treatment approaches and service delivery models within the National Child Traumatic Stress Network. Twenty-five Community Treatment and Service Programs primarily engage in implementing, in the community or in specialty child service settings, model treatment interventions and community services for children and their families who have experienced trauma. Panelists will describe and discuss the progress and challenges of the NCTSN during the first year of operation.

All You Ever Wanted to Know About Applying for Training Grants

Forum (train) Grand Salon IV, 3 (GB)

Endorsed by Student Section, Gender and Trauma Special Interest Group, and Research Methodology Special Interest Group

Karestan Koenen, Boston Medical Center and National Center for PTSD; Margaret Feerick, National Institute on Child Health and Development; Peter Delany, National Institute on Drug Abuse; Harold Perl, National Institute on Alcohol Abuse and Alcoholism; Farris Tuma, National Institute of Mental Health

This workshop is sponsored by the Research and Student SIGs and was organized at the request of their members. This workshop is oriented toward students, post-doctoral fellows, and junior faculty who are interested in learning more about funding mechanisms available for education, training, and pilot studies in the area of trauma and PTSD. Representatives will be present from the National Institute of Mental Health, the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Child Health and Development. These representatives will discuss funding mechanisms available for training (NRSA's, K-awards, etc.), who is eligible for which mechanisms, and how to put together a successful application. Students and junior faculty who have been successfully funded by these grants will also be present to answer questions from the audience.

Comorbidity and Correlates of Substance Use Across Trauma

Symposium (complex) Grand Salon VII, 3 (GB)

Paige Ouimette, Washington State University

Documenting and understanding the comorbidity of trauma, PTSD, and substance dependence is an important endeavor. This symposium presents useful new information on this comorbidity and on substance misuse among trauma-exposed individuals. Presentations include a general population survey and research on inner city adolescents, veterans, and disaster-exposed individuals.

PTSD and Substance Use Disorder: Epidemiologic Evidence

Howard Chilcoat, Johns Hopkins Bloomberg School of Public Health; Naomi Breslau, Henry Ford Health Sciences Center

Although there is a high degree of comorbidity between PTSD and drug use disorders, few studies have used longitudinal data from epidemiologic samples to explore causal relationships between PTSD, traumatic events, and drug use disorders. We present results from a longitudinal study of young adults in which 1007 21-30 year olds were initially assessed in 1989 and were followed up three, five, and 10 years later. To take into account temporal sequencing, the associations between PTSD, traumatic events, and drug use disorders were analyzed using Cox proportional hazards models with time dependent covariates. PTSD signaled increased risk of drug abuse or dependence. The risk for abuse or dependence was the highest for prescribed psychoactive drugs. There was no evidence that preexisting drug abuse or dependence increased the risk of subsequent exposure to traumatic events or the risk of PTSD following traumatic exposure. Additional analyses will examine the relationship of repeated exposure to traumatic events and PTSD to drug use disorders. The results suggest that drug abuse or dependence in individuals with PTSD might be the inadvertent result of efforts to medicate symptoms, although the possibility of shared vulnerability to PTSD and drug abuse or dependence cannot be ruled out.

Substance-Abuse Related Deaths Among Veterans Treated for PTSD

Kent Drescher, National Center for PTSD, VA Palo Alto Health Care System; Craig Rosen, National Center for PTSD, Stanford University; David Foy, Pepperdine University; Thomas Burling, VA Palo Alto Health Care System

Previous studies have reported higher death rates among Vietnam veterans from external causes (including substance abuse), compared to other veterans and community controls. Veterans with PTSD are also known to have high rates of substance abuse/dependence. Yet few studies have examined causes of death specifically among Vietnam veterans receiving treatment for PTSD. Accordingly, the present study examined the mortality status of 1,866 male veterans who received residential PTSD treatment between 1990 and 1998. Death certificate information for the 110 veterans who had died prior to 2000 indicated that 30% of all deaths were directly attributable to either acute or chronic effects of alcohol or drug use. Another 32% of deaths occurred from other behavioral causes (accidents, suicide, homicide, HIV/Hepatitis) for which substance use is a risk factor. PTSD patients' causes of death differed significantly from expected causes of death for males in the general population (chi-square = 96.7, $p < .001$). These results suggest that clinical care for veterans diagnosed with chronic PTSD can be improved by a harm reduction approach, including attention to substance abuse relapse prevention and secondary prevention (HIV and hepatitis prevention, weapons safety; suicide prevention; and driving safety).

PTSD and Substance Use in Inner-City Adolescent Girls

Deborah Lipschitz, Department of Psychiatry, Yale University School of Medicine; Ann Rasmusson, Dept. of Psychiatry, Yale University School of Medicine; Walter Anyan, Dept of Pediactrics, Yale University School of Medicine; Eileen Billingslea, Yale University School of Medicine; Steven Sourhwick Dept. of Psychiatry, Yale University School of Medicine

Purpose: Studies of combat veterans and traumatized adult civilians have found extremely high rates of comorbid substance use disorders and PTSD. The purpose of this study was to examine patterns of problematic substance use in relation to PTSD in inner-city adolescent girls. Method: 104 girls (Mean

age = 17.2, SD = 1.5 years, 85 % African-American), who obtained medical care at a hospital-based adolescent clinic, were systematically surveyed for trauma exposure, posttraumatic stress symptoms and substance use. Findings: Ninety-two girls (88%) reported at least one DSM-IV defined Criterion A trauma. Identified traumas included vicarious trauma, witnessing community violence and sexual abuse/assault. The mean number of types of trauma experienced was 3.05, SD = 2.12. Compared to traumatized girls without PTSD, girls with full and partial PTSD were significantly more likely to use nicotine ($p = .001$), marijuana ($p = .009$) and/or alcohol ($p < .001$) regularly. Fifteen girls met criteria for PTSD and a substance use disorder. For 12 of these girls (80%), the onset of PTSD was either prior to, or concurrent with, the onset of their SUD. Conclusion: Urban, inner-city adolescent girls with PTSD exhibit problematic substance use and may be at risk to develop a co-morbid substance use disorder.

The Relation of PTSD and Alcohol Abuse in Volunteer Disaster Workers

Sherry Stewart, Psychology Department, Dalhousie University; Terry Mitchell, Department of Community Health and Epidemiology, Dalhousie University; Kara Griffin, Department of Community Health and Epidemiology, Dalhousie University; Pamela Loba, Department of Psychology, Dalhousie University

We combined qualitative and quantitative research methods to investigate the effects of disaster on alcohol abuse with respect to the 1998 Swissair disaster in Nova Scotia, Canada. We used self-report questionnaires with individuals who volunteered to respond to the disaster (e.g., ground search and rescue) within affected coastal communities. Questionnaires focused on PTSD symptoms, levels of alcohol use pre- and post-disaster, reasons for drinking following the disaster (e.g., coping vs. social), and strategies to cope with the disaster. We also used semi-structured qualitative interviews that focused on type and degree of exposure (e.g., exposure to human remains), PTSD symptoms, use of alcohol and reasons for drinking, and perceptions regarding community alcohol use/abuse. Preliminary analyses of questionnaires suggest that those volunteers with significant PTSD symptoms increased their alcohol use, drank to cope, and engaged in drinking to forget the disaster more so than did others. In contrast, no support for associations of exposure to particular types of trauma (e.g., exposure to human remains) with post-traumatic drinking has been obtained thus far. Interview data shed further light on the possible mechanisms underlying increased alcohol use in some volunteers (e.g., use of alcohol to aid in sleep among volunteers with significant PTSD symptoms).

Mental Health Service Acquisition for Trauma Survivors

Symposium (clin res) **Dover B/C, 3 (GB)**

Lisa Jaycox, RAND; David Foy, Pepperdine University

Despite the availability of effective treatments for PTSD, few traumatized individuals seek mental health care. Factors related to service acquisition treatment decisions are examined in three studies using diverse samples and methodologies. Policy implications for improving access to effective treatments will be discussed.

How Do Women Decide the Kind of Help They Need After an Assault?

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

Several empirically supported treatments for chronic PTSD exist (e.g., Foa et al., 2000), including medications and psychotherapies, yet we know little about how well these treatment options are received by women. To learn more about these issues, we explored women's perceptions of credibility and their personal reactions to two well-established treatments for chronic PTSD: Sertraline, an SSRI, and Prolonged Exposure, a cognitive behavioral psychotherapy. Using standardized procedures, over 400 women with varying degrees of trauma history and PTSD symptoms were presented with a standard "if this happened to you, what would you do" scenario describing a traumatic event and subsequent trauma-related symptoms. Next, the two treatment options were described. Description characteristics (e.g., side effects, mechanism of treatment) were systematically varied. Ratings of credibility, reactions to rationales, treatment choice, and reasons for treatment choice were obtained. Interestingly, personal reactions and credibility were strongly related to treatment choice. Overall, women tended to choose prolonged exposure over sertraline. Results will also be presented from a study replicating these findings with women seeking treatment for PTSD. By better understanding who would seek treatment and why, we will be able to better tailor how we discuss treatment options. Clinical and public health implications will be discussed.

Health Services Utilization Among Injured Trauma Survivors

Amy Wagner, University of Washington, Department of Psychiatry and Behavioral Sciences; Joan Russo, University of Washington, Department of Psychiatry and Behavioral Sciences; Douglas Zatzick, University of Washington, Department of Psychiatry and Behavioral Sciences

Although approximately 1% of Americans are hospitalized each year after traumatic injury, few investigations have assessed the use of medical and mental health services in injured trauma survivors. In this study, 101 randomly selected English-speaking individuals who suffered violent assaults and motor vehicle accidents were followed from the hospital ward to 1 year post injury. The sample was ethnically diverse, predominantly male (65%) with an average age of 34 (12.2). Despite high rates of reported PTSD and depression symptoms over the year (rates of PTSD ranged from 30-41% and rates of depression ranged from 31-48%), only 14% reported utilizing mental health services over that time period. In contrast, expensive medical health service utilization was fairly high for this sample with 20% having subsequent surgical/medical hospital inpatient admissions and 18% presenting to the emergency department over the course of the year. Interestingly, of those readmitted for inpatient services, 25% presented with primarily psychosocial difficulties. At one year, symptomatic individuals were queried regarding their reasons for not seeking mental health services and these will be discussed during the presentation. The implications of these data to the development of effective early psychotherapeutic interventions for trauma survivors will also be discussed.

Mental Health Service Use Among Injured Trauma Survivors

Lisa Jaycox, RAND; Grant Marshall, RAND; Terry Schell, RAND; Suzanne Perry, RAND; Angela Miu, RAND; David Foy, Pepperdine University; Howard Belzberg, Los Angeles County/USC Medical Center

Individuals with PTSD are disproportionate users of the general health care system, yet they are reluctant to seek care for mental health problems (e.g., Solomon and Davidson, 1997). We examine mental health service use and barriers to care among young adults hospitalized following injuries from community violence, followed prospectively for 12 months (N= 289). A small minority (14%) of participants reported any prior service use for a "mental or emotional problem" at the baseline assessment, and these rates did not increase at follow-up assessments (8% and 10%). Those reporting symptoms consistent with a diagnosis of PTSD (26% at 3 months, 20% at 12 months) were more likely to access services, as were those who perceived a mental health problem related to the attack (18% at 12 months). However, the rates of service acquisition were still quite low (13-26%) among those with an objective or subjective "problem." Only 16% of respondents said that they did not get as much mental health care as they needed. The largest barrier in seeking mental health care appears to be a lack of perceiving a problem, despite elevated symptoms. Results will be discussed in terms of cultural issues and policy implications.

Improving Early Interventions to Prevent Trauma-related Problems

Symposium (disaster) Grand Salon III, 3 (GB)

Endorsed by the Early Interventions Special Interest Group

Josef Ruzek, National Center for PTSD; Patricia Watson, National Center for PTSD

This symposium presents results of a randomized controlled trial of two early cognitive-behavioral interventions and a large survey of the coping strategies reported by emergency services personnel. This work, together with a presentation on theoretical models of early intervention, is used to explore implications for prevention of trauma-related problems.

Models of Early Intervention Following Trauma

Josef Ruzek, National Center for PTSD

There are a variety of theoretical models that underlie common approaches to early intervention with trauma survivors. With some exceptions, most models have received only limited articulation or evaluation in the explicit context of early intervention. In this presentation, leading theoretical models that have implications for early intervention will be outlined, and an attempt will be made to expand and integrate current theoretical approaches. It will be argued that models of early intervention need to take into account the goals of intervention, the nature of hypothesized processes of development of PTSD and other negative consequences of trauma, the coping process, the temporal nature of the recovery process, specific intervention target behaviors and cognitions, and the post-trauma and service delivery environments. Several leading early interventions (e.g., debriefing, frontline military treatment, disaster mental health response, cognitive-behavioral packages) will be examined from the standpoint of an integrated model of early intervention, and current theory and research on risk and resilience factors will be used to derive a set of hypothetical principles of secondary prevention. The model and principles will be used to generate strategies for the improvement of secondary prevention methods and identify important theoretical and pragmatic questions for early intervention research.

Coping Strategies Used by Emergency Services Personnel

Roderick Orner, Department of Clinical Psychology, Lincolnshire Healthcare Trust

This presentation will review the results of a large survey of coping and adjustment strategies used by experienced emergency services personnel to modulate their emotional reactions evoked by major incidents and work-related trauma. Results indicate that help and support is first sought from peers and others with whom officers feel close. Involvement of professional care staff is typically not welcomed during the early post-trauma phase. Some significant differences were found between front line and second line emergency services responders, and one in five workers expressed a preference for not talking in detail about recent events in their early aftermath. Deliberate coping strategies typically involve confronting what has happened, rest and relaxation, re-establishing a sense of control and routines, finding release from somatosensory reactions to recent events, and waiting to see how reactions change and develop over time. The implications of these results for the planning and delivery of early intervention in the emergency services will be considered in detail.

Enhancing Treatment Effectiveness for Acute Stress Disorder

Richard Bryant, University of New South Wales

The majority of people who meet criteria for acute stress disorder (ASD) subsequently develop chronic posttraumatic stress disorder (PTSD). Although previous cognitive behavior therapy studies for ASD have demonstrated the efficacy of CBT in reducing subsequent PTSD, significant proportions of participants drop out of exposure-based therapy. This study aims to increase the effectiveness of treating ASD by evaluating non-exposure-based treatment. Specifically, ASD participants were randomly allocated to either (a) prolonged exposure (PE), (b) cognitive restructuring (CR), or (c) wait-list control (WL). Therapy comprised five weekly sessions of individual therapy. PE comprised education, imaginal exposure, in vivo exposure, and relapse prevention. CR comprised education, identification of cognitive errors, daily monitoring of thoughts and affective states, and to modify thoughts by Socratic questioning, probabilistic reasoning, and evidence-based thinking. Manualized treatments were followed and independent fidelity checks were conducted. Blind assessments were conducted at 3 months, 6 months, and 12 month posttreatment. The study hypothesized that intent-to-treat analyses would indicate increased effectiveness for CR because of the reduced drop outs in the CR relative to the PE treatment conditions. Data are still being collected and 6-month follow-up data will be presented.

Consequences of Violence and Trauma for Young African American Men

Symposium (culture) Grand Salon II, 3 (GB)

Featured Session

John Rich, Boston University School of Medicine

Young African American men are at high risk for interpersonal violence and its consequences. This symposium will highlight quantitative and qualitative research about the epidemiology of violence and traumatic stress in this population, the unique social context in which these young men live and clinical models for addressing these problems.

Black Male's Burden: Forms of Interpersonal Violence

La Mar Hasbrouck, Centers for Disease Control and Prevention

Purpose: We describe the scope of interpersonal violence among black males, including homicide, assault victimization, and homicide by police. Methods: The National Vital Statistic System, Uniform Crime Reports, and the National Crime Victimization Survey data were used to examine homicide, homicide by police, and assault victimization, among black male victims 10 years and older from 1990 to 1999. Mortality rate ratios between blacks and whites (BW) were computed. Findings: Overall, age-adjusted homicide rates decreased by 96% from 1990 to 1999. Age-adjusted rates for homicide by police remained constant during the study period. BW rate ratios decreased from 6.8:1 in 1990 to 5.5:1 in 1999; and 3.7:1 in 1990 to 3.1:1 in 1999, for homicide and police homicide, respectfully. Black victimization rates have steadily declined since 1994. However, blacks continue to be violently victimized and robbed at the higher rates compared to whites. Conclusions: Despite the downward trends among black males for in homicide, assault victimization, and homicide by police, the black-white gap has remained constant during the study period. The disproportionate amount of trauma experienced by young black males from multiple types of interpersonal violence may help to explain higher rates of self-destructiveness, aggression, and substance abuse by blacks.

Screening for Community Violence in Primary Care Settings

Gregory Leskin, National Center for PTSD; David Riggs, Center for Treatment and Study of Anxiety Disorders, University of Pennsylvania

This project assessed histories of traumatic stressors and PTSD in young adult, African-American males at Boston Medical Center. Recent epidemiological studies of PTSD in outpatient medical settings have found high rates in both general community settings and "at risk" patients. Our primary objectives were to examine the frequency and intensity of community violence and the lingering psychological impact on crime victims. We assessed 30 young adult, African American males (mean age =25) to estimate the extent of lifetime exposure to community violence using the Survey for Exposure to Community Violence. The mean number of direct victimization experiences (e.g. being injured or having life threatened) for this group was 21.2 (SD=15.0). Using the PTSD Symptom Scale- Interview, about half (49%) of this group could be diagnosed with PTSD. Such findings shed light on the high rates of traumatic stress and PTSD in this "at risk" population and the need for routine screening and treatment using an integrated behavioral health model of care in primary care settings.

The Experience of Violence for Young Black Men: Pathways to Reinjury

John Rich, Boston University School of Medicine; Courtney Grey, Boston University School of Medicine

Young African American men experience violent victimization at a high rate and the consequences of this trauma have implications for their risk of recurrent injury. The purpose of this project is to understand the lived experience of violence and symptoms of PTSD for young African American male victims of violence, using qualitative analysis of in-depth interviews. Open-ended interviews were conducted with 59 young African American men between the ages of 18 and 30 asking them to recount stories of their recent injury and their life experiences with violence. Interview data were taped, transcribed and analyzed for prominent themes. Using audiotaped excerpts, we will present an analysis that details the ways in which trauma affects the lives and behaviors of African American men. The presentation will focus on 3 areas: (1) symptoms of trauma, especially hypervigilence; (2) the "sucker phenomenon"—the pressure these men feel to retaliate in order to prove that they are not weak; and (3) the experiences that lead these young men to conclude that the police will not protect them. A conceptual model will shed light upon the pathways to recurrent violence and suggest strategies to decrease risk and improve the functioning of these young men.

Child Abuse, Self-Representations, and Posttraumatic Stress

Symposium (complex) — Grand Salon VIII, 3 (GB)

Elizabeth Krause, Duke University; Christine Courtois, The CENTER: Posttraumatic Disorders Program, The Psychiatric Institute of Washington

Clinical studies indicate a link between child abuse and malignant thoughts and feelings about the self, discrepant self-models, and difficulties with self in relationships. This symposium presents research exploring these linkages and shares methods of operationalizing self-structure. Presentations also demostrate associations between self-dysfunction and posttraumatic stress, revictimization, and personality disorders.

Impact of Abuse on Children's Self-Representation in Relationships

Catherine Ayoub, Harvard Graduate School of Education, Harvard University; Gabrielle Schlichtmann, Harvard Graduate School of Education, Harvard University; Erin O'Connor, Harvard Graduate School of Education, Harvard University

This presentation describes a multi-year study of the influence of abuse and neglect trauma on the social, emotional, and cognitive development of a sample of 85 young children. A partner project examined the parenting attitudes and beliefs, and psychosocial, family and life history of the children's primary caregivers in an effort to understand the transgenerational effects of biology and child rearing on children's self-development. Research findings delineate the varied developmental pathways of young maltreated and high-risk children, in the context of their psychological organization of self in relationships. In particular, the self-representations of maltreated versus high-risk children will be examined along a positive/negative dimension and in relation to emotional dissociation and subsequent coping responses to trauma. We will discuss three different pathways of development for these maltreated children, including presentation of primarily aggressive, controlling interactions, fearful, sad expressive styles and a masked, superficially positive interactive style. Differences in expressive style, self regulation, and thematic play in maltreated boys and girls will be described, as will the attachment and biological implications of their interactions. These diverse developmental pathways in young children will be related to the risk-potentiating and/or protective factors that are present in the face of child maltreatment in each family in the sample.

Impact of Sexual Abuse on Self and Identity in Adolescents and Adults

Drew Westen, Center for Anxiety and Related Disorders and Dept. of Psychology, Boston University; Amy Heim, Dept. of Psychology, Boston University

Numerous studies have shown links between history of abuse and variables related to self, notably low self-esteem and disrupted sense of identity. This presentation attempts to examine two key issues surrounding this link: the role of other adverse events and family history in moderating or mediating the relation between abuse and aspects of self-experience; and patterned heterogeneity in response to abuse, such that different individuals respond in disparate, and often directly opposite, ways (e.g., becoming overcontrolled or undercontrolled across a range of life domains, such as affect and impulse regulation and sexuality). We report data from three studies bearing on the links between abuse and self-experience: a study of adults with personality disorders; a study of adolescents with personality disorders; and a study assessing aspects of personality and identity in a broad clinical example in which we oversampled for patients with an abuse history. The data suggest that, for both adolescents and adults, abuse experiences tend to have a substantial impact on self-representations, ability to establish an identity, sense of internal coherence, and self-esteem. Response to abuse, however, are highly variable, and other adverse events such as separations and disrupted attachment can produce similar effects.

Impact of Childhood Abuse on Self-Discrepancies and Posttraumatic Stress

Elizabeth Krause, Duke University; Susan Roth, Duke University

Studies of the effects of childhood maltreatment have found a history of child abuse to be associated with negative self-representations and discrepancies between survivors' current self-image and the person they would ideally be or ought to be. Self-discrepancy theory posits that actual-ideal self-discrepancy leads to emotional distress in the form of sadness and loss, while actual-ought self-discrepancy leads to anxiety-related distress (Higgins, 1987). Despite the prevalence of identity disruptions and depressive and anxiety symptoms among abuse survivors, few studies have examined self-discrepancy theory in relation to posttraumatic stress. The current study explored associations between child abuse history, self-discrepancies, and trauma recovery in a broad sample of women, including female undergraduates and hospital employees. Eighty women with and 100 women without a history of childhood physical or sexual abuse completed self-report measures of actual-ideal, actual-ought, and actual-undesired self-discrepancies. Further, participants who reported a history of abuse completed measures of PTSD symptoms and a broad range of stress responses or themes, including helplessness, loss, and self-blame. Compared to women without a history of abuse, abuse survivors reported more actual-ideal and actual-ought self-discrepancies. The actual-ideal self-discrepancy was significantly correlated with depression, anxiety, and the majority of trauma themes. Interestingly, the extent to which survivors viewed themselves as different from their undesired self was related to trauma resolution, but only for undergraduate survivors. Findings of in-depth interviews with a subset of survivors will also be discussed.

Child Abuse: Self-Representations, Dissociation, and Attachment

Pamela Alexander, Albert Einstein Hospital Network; Mary Loos, Virginia Dept. of Mental Health, MR, and MSAS

Attachment theory is useful in exploring the relationship between childhood trauma, self-representations and other outcomes. According to Liotti (1992), disorganized attachment stemming from child abuse leads to the development of multiple incompatible models of the self, the sense of self as fundamentally flawed, and dissociation. Negative self-representations, dissociation, and unresolved attachment (the adult counterpart to disorganized attachment) are important partly in being potential mechanisms in the revictimization of abuse survivors. In a sample of high and low dissociators, high dissociators described significantly more negative characteristics of themselves as core to their personality and, in a Stroop task, exhibited significantly delayed reaction time on attachment anxiety stimuli only. Moreover, the number of core neg-

ative characteristics was directly associated with attachment-related anxiety but only in high dissociators. In a second sample consisting of battered women, the relationships among childhood trauma, core negative self-representations, dissociation, and unresolved attachment were explored in order to determine whether negative self-representations, dissociation, and unresolved attachment served as mediators between abuse history and the battered woman's stage of change (i.e., her tendency to either dismiss the current violence, view it as a cause for concern and/or take steps to escape the violence).

Beyond PTSD: Community Recovery in New York CityPost-9/11

Symposium (disaster) **Grand Salon VI, 3 (GB)**

Featured Session

Jack Saul, New York University School of Medicine

The challenge of trauma intervention following catastrophic disaster is tounderstand the multifaceted impacts of trauma and to tailor interventions to the targeted level. The presenters will describe a model that goes beyond clinical approaches and incorporates community organizing, social ritual, media, and art, in a comprehensive response to recovery.

Survival, Recovery, and Preparedness: An Information Processing Model

Claude Chemtob, Mount Sinai School of Medicine

This presentation will describe a model of trauma recovery that provides the context for mounting multi-level recovery interventions. The model extends the author's prior work with information processing models of PTSD and integrates it with his work implementing public health oriented approaches to post-disaster treatment. The author will propose that recovery is an information processing challenge whether it is at the level of an individual, a group, or a community. He will identify the challenges posed by recovery and specify the restrictions that a disaster causes. Moreover, the author will describe a model for supporting community recovery that implements these principles based on the proposition that catastrophic disasters require "giving away" trauma knowledge and creating community based trauma collaboratives. Examples of challenges implementing this approach will be described based on work in the NYC recovery. From the perspective of this approach, recovery and preparedness are an integrated activity that serves to support community cohesion in peace time and in times of national emergency.

Collective Identity and Social Ritual: Using the System of the City

Mindy Fullilove, School of Public Health, Columbia University

A city is a complex ecosystem, which includes a built environment that incorporates a wide area of common spaces, and a social environment within which the constituent parts are linked. A massive disaster to a city, such the one suffered by New York City on 9/11, disrupts the physical and social organization of the city. Each of these disruptions acts independently to cause distress to individuals. The socio-spatial disruptions also act synergistically to aggravate individual level post-traumatic distress of all kinds. Trauma recovery at the level of the system of the city involves the careful crafting of "occasions" — the ceremonial gatherings of groups of people — that 1) build bridges across social and physical divides, 2) permit consciousness of the traumatic process, while avoiding false emotionality, and 3) support reconnection to people and place. This process involves multiple occasions, of different sizes, intents, and venues, that follow the arc of time away from the event in step with the arc of seasonal observations that are part of the preexisting culture of the injured place. This presentation will describe the efforts of NYC RECOVERS to promote the creation of healing occasions throughout "2002: The Year of Recovery."

Learning from Humanitarian Crises: Collective Recovery in Manhattan

Jack Saul, International Trauma Studies Program, New York

The field of International Psychosocial Response to disaster and massive violence has much to contribute to an understanding of the social impact of the September 11 terrorist attacks and subsequent events in New York City. The author presents lessons learned from his experience in Kosovo and other international contexts that can be applied to promoting collective recovery in the his own Ground Zero community in lower Manhattan. Among the challenges faced have been — shifting of the dominant discourse from individual trauma to collective strengths and recovery, recognizing and supporting preexisting capacities and resources in the community to address recovery needs, reducing social fragmentation, and enhancing parent and teacher skills to meet the needs of children. Residents have come together to develop community activities that acknowledge the impact of last year's events and provide spaces for public discourse about ongoing community needs, collective memory, and the community's emerging vision of recovery. The author will present examples of community recovery projects developed by residents in lower Manhattan ranging from public forums, community arts projects, oral history and visual archives, and internet based resources.

Recall Bias In Retrospective Reports of Major Stressful Events

Symposium (assess) **Kent A/B/C, 4 (HB)**

Endorsed by Research Methodology Special Interest Group

J. Blake Turner, Columbia University

Subtantial evidence exists questioning the accuracy of retrospective reports of major stressful events. Furthermore, the bias resulting from recall errors generally favors the study hypotheses. This symposium, sponsored by the Research Methodology SIG, considers the nature and causes of recall errors and methods for improving recall in self-report data.

Recall Bias In Checklist Reports of Exposure To War-Zone Stressors

Bruce Dohrenwend, N.Y. State Psychiatric Institute and Columbia University, Blake Turner, Columbia University

In most research on the effects of war-zone stressors, the measurement of exposure has been based on veterans' recall in response to checklist-type items. Concern about the validity of such measures is not new (e.g., Green 1993, King and King 1991, Wolfe 1993). A study of Gulf War veterans conducted by Southwick et al. (1997) a few years ago suggested that there is, indeed, something to worry about. These investigators found a significant positive correlation between number of PTSD symptoms at a two-year follow-up and number of responses changed from "no" to "yes" on the second administration of their trauma questionnaire. At least three subsequent studies have used similar test-retest designs with samples of various veteran populations. The size of the effect reported varies. However, the magnitude of the bias cannot be assessed in any of these studies because none has an objective baseline measure of actual exposure. That systematic bias of this kind occurs at all between successive measures of post-exposure recall indicates that state dependent or mood congruent recall processes are operating. Use of measures of exposure that are susceptible to such processes compromises tests of dose/response relationships. We discuss how we are dealing with these measurement problems in our research with U.S. Vietnam veterans.

Childhood Trauma and Adult Pain: Retrospective/Prospective Comparison

Karen Raphael, Univ. of Medicine and Dentistry of New Jersey; Cathy Widom, Univ. of Medicine and Dentistry of New Jersey

Victims of childhood abuse have been viewed consistently to be at increased risk of developing medically unexplained pain in adulthood. Without exception, evidence for such a relationship derives from cross-sectional or case control studies in which childhood victimization status is assessed by retro-

spective self-report. This presentation will illustrate how conclusions about the nature of the relationship between early trauma and later health can be biased by dependence upon retrospective self-reports of victimization. Using a prospective cohort design, cases of early childhood abuse or neglect documented between 1967 to 1971 (n=676) and demographically matched controls (n=520) were followed into young adulthood. The frequency of pain complaints reported at follow-up (1989-1995) was examined. Assessed prospectively, physically and sexually abused and neglected individuals were not at risk for increased pain symptoms. The odds of reporting one or more unexplained pain symptoms was not associated with any childhood victimization or specific types (i.e., sexual abuse, physical abuse, or neglect). In contrast, the odds of one or more unexplained pain symptoms was significantly associated with retrospective self-reports of all specific types of childhood victimization. Methodological implications for understanding the relation between childhood victimization and health in adulthood will be discussed.

Treating Traumatic Bereavement in Children and Adolescents

Workshop (child) — Laurel C/D, 4 (HB)

Judith Cohen, Allegheny General Hospital; Anthony Mannarino, Allegheny General Hospital

Unfortunately many children lose a parent, sibling or other loved one due to traumatic events such as interpersonal violence, vehicular and other accidents, natural and man-made disasters, terrorist attacks and war. In children and adolescents, traumatic bereavement refers to a condition in which traumatic symptoms intrude on and interfere with the child's ability to negotiate the process of bereavement. For example, these children are typically unable to have positive memories of the deceased without these memories seguing into thoughts of the horrific way in which the person died. Both loss reminders and trauma reminders trigger intrusive thoughts, avoidance and hyperarousal symptoms which interfere with the child's ability to grieve. Treatment for this condition requires attention to both trauma and grief issues. Drs. Cohen and Mannarino will present an empirically based cognitive behavioral treatment model for traumatically bereaved children and their parents/primary caretakers. The trauma-focused portion of this model includes stress management training (relaxation, thought stopping, cognitive coping), gradual exposure (encouraging the child to describe the details of the traumatic event in increasing detail, along with associated thoughts, feelings and body sensations), cognitive processing (modifying inaccurate or unhelpful thoughts about the traumatic event), and joint child-parent sessions. The bereavement portion includes identifying and mourning what has been lost, resolving "unfinished business" with the deceased, preserving positive memories, transforming the relationship of the deceased to one of memory and reinvesting in present relationships, and making meaning of traumatic loss. Parallel parent sessions will be described for each component. Case examples will be used to illustrate each component of treatment.

Treating Complex Trauma in Street Children

Workshop (child) — Laurel A/B, 4 (HB)

Angelea Panos, Intermountain Health Care; Jorge Villar Miguelez, Junto Con Los Ninos; B. Hudnall Stamm, Institute of Rural Health, Idaho State University; Alison Anderson, Junto Con Los Ninos

This workshop will describe interventions for the treatment of complex trauma in street children. Reports on independent outcome studies will be given that demonstrate concrete long-term results. Children who live, or work on the streets are the most vulnerable and least protected members of society. It has been estimated that more than 100 million children around the world are struggling to survive under harsh and often exploitative conditions. Dire poverty creating economic need, violence and abuse in their homes, poor access to schools and commercial exploitation are underlying reasons why children take to the streets, where they easily fall victims to violence, sexual abuse, and crime. Trauma in many forms affects their lives, while the street living prevents healing opportunities such as being able to form emotional connections to caring adults, getting an education or developing their social abilities. Locked in this world of social exclusion they lack the path to rejoin society and lead productive and meaningful lives. Family destabilization perpetuates the problem in younger siblings. A unique family strengthening intervention will be described that works to prevent younger siblings from becoming the next generation of street children.

An Intervention for Integrating Communication andConflict Skills

Workshop (practice) — Dover A, 3 (GB)

Sherry Riney, National Center for PTSD; Helena Young, National Center for PTSD

Survivors of traumatic experiences, particularly severe, chronic, or interpersonal traumas, often have trouble managing conflictual interpersonal interactions. Instinctive tendencies to defensively aggress when threatened, trauma-related anger and irritability, and poor social learning of appropriate interpersonal skills and conflict resolution may all contribute to difficulties with stressful interpersonal interactions. This workshop will review and demonstrate a multi-session group intervention aimed at improving communication and conflict resolution skills, taught at the National Center for PTSD Residential Rehabilitation Program. Based on Bower and Bower's techniques of assertive DESCripting, and of Burns' techniques of recording dysfunctional thoughts and of disarming and empathizing, and active listening, the intervention addresses issues such as negative self-talk, isolation, inability to meet one's own needs, and difficulty resolving conflict. In the group, clients work on increasing their awareness of and interplay among their own affect, cognitions, behaviors, and attitudes and the effects of their behaviors on others. The intervention has been adapted for use with female trauma survivors, including those with severe personality disorders. In relation, the workshop will address modifications of the material to meet the exigencies posed by the National Center's Women's Program (e.g., limitation of critique, cheerleading, boundary setting), the members of which often present with borderline features.

Group Therapy for Male Trauma Survivors: Gender and Connection

Workshop (complex) — Grand Salon I, 3 (GB)

Phillip Brown, Victims of Violence Program at the Cambridge Health Alliance; Emily Schatzow, Victims of Violence Program at the Cambridge Health Alliance

At the Victims of Violence Program (VOV), trauma is viewed through a social and political lens. Treatment takes place in an urban, community-based clinic serving disenfranchised and marginalized populations. Group work is considered to be an integral component of trauma treatment as it helps survivors to understand their experience in the context of an environment that condones, and even encourages violence. During the past two decades, group services at VOV primarily targeted the needs of women. As the program evolved, it became apparent that the often-invisible male survivors of childhood trauma could benefit from treatment which would honor their unique experience. One treatment modality for this population is a time-limited psychotherapy group for men, led by men, which explores the sequellae of abuse and its influence on self-esteem, masculine identity, and sexuality. This group is often the first place for isolated, shame-prone male survivors to become part of a community that fosters safe relationships and an environment for healing. There will be a special emphasis on how relational issues are addressed in same gender versus mixed gender trauma groups. Using didactic and case material, this presentation will explore the formation, structure, process, and content of this group model.

Psychological Intervention with Civilian Terror Victims

Case (practice) — Falkland, 4 (HB)

Sara Freedman, Hadassah University Hospital, Israel; Rhonda Adessky, Hadassah University Hospital, Israel

Treatment of Post-traumatic Stress Disorder using Cognitive Behavior Therapy is well established as an effective intervention. It has been used for PTSD patients following a number of different trauma types. The aim of this presentation is to examine CBT treatment of a series of civilians, who were involved in terrorist attacks, and whose treatment took place during a period

of on-going regional conflict. All patients were treated on an out-patient basis at a Psychiatric Clinic. Patients include men and women, both Jewish and Arab civilians, ranging in age from 18 to 50. Patients were either witnesses to, or physically injured during, terrorist bombs or shootings. This presentation will focus on the clinical issues raised: the suitability of CBT; the treatment implications of on-going conflict; and the impact of cognitive therapy. The conclusions that can be drawn from these cases include the therapeutic importance of case conceptualization, and the changes to standard protocols that are needed in treating patients during exceptional circumstances.

10:00 a.m.–11:30 a.m.

Plenary Session

Trauma and Reconciliation: The Case of Northern Ireland

Plenary — **Grand Salon VI, 3 (GB)**

Oscar Daly, MD, Consultant Psychiatrist, Lagan Valley Hospital, Lisburn, Northern Ireland; Alan McBride, Maura Kiely, Malcom New, Joseph Doherty, Alistar Little

This plenary panel will address aspects of the civil disturbances in Northern Ireland, known there as "The Troubles," which began in 1969. In particular, the issue as to who is, or should be considered to be, a victim will be addressed, as will the controversial topic of whether victims should be considered in a hierarchical fashion. That is, are persons such as "innocent" bystanders and members of the security forces more deserving of the term "victim" and the associated right to treatment and compensation than others such as members of paramilitary groupings and those with particular political affiliations? Each participant will present a short paper and there will then be an open discussion. The participants include Alan McBride and Maura Kiely, who are bereaved relations of people killed by paramilitary members; Malcolm New, an ex-British soldier who served several tours in Northern Ireland and is suffering from PTSD; and Joseph Doherty and Alistair Little, who have served terms of imprisonment for paramilitary killings.

1:00 p.m.–2:15 p.m.

Poster Presenters of Track 9, Disaster, Mass Trauma, Prevention, and Early Intervention, and Track 11, Miscellaneous will be available to discuss their posters.

Grand Salon V, 3 (GB)

Trauma-Related Research Priorities and Funding Programs: National Institute on Drug Abuse

Forum (clin res) — **Grand Salon VII, 3 (GB)**

Timothy Condon, National Institute on Drug Abuse, NIH; Paul Schnur, Division of Neuroscience and Behavioral Research, National Institute on Drug Abuse, NIH; Cece McNamara, Division of Treatment Research and Development, National Institute on Drug Abuse

The National Institute on Drug Abuse (NIDA) is one of the National Institutes of Health and is responsible for conducting over 85% of the world's research on drug abuse and addiction. NIDA maintains a robust research portfolio investigating the overall role that trauma and stress can play in initiation of drug use and relapse to drug use, as well as the intensification of resulting symptoms. This includes research to develop better ways to teach drug abusers how to cope with stress, craving, and drug-associated stimuli as well as research to help determine what makes some individuals more or less vulnerable to abuse and addiction, particularly after experiencing a traumatic event. This forum will provide an overview of NIDA's breadth of research related to trauma and substance abuse, provide specific examples of current research projects underway, and highlight new research areas in need of further investigation, particularly in the wake of events such as September 11th.

Brief Dynamic Psychotherapy (BDP) for Traumatic Grief

Master Clinician Session (practice) — **Grand Salon VI, 3 (GB)**

Charles Marmar, University of California, San Francisco and Department of Veterans Affairs Medical Center, San Francisco

This role-play session will illustrate a brief form of psychodynamic psychotherapy with a client who has unresolved traumatic loss of a parent in childhood complicated by a terrorist attack in which both her own life was in danger and she also lost a close relationship (the same "client" as the other master clinician sessions). I will illustrate key components of this treatment: establishing a therapeutic alliance, taking a history of the event and the relationship to those lost in both the childhood and adult traumatic events, identifying core relationship conflicts related to wishes, fears and compromises, the ways in which the recent adult traumatic loss reactivates aspects of the childhood trauma, including views of self and other as dangerously weak or strong, the emergence of the core conflict in the here and now of the relationship with the therapist, the resonance of traumatic loss for the therapist including the risk for activation of the therapist's own core conflicts, and the intensification and opportunities for mastery of the core conflict during termination.

Human Rights and Complex Trauma: From the Global tothe Individual

Panel Discussions (complex) — **Grand Salon VIII, 3 (GB)**

Endorsed by the Human Rights and Social Policy Special Interest Group

Eric Aronson, Amnesty International USA; Morton Winston, The College of New Jersey; Karen Hanscom, Advocates for Survivors of Trauma and Torture; Judy Okawa, Program for Survivors of Torture and Severe Trauma at Center for Multicultural Human Services

Clinicians have realized that symptoms of complex psychological trauma are common sequelae of serious human rights abuses (such as rape, torture and other forms of political violence). However, many trauma researchers and clinicians may focus on these sequelae and pay scant attention to the larger context of trauma events themselves. This presentation explores the continuum of complex trauma, from global, sociopolitical issues to individual experience. Human rights are a public health concern, directly related to

psychological trauma. Human rights advocacy and education are therefore essential to the primary prevention of trauma, particularly complex trauma. The presentation details several approaches to advocacy, in connection with specific violations of human rights; some success stories are included. Also included is a model of education that addresses the social, political and economic context of human rights. At the level of individual-in-community, political empowerment and self-esteem are discovered to be central to the healing of Guatemalan survivors of severe human rights abuses. Finally, the individual experience of complex trauma will be discussed, with a description of the work of the National Consortium of Torture Treatment Programs to empower survivors, help them recover their dignity, and to raise awareness in the U.S. of human rights violations.

Post-traumatic Stress and Psychological Comorbidity Following Cancer

Symposium (clin res) — Dover B/C, 3 (GB)

Maria Kangas, School of Psychology, University of New South Wales, Australia

Since DSM-IV, a spate of research has focused on the utility of PTSD following cancer. This symposium presents three studies, which examined the prevalence and predictors of post-traumatic stress symptoms in mothers of pediatric BMT recipients, women with metastatic breast cancer and their spouses, and head and neck cancer patients.

PTSD in Mothers of Children Undergoing BMT

Sharon Manne, Fox Chase Cancer Center; Katherine Du Hamel, Ruttenberg Cancer Center, Mt. Sinai School of Medicine; Jane Austin, Ruttenberg Cancer Center; Jamie Ostroff, Memorial Sloan Kettering Cancer Center; Susan Parsons, Dana Farber Cancer Institute; Richard Martini, Northwestern University Medical Center-Children's Hospital; Sharon Williams, Stanford Univerity Hospital-Packard Childrens Hospital; Laura Mee, Emory University Medical Center; Sandra Sexson, Emory University Medical Center; Lisa Wu, Ruttenberg Cancer Center

Pediatric Bone Marrow Transplantation (BMT) can have a profound long-term psychological impact on mothers who watch their children undergo this risky procedure. Mothers may experience anxiety and depressive symptoms as well as posttraumatic stress disorder. This study adopted a prospective, longitudinal design to identify mothers who develop PTSD in the 18 month time period following their child's BMT. Mothers were administered the SCID- PTSD-NP version six months after the BMT and again 18 months after the BMT, as well as self-report measures of anxiety and depressive symptoms. Mothers also completed measures of anxiety, depression and multiple other psychosocial instruments at the time of the BMT. To date, 81 mothers have completed the six month and 45 mothers have completed the 18 month SCID interview. Results indicate that 15% of mothers merited a diagnosis of PTSD six months after their child's BMT, and 10% of mothers merited a PTSD diagnosis 18 months after their child's BMT. Mothers who reported more anxiety and depressive symptoms at the time of the BMT were significantly more likely to have PTSD at the follow ups. These findings are discussed in terms of prevalence and predictors of PTSD among persons witnessing a traumatic life event, as well as implications for potential interventions for mothers who are at risk.

Correlates, Predictors, and Course of Trauma Symptoms in Cancer

Lisa Butler, Stanford University School of Medicine; Xin-Hua Chen, Stanford University School of Medicine; Karin Calde, Stanford University School of Medicine; David Spiegel, Stanford University School of Medicine

This presentation will provide an overview of baseline and follow-up data on trauma symptoms from a large randomized trial that includes 125 women with metastatic breast cancer patients and 50 of their spouses or partners. Findings indicate that a significant minority of patients and their spouses experience cancer-related trauma symptoms and that symptom levels are uncorrelated within couples. Among the patients, symptoms are associated with past life stress and aversive social support and are correlated with overall distress. In general, patient symptoms tend to decline over time, but a "spike" in symptoms may occur in the period prior to death. Among spouses, post-loss trauma symptoms are significantly predicted by baseline (pre-loss) symptoms, perceived stress, and the degree of impact they anticipate regarding the potential future loss of their wives/partners. In this study we have also found that group support (weekly for patients, monthly for spouses) appears to reduce trauma symptoms, particularly avoidance symptoms, over 12 months. Implications of these findings will be discussed.

Incidence, Course and Predictors of ASD and PTSD Following Cancer

Maria Kangas, University of New South Wales, Australia; Richard Bryant, University of New South Wales, Australia

The utility of the ASD diagnosis in predicting PTSD following cancer has yet to be empirically validated. This study adopted a prospective, longitudinal design to identify cancer patients who are at risk of developing PTSD by assessing them for ASD within four weeks of diagnosis (T1), and re-assessing them at six- (T2) and twelve- (T3) months. At T1, 82 newly diagnosed head, neck and lung cancer patients were administered the Acute Stress Disorder Interview, SCID DSM-IV, and several self-report measures. ASD was diagnosed in 28% of the sample, and 48% of the ASD group met criteria for Major Depression post-cancer diagnosis. The ASD group obtained significantly elevated scores on attribution, coping, social support and quality of life measures. ASD was also associated with chronic/premorbid anxiety disorders. At T2 and T3, participants were administered the CAPS-I. To date, N=51 patients have been assessed at T2, and 25.5% (61.5% ASD) met criteria for PTSD. The majority of patients with PTSD at T2 continue to be symptomatic at T3. These findings are discussed in terms of the applicability and predictors of ASD and PTSD following cancer, as well as the utility of early identification of patients who may require psychological intervention.

Psychological Functioning/Adaptation in Child and Adolescent Refugees

Symposium (child) — Dover A, 3 (GB)

Wanda Grant Knight, Boston University School of Medicine; Terence Keane, Boston VA Hospital, Boston University School of Medicine

The symposium participants are from sites in the National Child Traumatic Stress Network that work with child and adolescent refugees. Presenters will describe research and clinical work with these populations examining traumatic symptomatology and coping, mental health interventions, and community outreach efforts. Descriptions of the effectiveness and practicality of these interventions also will be discussed.

National Child Traumatic Stress Network Projects on Refugee Children

Robert DeMartino, Center for Mental Health Services/Substance Abuse and Mental Health Services Admininstration

This presentation will begin by providing a brief overview of the impetus for developing the National Child Traumatic Stress Network (NCTSN) to evaluate and address the needs of children and adolescents who have experienced traumatic events. During this presentation special attention will be paid to several sites within the NCTSN engaged in work with child and adolescent refugee populations (Boston University Medical Center, the Solace Program at Safe Horizon-Saint Vincent's Child Trauma Care Continuum, and the Family Trauma Treatment Program). This presenter will introduce these sites and participate in discussion of the relevance of these sites' work for contributing to the mission of the NCTSN, and enhancing our understanding of the impact of war, displacement, and resettlement on children's and adolescents' traumatic stress responses.

Psychosocial Interventions with Refugee Communities

Ernest Duff, Safe Horizon/Solace

Safe Horizon is the nation's leading victim assistance organization, and is a participant in the National Child Traumatic Stress Initiative. Solace is the torture survivors program within Safe Horizon. Solace has developed an approach to treatment that is de-centralized and psychosocial, which emphasizes dialogue with refugee communities about their needs, and involvement of refugees as

participants in the processes of healing. The needs of refugee children are of paramount concern for newly arrived refugee communities. Solace has worked extensively with West African refugee children within community structures on Staten Island, including former child soldiers and amputees from the war in Sierra Leone. This work has been in partnership with refugees themselves, members of the mainstream community, and with other Safe Horizon programs. This ongoing work, utilizing expressive therapeutic approaches, including visual and dramatic arts, is reaching multiple groups of children and adolescents throughout the West African communities, and the link between the communities and clinical providers continues to be the psychosocial, intensive case management approach of Solace staff. The relationship of the Solace psychosocial model to the successful creation of bridges that reach underserved refugee children in a marginalized community will be described, and the connection of this model to an ongoing ethnographic evaluation approach will be reviewed.

Psychological Functioning of Child and Adolescent Refugees

Dennis Hunt, Center for Multicultural Human Services; Marion Chew, Center for Multicultural Human Services

This component of the symposium will provide a brief overview of the work done by the Center for Multicultural Human Services with children and families who have been traumatized by war and displacement. Emphasis will be placed on identifying strategies used to engage the Sierra Leonean community in Northern Virginia and on approaches used to help children and adolescents in this community heal from the complex trauma they have experienced.

Psychological Functioning in Resettled Unaccompanied Sudanese Minors

Wanda Grant Knight, Boston University School of Medicine; Paul Geltman, Boston University School of Medicine; Janice Goodman, Boston College; Stuart Lustig, Boston University School of Medicine

Over the past few years the plight of world citizens experiencing displacement as a result of international conflict and war has come to the forefront of national attention. Estimates of the number of those displaced by such occurrences range from 20-22 million worldwide, with approximately half of this number representing children and adolescents. These displaced citizens, or refugees, frequently experience torture, loss, and hardship in the process of leaving their homelands. Increasingly there has been attention to the effect of war and displacement on adult refugee populations, with a particular focus on psychological adaptation in these groups. Unfortunately, to date, there has not been much investigation of psychological functioning in younger refugees, especially those who go through this process without parental supports, often referred to as unaccompanied minors. Thus little is known about the impact of war, displacement, and resettlement on these groups. This presentation describes a large-scale national survey with one group of unaccompanied refugee minors, resettled Sudanese adolescents. This presentation will report on the experience of traumatic symptoms and coping abilities among these teens with an emphasis on the cross-cultural factors impacting on their functioning and adaptation to life in the United States.

The Developmental Psychobiology of Childhood Trauma: Part I

Symposium (child) **Laurel A/B, 4 (HB)**

Featured Session

Endorsed by the Gender and Trauma Special Interest Group

Karestan Koenen, Boston Medical Center and National Center for PTSD; Frank Putnam, Children's Medical Center, Washington, D.C.

Over 1.5 million American children are victims of maltreatment each year. Recent advances in developmental psychobiology and neuroscience suggest that early maltreatment produces enduring negative effects on children's psychobiological and brain development. This symposium is Part I of II presenting recent findings in this area. Clinical implications will be discussed.

Does Mother's Violence History Affect Her Present Parenting?

Daniel Schechter, Columbia University College of Physicians and Surgeons; Charles Zeanah, Tulane University School of Medicine; Susan Brunelli, Columbia University College of Physicians and Surgeons; Michael Meyers, Columbia University College of Physicians and Surgeons; Susan Coates, Columbia University College of Physicians and Surgeons; Patricia Baca, Columbia University College of Physicians and Surgeons; Myron Hofer, Columbia University College of Physicians and Surgeons

Objective: While maternal trauma history, attachment, and psychopathology have been hypothesized as risk factors for intergenerational transmission of violent trauma, mechanisms by which such factors interact to carry effects remain unclear. Methods: Subjects were 41 referred mothers (ages 18-45 years) and children (ages 8-50 months). Mothers had histories of physical and/or sexual abuse and/or other interpersonal violence exposure. Subjects participated in 2 videotaped sessions including: a clinical interview assessing maternal trauma history, mental states, and perceptions (Time 1), as well as a mother-child interaction procedure with separation-reunions (Time 2). Perception was assessed by coding attributions toward the child along dimensions of negativity and distortion. Data were analyzed using bivariate correlations and multiple regression. Results: Maternal trauma history severity was significantly associated with the degree of posttraumatic stress symptoms (PTSS) but not depression or attri butional quality. Greater maternal depression comorbid with PTSS was associated with more negative and distorted attributions toward the child. Conclusions: Degree of PTSS especially when comorbid with depression likely affects maternal perception. The effects of violent trauma history severity on maternal perception may well be mediated through psychopathology. We are currently conducting data analyses to relate these findings to maternal interactive behavior and physiology.

The Neurobiology of Child Abuse

Martin Teicher, Department of Psychiatry, Harvard Medical School and McLean Hospital

Severe early stress and maltreatment produces a cascade of events that has the potential to alter brain development. The first stage of the cascade involves the stress-induced programming of the glucocorticoid, noradrenergic and vasopressin-oxytocin stress response systems to augment stress responses. These neurohumors then produce effects on neurogenesis, synaptic overproduction and pruning, and myelination during specific sensitive periods. Major consequences include: reduced size of the mid-portions of the corpus callosum; attenuated development of the left neocortex, hippocampus and amygdala along with abnormal frontotemporal electrical activity; and reduced functional activity of the cerebellar vermis. These alterations, in turn, provide the neurobiological framework through which early abuse increases the risk of developing PTSD, depression, symptoms of attention-deficit/hyperactivity, borderline personality disorder, dissociative identity disorder, and substance abuse. Through this perspective we can better appreciate that the biological underpinnings of psychiatric disorders are not necessarily genetic, and that early experience can exert dramatic effects on neural circuitry, structure and function.

Cerebellar Volumes in Pediatric Maltreatment-related PTSD and GAD

Michael DeBellis, Duke University; M. Keshavan, Western Psychiatric Institute and Clinic; S. Beers, Western Psychiatric Institute and Clinic; N. Ryan, Western Psychiatric Institute and Clinic

Background: The cerebellum is involved in the integration of higher cognitive function, demonstrates dramatic growth during childhood and adolescence, and is uniquely susceptible to environmental influences. Methods: In this study, 58 psychotropic naïve children and adolescents with maltreatment-related PTSD, 13 non-traumatized children and adolescents with generalized anxiety disorder (GAD) and 98 age and sex matched healthy control children and adolescents underwent comprehensive clinical assessments and anatomical MRI brain scans. Results: Compared with controls, subjects with maltreatment-related PTSD had smaller cerebellar volumes than GAD and healthy controls even after controlling for cerebral volume ($F=6.3$, $p=.002$) and cerebral volume, full scale IQ and socioeconomic status ($F=6.7$, $p<.002$). No differences were observed between GAD and control subjects. Adjusted cerebellar volumes positively correlated with the age of onset of the maltreatment experience that lead to PTSD ($r=.4$, $p<.002$). No sex by group interactions was seen. Conclusions: These data provide further evidence to suggest that maltreatment-related PTSD in childhood is associated with adverse brain development. The cognitive significance of these findings remains to be elucidated.

The Influence of Domestic Violence on Children's IQ: A Twin Study

Karestan Koenen, Boston Medical Center and National Center for PTSD; Shaun Purcell, Institute of Psychiatry, London; Terrie Moffitt, Institute of Psychiatry, London and University of Wisconsin; Avshalom Caspi, Institute of Psychiatry, London and University of Wisconsin

Recent research suggests exposure to chronic trauma in childhood may have enduring negative effects on children's brain development. These results suggest that this exposure will be associated with deficits in performance on cognitive tasks, however, the relationship between exposure to trauma and children's performance on standard neuropsychological tasks has received scant attention. The present study examines the association between exposure to domestic violence and IQ in an epidemiological sample of 1116 5-year-old monozygotic and dizygotic twin pairs from the United Kingdom (response rate 93%). Mothers were interviewed regarding their experience of domestic violence over the past 5 years. Twins' IQ was assessed by interviewers blind to mothers' experience of domestic violence. Structural equation modeling was used to examine whether exposure to domestic violence was associated with lower IQ after accounting for the influence of genetic and other shared environmental factors on IQ. Results indicate that exposure to domestic violence is associated with lower IQ in a dose-response relationship. This finding persists after accounting for the influence of genetic and other shared environmental factors on the variance in IQ. Moreover, at high levels of domestic violence, the influence of other shared environmental factors (e.g. parental education) on variance in IQ is greatly reduced.

Study of Identical Twins Discordant for Combat Exposure in Vietnam

Symposium (biomed) — **Grand Salon IV, 3 (GB)**

Featured Session

Roger Pitman, Department of Psychiatry, Harvard Medical School

Studying identical twins provides a powerful means of resolving the origin of comorbid psychiatric, psychological, and physiological abnormalities in PTSD. This presentation will convey results of a study of identical twins discordant for combat in Vietnam. Results of ongoing analyses may be presented in addition to those described in the two formal presentations.

Physiologic Responses to Tones in Twins Discordant for Combat Exposure

Scott Orr, VA Research Service, Harvard Medical School; Linda Metzger, VA Research Service, Harvard Medical School; Natasha Lasko, VA Research Service, Harvard Medical School; Frank Hu, Harvard University School of Public Health; Michael Macklin, VA Research Service, Arieh Shalev, Hadassah University Hospital/Hebrew University Medical School, Israel; Roger Pitman, Department of Psychiatry, Harvard Medical School

Larger heart rate (HR) responses to sudden, loud (startling) tones are a highly replicated psychophysiological marker for PTSD. This abnormality may be a pre-trauma vulnerability factor, i.e., it may have been present prior to the event's occurrence and increased the individual's likelihood of developing PTSD upon traumatic exposure. Alternately, it may be an acquired PTSD sign, i.e., it may have developed after the traumatic exposure, along with the PTSD. Studying identical twins discordant for traumatic exposure offers an opportunity to resolve these competing origins. In this study, subjects included pairs of Vietnam combat veterans and their non-combat-exposed identical twins. Combat veterans were diagnosed as current PTSD ($n=50$) or non-PTSD (i.e., never had, $n=53$). Subjects listened to a series of fifteen sudden, loud tone presentations while HR, skin conductance, and orbicularis oculi electromyogram were measured. Average HR responses to the tones were larger in Vietnam combat veterans with PTSD than in the other three groups ($p<.0001$). Significant group differences were not found for the other physiologic measures. These results suggest that larger heart rate responses to sudden, loud tones represent an acquired sign of PTSD, rather than a familial vulnerability factor.

Twin Study of the Origin of Psychiatric Comorbidity in PTSD

Natasha Lasko, VA Research Service, Harvard Medical School; Alexander McFarlane, University of Adelaide, Australia; Scott Orr, VA Research Service, Harvard Medical School; Linda Metzger, VA Research Service, Harvard Medical School; William True, VA Medical Center, St. Louis University School of Public Health; Michael Lyons, Boston University School of Medicine, VA Medical Center; Jack Goldberg, Vietnam Era Twin Registry, VA Medical Center, University of Washington; Seth Eisen, Washington University School of Medicine; Ming Tsuang, Department of Psychiatry, Harvard Medical School; Roger Pitman, Department of Psychiatry, Harvard Medical School

Chronic PTSD has high comorbidity. Proneness to mental disorders may confer vulnerability to PTSD. Alternately, the traumatic event's impact may extend beyond PTSD to cause other mental disorders. This study attempted to clarify the origin of comorbid disorders in PTSD. Subjects included pairs of combat-exposed (Ex) Vietnam veterans and their combat-unexposed (Ux) identical twins. Pairs were classified as current PTSD (P+, $n=50$) or non-PTSD (i.e., never had, P-, $n=54$) based upon the Clinician-Administered PTSD Scale results in the combat twin. All subjects underwent the Structured Clinical Interview for DSM-IV and Symptom Check List-90-Revised (SCL-90-R). Group means (SD) on the SCL-90-R Global Symptom Inventory were: ExP+ 1.8 (0.8), ExP- 0.6 (0.6), UxP+ 0.6 (0.7), UxP- 0.4 (0.4). The Diagnosis x Exposure interaction was significant ($p<.0001$); adjusted for the interaction, neither main effect was significant. ExP+ subjects had more affective disorder than the three other groups ($p<.001$). There was significantly more non-combat-related PTSD in UxP+ than in UxP- subjects ($p=.01$). These results suggest that comorbid psychopathology in PTSD results from the traumatic event. Judging from their identical twins, PTSD veterans, had they not gone to combat, would have been at significantly higher risk for non-combat-related PTSD but not for other mental disorders.

The ABCs of CBT with Traumatized Children and Their Families

Workshop (child) — **Laurel C/D, 4 (HB)**

Anthony Mannarino, Allegheny General Hospital; Judith Cohen, Allegheny General Hospital; Esther Deblinger, University of Medicine and Denistry of New Jersey

Trauma-focused cognitive behavior therapy (CBT) has been empirically demonstrated to be an efficacious treatment for traumatized children and their families. This workshop will present the basic interventions that are included in this model of treatment which include stress inoculation tech-

niques, psychoeducation, gradual exposure interventions, and cognitive processing. There will be a particular emphasis on how these treatment strategies can be implemented with children of different age groups. Additionally, there will be a focus on the importance of including the child's caretakers in any treatment that is provided and how CBT interventions for the caretakers parallel those used with the children. A summary of recent research findings which support trauma-focused CBT with this population will also be presented.

Reducing Clinician's Fears of Using Established CSExposure Techniques

Workshop (practice) — Grand Salon III, 3 (GB)

Donald Levis, Binghamton University; Patricia Rourke, Binghamton University

Although behavioral and cognitive-behavioral therapy approaches enjoy the greatest levels of empirical support, we contend that many clinical training programs fail to adequately emphasize the basic learning principles that underlie these techniques and provide a critical basis for understanding the development and elimination of symptoms of psychopathology. Similarly, there is a notable failure by many programs to provide systematic training in dealing with the high levels of emotional distress common in some clinical populations (e.g., trauma survivors). This, we argue, has led to reluctance on the part of many clinicians to utilize some empirically supported exposure therapies, such as implosive therapy, in the treatment of trauma survivors for fear that they will either inadvertently exacerbate clinical symptomatology and/or become vicariously traumatized themselves. The major purposes of this workshop are to: (1) provide clinicians with a detailed review of some of the most well-supported learning principles that underlie the use of exposure therapies, demonstrating how knowledge of these principles can improve the efficacy of therapy and (2) provide exposure, via videotaped segments of actual therapy sessions, to high levels of client affect with the goals of (a) habituating clinicians to high levels of distress, (b) illustrating the clients' rapid recovery following such exposure, and (c) suggesting techniques to minimize therapists' stress when using these procedures.

The ABCs of IRBs for Trauma-related Research

Workshop (misc) — Grand Salon II, 3 (GB)

Elana Newman, University of Tulsa; Adil Shamoo, Department of Biochemistry and Molecular Biology, University of Maryland, Baltimore; Judith Brooks, Office for Human Research Protections, Department of Health and Human Services

This workshop will focus on the nuts and bolts of applying ethical decision making to trauma-related research and submitting a clear human subjects review application. Dr. Shamoo will present an overview of the key issues to consider with respect to ethical issues and the process of ethical decision-making. A member of the education staff from the Office of Human Research Protections Department of Health and Human Services will describe the nuts and bolts of completing a strong IRB application, focusing on the 45CFR. Dr. Newman will review pertinent research regarding what we know about participants' responses to research and specific issues related to trauma. The last portion of the seminar will involve breaking up into groups and practicing ethical decision-making with respect to 2 proposed trauma-related research projects.

Groups for War Veterans: Models, Staging, and Meeting Challenges

Workshop (practice) — Grand Salon I, 3 (GB)

Melissa Wattenberg, VA-Boston Healthcare—Outpatient Clinic, Tufts; Shirley Glynn, UCLA-West Los Angeles VAMC; William Unger, Brown University/Providence VAMC; Barbara Niles, National Center for PTSD, VA Boston Healthcare System

While group therapy is widely used for combat survivors, data supporting specific group models have been relatively scant. This workshop offers intermediate to advanced interventions in two effective models of group treatment for chronic combat-related PTSD: Trauma Focus, a skills-building and exposure-based model incorporating psychoeducation, coping-skills training, exposure therapy, cognitive restructuring, and relapse prevention in a developmental perspective; and Present-Centered, a supportive/process-group approach informed by schema theory for PTSD, targeting symptoms which disrupt orientation to current life, and using group interaction as the basis for reframing trauma-based assumptions and behaviors, with psychoeducation as needed. The essential elements of each treatment will be presented, in the context of data from a 10-site randomized VA trial supporting their efficacy. Emphasis will be placed on implementing and maintaining active treatment in the face of challenges regularly encountered with combat survivors (such as avoidance, trauma-based attitudes and beliefs, common comorbidities (e.g., substance abuse, mood disorders, personality disorders)). The Workshop will cover: recommended staging of interventions; eliciting consistent attendance and participation; responding to trust and compliance issues; managing dissociation, re-experiencing, and intense hyperarousal; dealing with multiple traumatizations; and addressing family issues affecting treatment. Didactic materials, demonstrations, and role-play exercises will be utilized.

PTSD Psychopharmacology Primer for Clinical Practice

Workshop (practice) — Kent A/B/C, 4 (HB)

Linda Nagy, Dartmouth Medical School; Randall Marshall, Columbia University; Claudia Zayfert, Dartmouth

Non-physicians and beginning psychiatrists can find pharmacotherapy in patients with PTSD somewhat bewildering, and there are few empirical guidelines for how best to implement combined interventions. Challenging factors include the complexity of PTSD, a paucity of controlled medication studies in PTSD, common comorbid psychiatric and medical conditions, split psychotherapy/pharmacotherapy arrangements, and typical characteristics of patients with PTSD, such as problems with trust. This workshop is intended to provide basic information to help guide pharmacotherapy. The range of medications currently used and target symptoms will be discussed to illustrate some basic concepts. Suggestions will be offered regarding how to make an effective referral, facilitate communication, integrate treatments in a synergistic way, and avoid common pitfalls. Speakers will address situations bridging medication and psychotherapy encountered in clinical practice.

Child Holocaust Survivors' Apparently Normal Lives: At What Cost?

Case (complex) — Galena, 4 (HB)

Yvonne Tauber, AMCHA and The Israeli Center for the Treatment of Psychotrauma; Danny Brom, The Israel Center for the Treatment of Psychotrauma; Motti Cohen, ELAH, Herzog Hospital, Outpatient Clinic, Jerusalem

Child survivors of the Holocaust have gone through complex sequences of trauma, loss and recovery from early childhood on. Many of them have adapted to life very successfully. A small minority show psychopathology that impedes their daily functioning. We will present findings of research and case material of individual and group therapy from our clinical practice in Israel, in order to show the price many survivors have been paying for an apparently normal life. Our main contention is that the manifestations of unprocessed traumatic memories are manifold and not necessarily readily recognizable as such. Clinicians might, therefore, accept the strong parts of the survivors and be insufficiently aware of the suffering hidden behind often isolated (presenting) symptoms. These clients are not necessarily aware either of the connections between specific (current) difficulties and their severe trauma histories. The recent stresses and trauma in Israel may increase the tendency of survivors to hold on to "the (apparently) normal". Therapists are also inclined to reinforce the coping side of their clients and collude with the clients in the denial of problems. Implications for clinical work with severely traumatized, who succeed to live "normal lives" will be discussed.

Complex PTSD as a Clinical Pathway for Violent Behavior

Case (practice) **Falkland, 4 (HB)**

Ange Puig, Puig Associates; Maureen Santina, Associates in Forensic Psychology

Studies suggest there is underdiagnosis of Posttraumatic Stress Disorder in children. Children involved in the criminal justice system are frequently discovered to have untreated psychiatric disorders. The view that children can be diagnosed with PTSD is relatively recent. Questions have been raised whether current PTSD diagnostic criteria adequately capture the range of traumatic experiences and effects in children's lives. Children may be exposed to intrafamiliar violence, neglect, sexual exploitation, and psychological maltreatment. Research indicates that earlier onset of trauma produces greater depth of traumatic damage and potential for lifelong adverse effects. The term complex PTSD describes the multi-systemic consequences of early chronic trauma. These children are frequently misdiagnosed with disruptive behavior disorders without appreciation for the role of trauma in the development of aggressive and self-destructive behaviors. A case will be presented of a young adult male suffering from complex posttraumatic symptomatology who committed a homicide subsequent to a recent acute traumatic stressor. The interplay of pre-existing symptomatology and subsequent exacerbation will be discussed as factors in producing aggressive behavior. Clinicians should consider the role of complex PTSD in development of dyscontrol as part of forensic assessments of violent behavior. Earlier identification and intervention may improve approaches to youth violence.

2:30 p.m.–3:45 p.m.

Disaster, Terrorism, and Trauma Programming at SAMHSA/CMHS

Forum (disaster) **Galena, 4 (HB)**

Seth Hassett, Emergency Services and Disaster Relief Branch, Center for Mental Health Services, SAMHSA; Robert DeMartino, Programs in Trauma and Terrorism, Center for Mental Health Services, SAMHSA; Fran H. Norris, Department of Psychology, Georgia State University

The Substance Abuse and Mental Health Services Administration (SAMHSA) is a federal agency within the U.S. Department of Health and Human Services whose mission is to improve the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses. SAMHSA is comprised of three Centers including the Center for Mental Health Services (CMHS), which heads efforts to speed the application of mental health treatments for people with mental illnesses. One of the areas of special focus for CMHS is disaster mental health and emergency services. This panel will describe the disaster and terrorism-related programs and priorities at CMHS. We will also summarize the results of a CMHS-sponsored empirical review of the disaster mental health-related research that has been published over the past two decades. This summary will include what is known about the potential range, magnitude, and duration of a disaster's effects on the mental health of the stricken community, and the experiential, demographic, and psychosocial factors that influence who within that community is most likely to be adversely affected. An interactive discussion will then focus on the implications of CMHS programming and the summary of the research base for disaster mental health practice and research.

National Institutes of Health Research Funding and Applications

Forum (clin res) **Grand Salon VII, 3 (GB)**

Cindy Miner, Office of Science Policy and Communications, National Institute on Drug Abuse; Teri Levitin, Office of Extramural Affairs, National Institute on Drug Abuse; Cheryl Boyce, National Institutes of Health

This workshop is designed to orient junior as well as seasoned investigators unfamiliar with the National Institutes of Health (NIH) to the grant process. The critical elements of grant writing and the NIH review and funding processes will be discussed, including changes involving budgets and IRB approval that make it easier to prepare applications. In addition, participants will become familiar with grant opportunities currently available at the National Institute on Drug Abuse (NIDA) and the National Institute on Mental Health (NIMH), as well as how to access the most up-to-date information on new opportunities as they arise. Staff members from NIDA and NIMH will discuss grant mechanisms available to fund research including those mechanisms designed for newer investigators. Time will also be available for questions and discussion.

Compassion Fatigue in Israeli Professional Caretakers

Panel Discussions (complex) **Falkland, 4 (HB)**

Bruce Lackie, Walden University; Rony Berger, Natal Center-Tel Aviv; Danny Brom, Center for Psychotrauma; Barbara Hanoch, Hadassah Hospital, Israel; Yvonne Tauber, AMCHA and the Israeli Center for Psychotrauma

This panel discussion will present the on-going experience of professional caretakers who are responsble for addressing complex trauma issues in Israel, even as they are embedded within the conflict themselves. The focus on compassion fatigue presents powerful testimony to the realities of sustained care and the challenges of promoting hope in the face of an escalating vortex of violence.

Prevention of Intergenerational Transmission of Traumatic Effects

Symposium (disaster) **Grand Salon III, 3 (GB)**

Featured Session

Charles Portney, UCLA Medical School, Dept. of Psychiatry

Dr. Armsworth will present the results of a study of four generations of 45 women who experienced childhood incest. Dr. Elmore will provide an overview of a program to prevent hate, violence and ultimately genocide. Dr. Trickett will discuss childrearing attitudes and pratices of mothers of physically or sexually abused children.

Generational Complex Trauma: Systemic Treatment and Prevention

Mary Armsworth, University of Houston

The "cascading" of complex trauma through four generations of 45 women who experienced childhood incest is examined using multigenerational genograms, narrative data from semi-structured interviews, and demographic information. The current study sought to further understand attitudes toward parenting and other pregnancy choices in the sample, and to examine the frequency and type of abuse and trauma in participants' families. Data were subjected to qualitative and descriptive analyses with salient themes and patterns indicating the presence of complex trauma in the majority of generational reports. Patterns that emerged included multigenerational losses and absence of mourning; relational disconnections with incapacitation in self and other protection; severe alterations in affect regulation, and permeation of generations with fear, isolation, betrayal, and silence. An analysis of resilient behavior represented is also discussed. Results of this preliminary study are used as the basis for suggestions for (1) future research and methodological issues; (2) development and targeting prevention efforts at various systemic levels, including parent education and social skills development programs; and (3) the use of a variety of intervention strategies in treatment of individuals and family systems, including genograms as metaphors, trauma narrative reconstruction, verbalizing and disclosing the unspeakable, and identification of markers of trauma integration.

Preventing Hate and Genocide in the Next Generation

Diane Elmore, Honolulu VA Medical Center/National Center for PTSD

Evidence suggests that human beings are not born prejudice or bigoted, but rather learn these attitudes and behaviors from those around them (ADL, 1999). As attitudes and behaviors are learned, they can also be unlearned. Although many efforts are being made to focus on interventions in this area which promote more positive outcomes in the next generation, little is known about the efficacy of such programs. The purpose of the current presentation will be to provide and overview of an empirically evaluated program which uses the historical trauma of the Holocaust to promote prejudice awareness and teach the consequences of apathy in order to prevent hate, violence, and ultimately, genocide. One hundred forty nine high school students participated in the six week prevention/intervention program and completed a series of quantitative as well as qualitative assessment tools at three points in time (pretest, posttest, and follow-up). The findings of the current investigation indicated that this prevention/intervention program did in fact have a positive impact on participants' knowledge, attitudes, and behaviors both immediately after training and following a four-month delay. The current investigation lends support to the notion that prevention/intervention programs can help to foster peace and humanity in the next generation.

Childrearing Attitudes and Practices of Parents of Abused Children

Penelope Trickett, University of Southern California

This presentation focuses on the childrearing attitudes and reported practices of parents of children who were physically or sexually abused. Findings from two studies will be reported. The first was a cross-sectional study of the impact of physical abuse on 4 to 10-year-old boys and girls. The abusive parents (mothers and fathers) took part in this study and reported on many facets of their child-rearing attitudes and practices, especially use of different forms of discipline; perceptions of the child and/or childrearing as enjoyable or difficult; and satisfaction with their child (see, for example, Trickett and Kuczynski, 1986; Trickett and Susman, 1988; 1989). The second study is a longitudinal study of the psychobiological impact of familial sexual abuse on girls. At the beginning of this study, the sample consisted of 6 to 16-year-old sexually abused girls and their mothers (or other non-abusing caretaker) and a demographically similar comparison group (see, e.g., Trickett and Putnam, 1993). Many of the same measures of childrearing attitudes and practices (as used in the physical abuse study described above) were included in this study (see, e.g., Trickett, Everett, and Putnam, 1995), thus allowing for comparisons between families in homes with physical abuse and those with sexual abuse.

Child Traumatic Stress in Medical Settings

Symposium (child) **Dover A, 3 (GB)**

Glenn Saxe, Boston University School of Medicine/National Child Traumatic Stress Network; Robert Pynoos, UCLA/National Child Traumatic Stress Network

This symposium reviews the medical setting as a location of traumatic stress assessment and intervention for children. In particular we present studies of children with burns, traffic accidents, organ transplantation, and cancer. These studies are discussed in terms of an emerging area of expertise on traumatic stress in medical settings.

ASD and PTSD in Children Hospitalized with Burns

Glenn Saxe, Boston University School of Medicine/National Child Traumatic Stress Network; Frederick Stoddard, Shriners Burns Hospitals/Massachusetts General Hospital; Neharika Chawla, Boston University School of Medicine/National Child Traumatic Stress Network; Carlos Lopez, Boston University School of Medicine/National Child Traumatic Stress Network; Robert Sheriden, Shriners Burns Hospitals/Massachusetts General Hospital; Lynda King, National Center for PTSD/VA Healthcare New England/Boston University; Daniel King; National Center for PTSD/VA Healthcare New England/Boston University

This presentation describes an ongoing longitudinal study of children hospitalized with an acute burn. The main aims of this study are to determine the relationship between the DSM-IV diagnoses of ASD and PTSD and to determine risk factors for the development of ASD and PTSD. Sixty-one children, between the ages of 7 and 18, admitted to Shriners Burns Hospital for an acute burn were evaluated within 2 weeks of their burn for the presence of ASD using a clinical interview aided by the Child PTSD Reaction Index. Children were reassessed 3 months following discharge for the presence of PTSD. Thirty-one percent of children with burns met DSM-IV criteria for ASD. At 3-month follow-up 22% of children met criteria for PTSD. A diagnosis of ASD yielded a threefold risk for PTSD at follow-up. The dissociative symptoms of ASD (criterion B), in particular, predicted PTSD. The dose of morphine administered during the hospitalization was significantly related to symptom attenuation over three months. Multiple regression analysis demonstrated that variables of acute dissociation, early life behavioral dysregulation, and life stress in the year prior to the burn were the strongest predictors of PTSD symptoms.

Acute and Post-traumatic Stress After Pediatric Traffic-related Injury

Nancy Kassam-Adams, Children's Hospital of Philadelphia; Flaura Winston, Children's Hospital of Philadelphia and University of Pennsylvania; Chiara Baxt, Children's Hospital of Philadelphia

Traffic crashes are one of the most common causes of unintentional pediatric injury, with nearly one million children per year in the US receiving medical treatment for injuries sustained as pedestrians, bicyclists, or passengers. This presentation will report on a prospective study of post-traumatic stress among 250 children (age 8 to 17) and their parents, enrolled at a large urban pediatric hospital following admission for a traffic-related injury. Children and parents were assessed within 1 month of injury and again 4 to 8 months post-injury. At follow-up, 20% of children and 10% of their parents exhibited clinically significant post-traumatic symptoms, with 6% of children and 9% of parents meeting symptom criteria for PTSD diagnosis. Predictors of child PTS symptom severity include subjective sense of life threat, exposure to frightening sights or sounds, separation from parents, the child's experience of pain

in the acute post-injury period, child ASD severity within the first month post-injury, and parental acute distress. Parent responses appear to be key in children's emotional recovery from injury. A model for the interaction between child and parent responses to traumatic injury, including coping, social support, and the coping assistance provided to children by parents and peers, will be presented.

Assessment of Posttraumatic Symptoms in Medically Ill Children

Eyal Shemesh, Mt. Sinai Hospital; Jeffrey Newcorn, Child and Adolescent Psychiatry, Mount Sinai Medical Center; Abraham Bartell, Children After Trauma Care and Health Program, Mount Sinai Medical Center; Rachel Yehuda, Division of Traumatic Stress Studies, Mount Sinai Medical Center

Symptoms of Posttraumatic Stress Disorder (PTSD) have been described in medically ill patients. They may be a consequence of trauma related to the disease process (i.e., a surgical procedure) or unrelated (i.e., a history of abuse in a child who is ill). PTSD symptoms may interact with the child's medical illness and lead to its exacerbation via several potential mechanisms. For example, we have previously reported an association between symptoms of PTSD and nonadherence to medications in pediatric transplant recipients. In this presentation, we will describe findings from completed or ongoing studies that examine the interaction between traumatization and medical illness in children who are being treated in pediatric care settings. For example, in a survey of pediatric Emergency Room (ER) patients, medical-illness related traumatic exposure was reported by 40% of 62 participants and PTSD was related to increased ER utilization ($p=0.02$, controlling for age and sex); in an ongoing study of medically-ill children, above-threshold PTSD was diagnosed in 15% of 66 patients who were evaluated thus far. In a survey of pediatric transplant recipients, a history of abuse was associated with death due to nonadherence. The potential implications of these findings will conclude this presentation.

Worst Moments: Adolescents' Descriptions of Traumatic Medical Events

Margaret Stuber, University of California at Los Angeles; Lisa Mintzer, University of California at Los Angeles; Gregory Young, University of California at Los Angeles

Although research has recently demonstrated that survivors of life-threatening medical illness report PTSD symptoms, little is known about what aspects of these experiences constitutes the traumatic event. As part of a larger study, 96 adolescent heart, liver or kidney transplant recipients were asked to describe the "worst moment" of their transplant experience and when that moment occurred. The majority of adolescents described worst moments during the period of transplant hospitalization. Most events related to threats to body integrity, rather than life threat. These findings suggest that a medical procedure such as organ transplantation can itself be experienced as traumatic or the "worst moment" despite the life-threatening condition it serves to alleviate. Understanding the worst moment of medical trauma helps to clarify potential traumatic memories to target for intervention, and suggests a possible entry point for prevention. Further analyses are underway on the relationship between the identified traumatic event and PTSD symptoms and other psychosocial variables. Comparisons will also be made to a similar set of data collected on a sample of adolescent cancer patients.

The Developmental Psychobiology of Childhood Trauma: Part II

Symposium (child) — Laurel A/B, 4 (HB)

Endorsed by the Gender and Trauma Special Interest Group

Karestan Koenen, Boston Medical Center and National Center for PTSD; Michael Debellis, Duke University

The development of human psychobiological and brain systems continues through young adulthood. Recent advances in developmental psychobiology and neuroscience suggest that exposure to trauma during these critical developmental periods can have lasting effects on these systems. This symposium is Part II of II presenting recent findings on the developmental psychobiology of trauma. Clinical implications will be discussed.

Trauma and the Development of Metacognitive Skills in Young Children

Clancy Blair, Pennsylvania State University

The paper will focus on the role of negative emotionality and stress response in young children. It will explore the ways in which negative emotionality and stress response may be associated with problems with the development of higher order thinking skills in young children generally referred to as executive or metacognitive skills. Specifically, a developmental neurobiological model will be presented in which negative emotionality and stress responses have direct effects on neural plasticity related to the frontal cortex. Implications of this developmental model for risk for psychopathology following traumatic stress will be considered. Children's self-regulatory abilities in a variety of contexts such as in the adjustment to daycare or the transition to school will also be discussed. Particular attention will be paid to interactions between frontal functioning and the reactivity of the autonomic nervous system. Data linking cardiac vagal tone, an index of autonomic regulation of the heart, negative emotionality, and the adjustment to preschool among children from low income backgrounds will be presented. Implications for the prevention of learning and behavior problems will be discussed.

Initial Hormonal Predictors of Psychopathology in Child Trauma Victims

Douglas Delahanty, Department of Psychology, Kent State University; Nicole Nugent, Kent State University; Norman Christopher, Kent State University

Although equivocal, biological research on adult PTSD victims has suggested that PTSD is associated with lower than normal cortisol and higher than normal catecholamine levels. The few studies examining children have suggested the opposite: that children with PTSD have significantly higher cortisol levels than similarly exposed children without PTSD. However, these studies have examined children years after the traumatic event(s). The present ongoing study examines the relationship between initial hormone levels and subsequent PTSD and depression symptoms. Participants are victims between the ages of 8-18 who are admitted to the trauma unit of a local hospital. Twelve-hour urine samples (for catecholamine and cortisol analyses) are collected beginning at hospital admission, and six weeks later, the CAPS-CA and Reynolds Depression Scales are administered in the patient's home. Preliminary results reveal that initial urinary cortisol, norepinephrine (NE), and epinephrine (E) levels are positively correlated with subsequent depressive symptomatology ($rs=.83$, .92, and .96, respectively: all $ps<.01$). Similarly, PTSD symptoms are also positively correlated with initial cortisol, NE and E ($rs=.72$, .83, .78, respectively: $ps = .04$-.07). Results suggest that children at risk for developing PTSD and depression may respond with elevated hormone levels in the immediate aftermath of a traumatic event.

Terrorism's Lasting Biological Effects on Direct Victims and Offspring

Phebe Tucker, Department of Psychiatry, University of Oklahoma; Betty Pfefferbaum, Department of Psychiatry, University of Oklahoma; Carol North, Washington University School of Medicine; Akm Hossain, Department of Psychiatry, University of Oklahoma; Dorothy Wyatt Department of Psychiatry, University of Oklahoma; Sridevi Nagumalli, Department of Psychiatry, University of Oklahoma; Adrian Kent; Department of Psychiatry, University of Oklahoma

A pilot study assessed adults highly exposed to the 1995 Oklahoma City bombing and their children 6 1/2 to 7 years later for emotional symptoms and autonomic reactivity to trauma reminders to determine long-term consequences of terrorism. 11 direct victims (in the Federal Building during the blast or injured close by) and their 15 children, who were aged 6-14 years at the time of the disaster, were assessed for PTSD (IES) and depression (BDI) symptoms. Autonomic reactivity was measured through heart rate and blood pressure responses to a 4-minute trauma interview. Adult victims' measures were compared to 13 mentally healthy (SCID-IV) adult controls who had experienced different trauma. Parent-child dyads were compared to determine whether vicarious child victims' emotional and physiological symptoms resembled their parents'. Direct victims of terrorism had significantly higher emotional symptomatology and autonomic reactivity 6-7 years later com-

pared to adults exposed to other types of trauma, suggesting enduring sensitization to trauma in these individuals. Direct victims' children had increased physiological reactivity at levels of their parents and significantly higher than trauma controls. Findings suggest that intense exposure to terrorism causes long-term sequelae, and that children of direct victims may also have long-lasting consequences from exposure to their parents' suffering.

Contextual, Therapeutic, and Forensic Paradigms for Complex Trauma

Symposium (complex) Grand Salon VI, 3 (GB)

Laura Brown, Washington School of Professional Psychology-Argosy University Seattle

This symposium will address three issues in the understanding of complex trauma. We will examine the context in which complex trauma occurs; psychotherapeutic treatment strategies; and forensic issues for evaluators in complex trauma cases.

The Context of Complex Trauma: A Contextual Model of Complex PTSD

Steven Gold, Center for Psychological Studies, Nova Southeastern University

The "Complex PTSD" construct evolved largely from recognition that trauma was prevalent in the histories of many clients whose difficulties included but extended well beyond those comprising Posttraumatic Stress Disorder. These clients—with a broad range of symptoms spanning syndromes such as dissociative, personality, addictive and somatoform disorders—were frequently viewed as having extremely poor prognoses. It was assumed that trauma-focused treatment would be considerably more effective for them than interventions that did not take their trauma histories into account. However, clinical observation and empirical research evidence suggest that there are often factors in the backgrounds of Complex PTSD clients in addition to trauma that contribute appreciably to their difficulties. Individuals with extensive trauma histories are frequently reared in interpersonal contexts that model ineffective coping strategies, fail to adequately transmit capacities needed for adaptive functioning, and foster extreme interpersonal dependency and unassertiveness. A contextual perspective underscores the need to focus treatment on helping these clients develop adaptive capacities that, if never previously established, will not be established via trauma-focused intervention alone. Implications of contextual theory for treatment of Complex PTSD will be considered.

Treatment Approaches for PTSD

Christine Courtois, The Center: Post Traumatic Disorders Program

This presentation will provide an overview of treatment modalities that are now available and recommended for different types of posttraumatic reactions and disorders. The presenter will draw from the authoritative literature and research and from a review of the available consensus guidelines in support of the various types of interventions. The underlying philosophy of this presentation, in keeping with the available literature and research findings, is that most treatment for posttrauma adaptations should be tailored to the needs of the individual and should be multimodal. Since posttrauma adaptations are highly variable and constitute a complex biopsychosocial stress response, so too should interventions be variable and biopsychosocial in order to provide holistic and comprehensive treatment.

Forensic Assessment of Complex Post-Trauma in Civil Cases

Laura Brown, Washington School of Professional Psychology, Argosy University

This presentation will focus on the application of knowledge of complex posttraumatic states in the context of civil litigation. A multi-method strategy for the assessment of complex post traumatic symptoms will be discussed, and a paradigm for writing and testifying about plaintiffs with both complex trauma histories, and complex trauma symptoms, will be described. The influence of such variables as gender, race, culture, and social class on the process of forensic assessment of complex post-traumatic states will be explored.

Sleep, Dreams, and PTSD

Symposium (biomed) Grand Salon IV, 3 (GB)

Thomas Mellman, Dartmouth Medical School, Department of Psychiatry

Much of the documentation of traumatic nightmares has been anecdotal and there is uncertainty regarding the nature of sleep disturbance with PTSD. The symposium brings together new research findings that relate dream content themes and REM sleep patterns to trauma exposure and development of PTSD, and nightmare physiology to fear response mechanisms.

Contextualized Images in Dreams Before and After September 11, 2001

Ernest Hartmann, Tufts University School of Medicine, Newton-Wellesley Hospital

A contextualizing image (CI) is a powerful central image in a dream which can be seen as picturing, or providing a picture-context for, the dominant emotion of the dreamer. Thus the paradigmatic dream, "I was overwhelmed by a tidal wave," contextualizes the dominant emotion of fear/terror or helplessness. Dreams following trauma have been shown to have more powerful imagery in periods after trauma than at other times. This study examined the question of whether CIs were more prevalent and more intense in dreams following the tragedy of September 11, than before. Dreams were collected for both time periods and scored blindly according to an established protocol. Results upheld the hypotheses.

Relationships of Dream Content to Recent Trauma and PTSD

Wilfred Pigeon, Dartmouth School of Medicine, Department of Psychiatry; Thomas Mellman, Dartmouth School of Medicine

Trauma-related nightmares are considered an important feature of PTSD and have been associated with the early development of the disorder (Mellman et al., 2001). In this study we provide a more comprehensive analysis of dream content from recently traumatized participants, compare content to normative dream samples, and further evaluate relationships to the development of PTSD. Dreams were recorded using morning diaries from patients hospitalized for injuries related to accidents or impersonal assaults. Patients meeting criteria were initially evaluated within two weeks of injury and PTSD status was determined by structured interview, two months post-injury. Dreams were coded using an established system and compared to previously collected normative data (Domhoff and Schneider, '98) and between participants who were positive and negative for PTSD. Forty-five dreams from 25 participants were analyzed. Dreams of trauma patients had significantly more physical aggression although the dreamers were less often the aggressor, and more content related to anatomy. There was less sexuality, friendliness and good fortune. Within the injured patients, those who developed PTSD symptoms had more ratings for bodily misfortune and negative emotions. These data suggest that dream content is influenced by recent experience of threat and injury and may be revealing of emotional processing relevant to the development of PTSD.

The Psychophysiology of PTSD Nightmares

Steven Woodward, VA Palo Alto Health Care System

Many obstacles arise in the scientific study of trauma-related nightmares and their definitive characterization in neurobiological terms may be far off. Nevertheless, a picture is emerging from studies comparing persons with and without nightmares, and from observations of a small number of "symptomatic arousals" using ambulatory sleep recording. This picture owes much, as well, to the advances that have been made in the understanding of central sleep and fear mechanisms and their potential interactions. It has been demonstrated, for example, that the amygdala and bed nucleus modulate the arousability of pontine nuclei involved in the regulation of REM sleep. Data will be reviewed indicating that trauma-related nightmares may reflect excess central fear system activation during sleep. The findings associated with nightmare complaint, which includes increased vigilance, REM-associated awakenings, reduced whole-body movements, and accelerated respiration, appears to reflect a fear system mode which Lang et al (2000) have termed "defensive immobility", and which contrasts both behaviorally and psychophysio-

logically with the familiar "fight/flight" pattern of fear behavior. Interestingly, the imposition of "defensive immobility" upon normal sleep may be associated with objective modifications, such as movement suppression, suggestive of improved sleep. Implications for clinical trials aimed at ameliorating trauma-related sleep disturbances will be discussed.

REM Sleep and the Early Development of PTSD

Thomas Mellman, Dartmouth School of Medicine; Victoria Bustamante, University of Miami, Department of Psychiatry and Behavioral Sciences; Wilfred Pigeon, Dartmouth School of Medicine, Dept. Psychiatry; Bruce Nolan, University of Miami, Department of Neurology

Arousal regulation and memory consolidation appear to be important in determining the development of PTSD, and both are functions of sleep. Sleep findings from chronic PTSD are complex and somewhat contradictory, and data from the acute phase are quite limited. The aim of the present study was to obtain polysomnographic recordings (PSGs) during an acute period following life-threatening experiences and injury, and to relate measures of sleep duration and maintenance, and the timing, intensity and continuity of rapid eye movement (REM) sleep to the early development of PTSD. Twenty-one injured subjects meeting study criteria received at least one PSG close to the time of medical/surgical stabilization and within a month of injury. PTSD symptoms were assessed concurrently and 6 weeks later. Sleep measures were compared between injured subjects with and without significant PTSD symptoms at follow-up, and 10 healthy, non-injured controls, and were also correlated with PTSD severity. There was more wake time after the onset of sleep in injured, trauma exposed patients compared to non-injured controls. Development of PTSD symptoms was associated with shorter average duration of REM sleep prior to a stage change and greater number of REM periods. The development of PTSD symptoms following traumatic injury was associated with a more fragmented pattern of REM sleep.

Psychological Reactions to the 9/11 Terrorist Attacks

Symposium (disaster) **Kent A/B/C, 4 (HB)**

Grant Marshall, RAND

Recent empirical research examining the impact of the September 11, 2001, terrorist attacks on subsequent psychosocial outcomes will be presented. Findings relevant to the impact on New York City, Washington, D.C., and nation-wide reactions will be described. Insights gleaned using different data collection modalities and design protocols will be highlighted.

Distress and Resiliency in Coping with the Tragedy of 9/11

Lisa Butler, Stanford University School of Medicine; Jay Azarow, Stanford University School of Medicine; Juliette Desjardins, Stanford University School of Medicine; Andrew Hastings, Stanford University School of Medicine; Cheryl Koopman, Stanford University School of Medicine; David Spiegel, Stanford University School of Medicine

Following the tragic events of 9/11/01, Americans struggled to come to terms with what they had experienced. For some, exposure to the event was immediate and terrifying, involving threat to self or loved ones. For others, exposure was less direct yet still troubling, due to relentless media presentation of footage of the attacks themselves and of their aftermath. In the face of these experiences, Americans responded in many ways, including engaging in general coping strategies (such as positive reframing, substance use, behavioral disengagement, etc.) and employing behaviors specific to coping with the event (such as donating money, displaying an American flag, avoiding media coverage, etc.). In this presentation we will introduce data collected as part of an Internet-based prospective study of how over 7000 Americans and others have coped with the stress of the terrorist attacks. (Six-month follow-up data collection is currently underway.) Analyses will include an examination of (1) the relationship of event exposure (type, degree) to coping strategies (general, 9/11-specific) adopted at baseline, and (2) which coping strategies predicted adjustment at 6-month follow-up, including both distress (trauma symptoms, general distress) and resiliency (psychological and social well-being) outcomes. The implications of the findings for early intervention will be discussed.

A National Longitudinal Study of Responses to the 9/11 Attacks

Alison Holman, University of California, Irvine; Daniel McIntosh, University of Denver; Michael Poulin, University of California; Virginia Gil-Rivas, University of California; Roxanne Silver, University of California

Over the past six months, our research team has successfully completed a longitudinal investigation of early emotional, cognitive, and social responses to the terrorist attacks of September 11, 2001. We collected data from a national random sample of 1382 individuals two months post 9/11 using an anonymous Web-based survey methodology. Pre-September 11th health and health care utilization data are available on most of these individuals. Nine hundred thirty three subjects had completed stress and coping measures 9-14 days after the attacks, and an additional 449 were over-sampled from each of 4 cities that had experienced community-based trauma (New York, NY, Oklahoma City, OK, Littleton, CO, and Miami, FL). A 6-month follow-up of respondents is currently underway. The purpose of this project is: 1) To investigate the psychological and social processes that help explain individual differences in response to the 9/11 terrorist attacks; 2) To identify early predictors of long-term adjustment to the 9/11 attacks; 3) To compare responses to the 9/11 events among individuals who have previously experienced a traumatic event (either personally or in their communities) with those who have not previously encountered trauma; and 4) To investigate the psychological and social processes that help explain the variability in responses to stressful life events more generally.

Findings from the National Survey of American's Reactions to 9/11

William Schlenger, Research Triangle Institute; Juesta Caddell, Research Triangle Institute; Lori Ebert, Research Triangle Institute; B. Kathleen Jordan, Research Triangle Institute; Kathryn Rourke, Research Triangle Institute; David Wilson, Research Triangle Institute; Lisa Thalji, Research Triangle Institute; J. Michael Dennis, Knowledge Networks; John Fairbank, Duke University Medical School; Richard Kulka, Research Triangle Institute

This presentation will summarize findings from the National Survey of Americans' Reactions to September 11 (N-SARS) with respect to posttraumatic stress disorder (PTSD) and post-exposure alcohol use. N-SARS surveyed a national sample of adults during the second month after the terrorist attacks. The sample was selected from the Knowledge Networks Web-Enabled Panel, a probability-based research panel with about 60,000 enrolled households nationwide, and included oversamples of the New York and Washington, DC, metropolitan areas. The survey assessed direct and indirect exposures to the September 11 attacks, and included the PTSD Checklist (PCL) and the 18-item version of the Brief Symptom Inventory (BSI), and a total of 2,273 adults participated. Findings indicated that the PTSD prevalence (assessed via the PCL) was elevated in the New York, but not the Washington, metropolitan area relative to the rest of the U.S. Findings from the BSI, however, indicate that all across the country to overall levels of clinically significant psychological distress were within normal limits. Findings concerning post-exposure alcohol use suggest a decrease in alcohol use in the month following the attacks.

Posttraumatic Stress Disorder and Depression in NYC After 9/11

Sandro Galea, Center for Urban Epidemiologic Studies, New York Academy of Medicine; Jennifer Ahern, Center for Urban Epidemiologic Studies, New York Academy of Medicine; Heidi Resnick, National Crime Victims Research and Treatment Center, Medical U of SC; Dean Kilpatrick, National Crime Victims Research and Treatment Center, Medical U of SC; David Vlahov Center for Urban Epidemiologic Studies, New York Academy of Medicine

Background: We assessed the prevalence and correlates of acute posttraumatic stress disorder (PTSD) and depression (MD) in residents of New York City (NYC) 1, 4, and 6 months after the September 11 attacks. Methods: In each survey we used random digit dialing to contact a representative sample of adults in the progressively larger portions of the NYC metropolitan area. Participants were interviewed about personal characteristics, exposure to the events of September 11, PTSD and MD symptoms. Results: We interviewed 988 and 2,001 adults in the first two surveys respectively and target recruitment in the ongoing third survey is 2,670. The past month prevalence of PTSD and MD were 8.8% (95% CI=7.0-10.8) and 9.7% (95% CI=4.4-7.7) respectively 1 month after and 3.8% (95% CI=2.8-4.7) and 3.5% (95% CI=2.6-

4.4) 4 months after September 11. Event-experiences including peri-traumatic panic were predictive of PTSD and losses (e.g., loss of a relative) and low social support were predictive of MD in multivariable models. Conclusions: There was a substantial burden of acute PTSD and MD in Manhattan after the September 11 attacks; one third to one half of those with PTSD and MD at the diagnostic level improved in the first 4 months after the attacks.

Complex Trauma in Family Systems

Symposium (complex) Grand Salon VIII, 3 (GB)

Linda Williams, Wellesley College

A complex web of trauma may occur in family systems. Parents of traumatized children often have their own complex trauma histories. Intrafamilial violence occurs in the context of violence over the lifespan, in multiple relationships, and in the community. We present and discuss the complexities of trauma in 500 families.

Functioning of Children with Complex Victimization Histories

Benjamin Saunders, Medical University of South Carolina; Linda Williams, Wellesley College; Rochelle Hanson, Medical University of South Carolina; Daniel Smith, Medical University of South Carolina

Past research has indicated that experiencing multiple types of victimizations in childhood is associated with several serious mental health problems. However, most research has been conducted retrospectively with clinical or community samples of adults. Relatively little research has directly examined children with complex victimization histories. Consequently, there is little information on what specific victim and victimization characteristics increase the likelihood of initial problems among children with complicated victimization histories. This paper will examine assoiations between victimization characteristics and mental health problems among children with more or less complex victimization histories. Data will be used from the Navy Family Study, a longitidinal study of 543 Navy families recently reported to authorities for child sexual abuse, child physical abuse, or domestic violence. Using structured in-person interviews, the 196 child participants (age 7-17 years) were assessed for a history of sexual assault, physical assault, physical abuse by a parent, witnessing community violence, and witnessing domestic violence. Diagnostic interviews for PTSD and major depression (both from the National Survey of Adolescents) were conducted, and the TSCC, CDI, and RCMAS were administered. Approximately, 70% of these children reported experiencing two or more types of violence, and 20% described a history of four or five types. As expected, children reporting having experienced two or more types of violence scored significantly higher on measures of PTS symptpoms, depression, and anxiety. Further analysis revealed significant interactions, however. For example, teenage females were more likely to have complex victimization histories compared to males of any age or younger females (an average of 2.94 victimization types vs. 1.92 for other gender-age groups), and were more likely to have been sexually assaulted. Also, 34% of teen girls in these families met diagnostic criteria for PTSD compared to 5% for the other gender-age groups. Similar results were found for depression and anxiety symptoms. Results suggested that among children there is a compound interaction between age, gender, victimization history, and victimization characteristics in statistical associations with PTSD, depression, and anxiety symptoms. Therefore, predictive model results are highly contingent upon order of variable control and and assignment of shared variance. Theoretical, research, and clinical implications of the findings will be discussed.

Child Adjustment and Parental Trauma History: Data from the NFS

Daniel Smith, Medical University of South Carolina; Benjamin Saunders, Medical University of South Carolina; Linda Williams, Wellesley College; Rochelle Hanson, Medical University of South Carolina

Parental response following abuse discovery plays an important role in mediating a child's post-abuse adjustment. Although some attention has been paid to maternal responses, few data have addressed the impact paternal victimization history, or trauma exposure in both parents, on the adjustment of children exposed to family violence. This paper will address these issues using data from the Navy Family Study (NFS), a prospective examination of families referred to authorities for intrafamilial sexual abuse, physical abuse or partner violence. Families were initially assessed within six weeks (T1) of the time of the report to authorities. Follow-up assessments were conducted 9 and 18 months post-report. Assessments consisted of interviews with the offending caregiver (OP), non-offending caregiver (NOP), and index child, and paper-and-pencil questionnaires. T1 data are currently available from 301 OP/NOP pairs, and data collection is ongoing. Data regarding parental exposure to interpersonal violence (adult and childhood sexual assault, childhood physical abuse, adult physical assault, and intimate partner violence) was used to group the 301 families into six categories representing differing levels of parental exposure. Analyses revealed high levels of exposure to trauma among OP's (eg, over 20% child physical abuse) and NOP's (eg, approximately 40% child sexual abuse). Child outcomes assessed via parent (CBCL) and child-report (Trauma Symptom Checklist for Children, Children's Depression Inventory) yielded many significant ($p < .05$) differences according to parental level of exposure. Findings highlight complex relations among trauma exposure in family members and child adjustment.

Complex Trauma in the Lives of Female Non-offending Parents

Victoria Banyard, University of New Hampshire; Linda Williams, Wellesley College; Benjamin Saunders, Medical University of South Carolina

This presentation will examine the role of childhood and adult traumas in the lives of women who are non-offending parents of children who have come to the attention of social services. Analyses were conducted using data on 384 women, a subset of a larger longitudinal study of families referred for services following a report of family violence. All of the women in the sample analyzed were non-offending parents who completed interviews and questionnaires about their own trauma histories, mental health, and exposure to various risk and protective factors including social support and family-of-origin relationships. Partner violence was associated with higher reported symptoms of anxiety, depression, intrusive experiences, avoidance, and dissociation on the Trauma Symptom Inventory. Childhood trauma variables were not found to be directly related to adult mental health, however a variety of childhood trauma was significantly associated with having experienced increased levels of partner violence. Further within group analyses were conducted for the 171 women who were victims of partner violence. Multiple regression indicated the importance of relationship variables such as adult attachment and social support as protective factors for more positive mental health. We will conclude with a discussion of research and clinical implications.

Psychiatric Morbidity Following Military Deployment

Symposium (clin res) Dover B/C, 3 (GB)

Mark Creamer, Australian Centre for Posttrauma Mental Health and University of Melbourne; Brett Litz, Psychiatry Dept., Boston University School of Medicine and Psychology Dept., Boston University

This symposium includes a series of three papers outlining the nature of psychiatric problems experienced by military personnel following deployment to combat and peacekeeping theatres. The papers also examine the course of these psychiatric sequelae, with an emphasis on factors that impact on their maintenance and response to treatment.

PTSD Rates and Psychiatric Co-Morbidity in Canadian Peacekeepers

Don Richardson, Veterans Affairs and National Defense Canada

Psychiatric sequelae following UN peacekeeping missions are becoming increasingly evident. To investigate this observation the database collected from a survey completed by Veterans Affairs Canada (VAC) regarding the health status of the younger Canadian Forces (CF) veterans was analyzed. With a return rate of approximately 72 %, 2760 veterans were surveyed. The questionnaire included standardized scales such as the PTSD Checklist military version (PCL-M), the Centre for Epidemiological Study-Depression Scale (CES-D) and the Alcohol Use Identification Test (AUDIT) as well as general health measures. Results indicated significant increased rates of PTSD, Depression and Alcohol Use Problems in veterans deployed as peacekeepers

compared with veterans who were not deployed. The analysis also demonstrated a significant difference in the rates of PTSD and Alcohol Use Problem between Veterans who participated in traditional Peacekeeping compared to Veterans who participated in more recent "Peacemaking" missions where local factions are still at war. Results also demonstrate significant co-morbidity of depression and Alcohol Use Problems with PTSD. The rates of general health indicators such self-perceived health, current pain and physical impairment were also significantly higher in veterans deployed on peacekeeping missions.

Factors Influencing C-R PTSD Symptom Change Following Treatment

David Forbes, Australian Centre for Posttraumatic Mental Health; Mark Creamer, Australian Centre for Posttraumatic Mental Health; Nicholas Allen, University of Melbourne; Graeme Hawthorne, Australian Centre for Posttrauma Mental Health; Peter Elliot Swinnburne University; Tony McHugh, Austin and Repatriation Medical Centre; Paul Debenham; Austin and Repatriation Medical Centre; Malcolm Hopwood, Austin and Repatriation Medical Centre

Combat-related PTSD is a difficult condition to treat, with existing studies demonstrating considerable variability in outcome. Investigations of factors that influence outcome have the potential to inform alternate treatment approaches to maximize benefits gained from interventions for the disorder. This study investigated factors influencing symptom change following treatment for 158 Vietnam veterans with combat-related PTSD. The study consisted of two sections. The first section involved a cluster analysis to identify subgroups of veterans based on their MMPI-2 profiles. This was followed by a repeated measures general linear model analysis to examine differential patterns of symptom change across the subgroups over a twelve month period. Cluster analysis identified three robust subgroups on the basis of their MMPI-2 profile. These groups differed in levels of personality disturbance and general psychopathology (most notably in the areas of externalisation, alienation, and propensity for acting out) and demonstrated significant differences in the patterns of recovery following a group-based cognitive-behavioral treatment program. The second section involved a series of hierarchical regression analyses examining the influence of PTSD severity, other primary areas of comorbidity and broader psychopathology on symptom change to 12 months. This study identified a significant influence of factors such as social alienation and anger on symptom change over time. Implications of the findings of the study for the delivery of treatment for veterans of military deployments will be discussed.

Factors Maintaining Chronic Post-trauma Symptomatology

Stephanie Hodson, Australian Department of Defence; Ronald Rapee, Macquarie University

In 1994, a study was undertaken into the effects of deployment on personnel who served on an Australian Defence Force peacekeeping mission to Rwanda. It was decided in the study to targeted psychosocial factors, as research in this area could yield important findings to assist health professionals in the management of personnel after future deployments. This paper is a summary of the major findings of a six-year research programme involving 365 Australian Defence Force Rwanda Veterans. Results indicate that there is a stronger relationship between loneliness and post trauma symptomatology than other psychosocial variables. A key element in the development and maintenance of post-trauma adjustment appears to be the individual's internal perception of their connection to their support networks. Furthermore modeling of relationship between variables revealed two possible pathways to distress, with loneliness mediating the impact of social support as well as having a direct effect on the self-reported level of trauma exposure at six years. These findings will be discussed in relation to theoretical and clinical implications.

ABCs of Medication with Traumatized Children

Workshop (child) **Laurel C/D, 4 (HB)**

Lisa Amaya-Jackson, Duke University Medical Center, Center for Child and Family Health-NC; Judith Cohen, Center for Traumatic Stress in Children and Adolescents, Allegheny General Hospita; Craig Donnelly, Dartmouth-Hitchcock Medical Center

Children and adolescents presenting with Posttraumatic stress disorder (PTSD) are being recognized and treated with increased frequency by community practitioners, with community rates varying depending on type and prevalence of trauma exposure. Children with PTSD are at increased risk for having comorbid psychiatric diagnoses; those who are exposed to interpersonal traumas, particularly intrafamilial maltreatment, often have clinical presentations that are exceedingly complex. Because of its complexity and frequent occurrence with other disorders, assessment of PTSD necessitates a broad based evaluation utilizing multiple informants and structured instruments specific to the symptoms of PTSD in youth. Pharmacological agents for PTSD treatment have received little empirical investigation in childhood. Given the current evidence-base for treating pediatric PTSD, cognitive-behavioral therapy (CBT) is the treatment of first choice. However, medications may play an important role in treating posttraumatic stress symptoms in children. Pharmacological treatment is used to target disabling symptoms of the disorder, which limit psychotherapy or child functioning, by helping children to tolerate working through distressful material in therapy and ameliorating impaired functioning such as sleep disturbance, hyperarousal, and other trauma symptom clusters. Reduction in even one debilitating symptom of PTSD can improve a child's overall functioning across multiple domains. Furthermore, comorbidity is the rule rather than the exception in child trauma victims, and medication management of these comorbid conditions needs to take into consideration the PTSD target symptoms as well. Pharmacological treatment should be based on a stepwise approach utilizing broad spectrum medications. In this workshop, possible treatment algorithms are presented to guide rational medication strategies for youth with PTSD, subsyndromal PTSD, and in PTSD that is comorbid with other psychiatric conditions of childhood.

Helping Clinicians Identify and Assist At-Risk Bereaved Patients

Workshop (assess) **Grand Salon II, 3 (GB)**

Holly Prigerson, Yale University School of Medicine; Sherry Schachter, Memorial Sloan Kettering Cancer Center; Selby Jacobs, Yale University School of Medicine

Although bereavement poses substantial risks for mental and physical illness, inappropriate health service use, and even heightened risk of death, training in the health professions offers little guidance in effective grief management. The focus of this workshop is to offer recommendations to improve interactions with bereaved individuals in general, and with respect to bereavement from traumatic circumstances, in particular. Recommendations include a discussion of what to say and what not to say when counseling bereaved individuals, and practices to implement as well as to avoid. Signs and symptoms of uncomplicated and complicated grief will be discussed, and a diagnostic algorithm for Complicated Grief provided. Barriers to effective bereavement therapy will be described in the context of the terrorist attacks on the World Trade Center with particular emphasis on identifying disenfranchised grievers (e.g. fiancées, close friends; individuals who were newly bereaved at the time of the attack). Additional emphasis will be placed on assessing, identifying, and ameliorating complications of vicarious traumatization. Health care providers are expected to gain a better understanding of how to communicate with and assist bereaved survivors of traumatic losses.

Culturally Competent Care: Can We Train People to Provide It?

Workshop (train) **Grand Salon I, 3 (GB)**

Carol Etherington, Vanderbilt University School of Nursing; Kaz de Jong, Doctors without Borders (Médecins Sans Frontiérs)

Terms related to culture are routinely used in discussion throughout today's health and mental health care systems. Cultural diversity, cultural sensitivity, cultural awareness and cultural competence are some that we often hear, yet their actual meaning and effective application is elusive. This workshop addresses training techniques that better prepare providers to work with multi-ethnic populations in their own community or in global settings. In crisis situations involving individuals or in post- trauma environments with mass casualties, conducting culturally relevant assessments and interventions has become an integral part of the practitioner role and responsibility. The workshop will explore the continuum of cultural competence, the characteristics and domains of culture. Case studies will be offered to illustrate practical application and to assist participants in understanding how we move through the continuum from "unconsciously incompetent" to the more desirable end of the spectrum. A self-assessment survey will be distributed for participants to reflect on their own cultural heritage, and a set of scenarios describing culturally complex situations will be discussed in small group sessions.

4:00 p.m.–5:15 p.m

Poster Presenters of Track 3, Children and Adolescents, and Track 7, Culture, Diversity, Social Issues and Public Policy will be available to discuss their posters.

Grand Salon V, 3 (GB)

Expert Clinical Consultation

Consultation (practice) **Falkland, 4 (HB)**

Christine Courtois, PhD, is a psychologist in independent practice and Cofounder and Clinical and Training Director, The CENTER: Posttraumatic Disorders Program, The Psychiatric Institute, Washington, DC. Courtois is an expert in the treatment of adult survivors of abuse in both inpatient and outpatient settings; general treatment of PTSD and complex trauma; treatment of dissociative disorders; delayed memory issues; treatment sequencing, psychotherapy principles and guidelines; risk management and ethical concerns in psychotherapy supervision and treatment; transference, countertransference, vicarious trauma and self-care issues in the treatment of trauma; teaching about trauma and trauma treatment.

Trauma-Related Research Priorities and Programs at NIMH

Forum (clin res) **Grand Salon III, 3 (HB)**

Farris Tuma, Division of Mental Disorders, Behavioral Research & AIDS, National Institute of Mental Health; Regina Dolan-Sewell, Division of Mental Disorders, Behavioral Research and AIDS, National Institute of Mental Health; Linda Street, Division of Services and Intervention Research, National Institute of Mental Health, Denise Juliano-Bult, Division of Services and Intervention Research, National Institute of Mental Health

Early research on traumatic stress established that traumatic stress reactions could lead to serious psychiatric symptoms, tended to be chronic in many victims, and were among the most prevalent of mental health problems. Recent studies have focused more on the sources of diverse symptoms in traumatized populations and on how symptoms remit or persist over time. Research on posttraumatic stress has become a major focus for understanding how a broad range of traumatic experiences can affect several biological systems important in development and healthy functioning. Past research has been very helpful in identifying risk and protective factors and clues for developing new interventions. Despite these advances, predicting which traumatized individuals will go on to develop PTSD remains a challenge, as does finding effective treatments for all who suffer. Converging multi-disciplinary studies have led to the development and testing of new preventive and treatment interventions. Research directions for the future point to pathways of discovery and improved intervention. This forum will provide: an overview of NIMH programs relevant to trauma studies; examples of current research projects; and highlight new research areas in need of further investigation.

Preparing Applications for SAMHSA/Center for MentalHealth Services Programs

Forum (commun) **Galena, 4 (HB)**

Jennifer Wood, National Center for Child Traumatic Stress; Rebecca Gaba, Children's Institute International, Central L.A. Child Trauma Treatment Center; Christine Guthrie, Center for Mental Health Services, National Child Traumatic Stress Initiative

The Substance Abuse and Mental Health Services Administration (SAMHSA) is a federal agency within the U.S. Department of Health and Human Services that seeks to reduce the costs to individuals and society caused by substance abuse and mental illness. As part of that mission, SAMHSA Centers fund community-based service delivery projects aimed at improving the quality and availability of prevention, treatment, and rehabilitation services for those with mental health or substance abuse disorders. Special populations of interest to SAMHSA's Center for Mental Health Services (CMHS) include homeless populations, persons in the criminal justice system, refugees, women, minorities, older adults, and rural populations. CMHS also has significant investments in services for children and adolescents, suicide prevention efforts, and

programs addressing workplace, domestic, and school violence. In this forum, ISTSS members who have successfully applied for support from SAMHSA will describe their experiences with the application and funding process, focusing particularly on aspects of the applications and the applications process that are distinctive, compared to those of other funding sources. A representative from SAMHSA will also be available to answer questions about funding opportunities and the applications process.

Intervention after Chemical, Biological and Radiological Attack

Panel Discussions (train) — Dover A, 3 (GB)

Elspeth Ritchie, DoD/Health Affairs; Arieh Shalev, Department of Psychiatry, Hadassah University Hospital; Nozomu Asukai, Tokyo Institute of Psychiatry; Ross Pastel, United States Army Medical Research Institute of Infectious Diseases

The importance of psychological reactions following chemical, biological and radiological events has now been recognized. Numerous examples abound, to include the radiation event at Goiania, the sarin attack in Japan, the impact of the Scud missiles on Israel and the recent anthrax attacks in the USA. Strategies on how to prevent or mitigate these reactions are now being developed. Education and training of mental health providers, first responders, media and the public is needed. Knowledge and accurate information should reduce anxiety, if communicated in a consistent and timely fashion. It is assumed that the principles of early intervention following disasters and other trauma will be useful after CBR. However, the potential for contamination and contagion argues for some different approaches for delivery. Classic "town hall" strategies of health risk communication, and group "critical event debriefings" may be contraindicated. The Internet may be critical. Other strategies implemented by planners and first responders may have critical mental health consequences. For example, prior training and exercises in the use of protective gear and evacuation may prevent panic. Timely information about biological and chemical agents should be delivered by responsible media and public affairs.

Post-traumatic Stress After Injury or Residential Fire

Symposium (clin res) — Dover B/C, 3 (GB)

Nancy Kassam-Adams, Children's Hospital of Philadelphia

Presenters will describe several recent prospective investigations concerning post-traumatic distress in adults and children after physical injury or residential fire. The symposium will highlight factors associated with psychological distress and recovery, and provide an opportunity to compare the nature and course of adult and child responses to single incident traumas.

Predictors of Posttraumatic Distress in Residential Fire Survivors

Anne Keane, University of Pennsylvania School of Nursing; Arlene Houldin, University of Pennsylvania School of Nursing

Little attention has been given to psychological recovery from residential fires. A review of the disaster, bereavement, attributions and residential fire literature identified a set of factors likely to influence survivors' post-traumatic stress responses to residential fires and their aftermath. These included degree of loss, personal characteristics of survivors, and cognitive and emotional responses of victims including perceived vulnerability, sense of control, blame of others, and asking "Why me?." In a series of studies, recovery following residential house fires was examined. The first study evaluated the self-identified unmet needs of adults and children recovering from residential fires. The second study examined the set of factors believed predictive of post-traumatic psychological distress after residential fires. 440 survivors were interviewed at 3, 6, and 13 months to measure post-traumatic stress symptoms. Distress was high at 3 months and decreased for the majority, although 1/3 had higher distress at 13 months than at 3 months. Loss of control and attributional variables had the strongest influence on post-traumatic psychological distress over time. These findings are consistent with expected stress-response tendencies after a stressful event and identify a set of predictors to help clinicians target survivors at high risk for post-traumatic distress after a fire.

Residential Fire: The Effect of Parents' Distress Reactions on Children

Russell Jones, Virginia Polytechnic Institute and State University; Thomas Ollendick, Virginia Polytechnic Institute and State University, Psychology, College of Arts; Jaee Bodas, Virginia Polytechnic Institute and State University, Department of Clinical Psychology

The present study is a follow-up to an earlier investigation that examined the relationship of parents' psychological distress with their child's level of distress following a residential fire. In the initial study, sixty-eight children and adolescents ages 6 to 18 and a parent served as participants. Participants completed the following measures during individual interviews: The Fire Questionnaire (Jones and Ribbe,1990), Parenting Style Questionnaire (McFarlane. 1987), Fire Related Traumatic Events Scale—Children (Jones, 1996), Children's Reaction To Traumatic Events Scale (Jones, 1996), Diagnostic Interview for Children and Adolescents (DICA; Reich and Welner, 1990), DICA: Parent Version (Reich and Welner, 1990), and Brief Symptom Interview (BSI; Derogatis, 1983). Parents' reports of their own symptoms on the BSI and parent-reported child depressive symptoms on the DICA: Parent Version were significantly correlated. Similarly, significant correlations were obtained between parents' symptoms on the BSI and parent-reported child PTSD as measured by the DICA: Parent Version. These findings will be discussed in light of their implications for parent and child behavior following residential fires. In the present study we explore several of these relationships with 140 child-parent pairs, as well as the relationship between adult religious coping and child non-religious coping.

Contribution of Psychological Distress to Postinjury Disability

Therese Richmond, University of Pennsylvania School of Nursing

Recovery from physical injury has focused on repair of anatomic injury, restoration of physiologic stability, and compensation for functional loss. While reducing mortality and morbidity, these approaches have been found lacking in maximizing recovery. A series of studies aimed at identifying injury-related, posttraumatic psychological stress symptoms, and social predictors of short- and long-term disability following serious injury were conducted. A cohort of 109 adults was followed for 3 months with a subset of 63 for an additional 2 years postinjury. Injury-specific information was obtained from the medical record and posttraumatic stress symptoms were assessed via patient interview. Injuries stemmed from violent (36%) and non-violent (74%) causes, resulting in a mean injury severity score of 15.5. In the short-term, injury type, intrusive thoughts, and individuals with less education had more severe disability. At 2 years, pre-injury (age and pre-injury disability), in-hospital (posttraumatic psychological distress) and 3 month post-discharge factors (posttraumatic psychological distress and short-term postinjury disability) were early predictors of long-term disability. These factors accounted for 36% of the variation in disability. The findings of these studies demonstrate that posttraumatic stress symptoms are the major contributor to postinjury disability and that patients with posttraumatic stress symptoms can be identified early postinjury.

Pediatric Injury: Posttraumatic Stress, Recovery, and Family Impact

Nancy Kassam-Adams, Children's Hospital of Philadelphia; Chiara Baxt, Children's Hospital of Philadelphia and Fordham University; Flaura Winston, Children's Hospital of Philadelphia and University of Pennsylvania

PTSD has been identified in children and their parents following pediatric injury. However, posttraumatic psychological distress appears to be unrelated to the severity of the acute physical injury. This presentation will address the relationships among child and parent posttraumatic stress, the child's physical and functional recovery, and the potentially broader family impact of injury. In a prospective study of post-traumatic stress following pediatric injury from traffic crashes, 250 children and adolescents (age 8 to 17) and their parents were assessed within one month post-injury and again 4 to 8 months post-injury. The follow-up assessment included evaluation of child PTSD symptoms (CAPS-CA interview), parent PTSD symptoms (PTSD Checklist), the child's physical recovery (Child Health Questionnaire), and effects on the family (Impact on Family Scale). There was a significant, moderate association between child and parent PTSD severity at follow-up. Both child

and parent posttraumatic stress had a moderate inverse association with the child's level of physical recovery and general health, and a moderate association with the degree of impact of this injury on the family. Implications for integrating psychological care for children and their families within the context of acute and ongoing medical care after a traumatic injury will be discussed.

Evidence-Based Treatments for Co-occurring PTSD and Substance Abuse

Symposium (clin res) **Grand Salon II, 3 (GB)**

Featured Session

Lisa Najavits, Harvard Medical School/McLean Hospital

This symposium offers three investigators' clinical insights and research results in testing psychotherapies for the dual diagnosis of PTSD and substance abuse. The three investigators' work represent a range of characteristics considered "complex": urban, severe histories of PTSD and substance abuse, low socioeconomic status, methadone-maintained, in prison, with multiple life problems.

Substance Dependence-PTSD Therapy: Outcomes of a Pilot Trial

Elisa Triffleman, The Public Health Institute; Philip Wong, The Public Health Institute; 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 for this population. Final outcome results from a trial comparing Substance Dependence—PTSD Therapy (SDPT), including the use of prolonged exposure, with Cognitive-Behavioral Coping Skills Therapy (CBCST) for substance dependence alone will be presented. 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, 14% Latino; 80% unemployed. At baseline, 74% had current PTSD; median CAPS severity was 72 (range: 33-105); PDS severity was 31.1 + 9.3. Ss used substances 15+ 11 days/past month. SDPT subjects attended more treatment sessions (mean 26.1 + 10.1) than those in CBCST (18.8 + 10.7). SDPT and CBCST resulted in comparable decreases in magnitude of PTSD and drug abuse severity over time at all timepoints through 1.5-year posttreatment follow-up. Conclusion: Methadone-maintained subjects tolerate treatment with and without prolonged exposure with acceptable outcomes.

Treatment Outcomes in Women with Comorbid Substance Use and PTSD

Denise Hien, St. Luke's-Roosevelt Hospital; Lisa Cohen, St. Luke's-Roosevelt Hospital; Gloria Miele, St. Luke's-Roosevelt Hospital; Lisa Litt, St. Luke's-Roosevelt Hospital

Findings demonstrate that the majority of treatment-seeking women presenting to addictions programs have a history of complex trauma and multiple associated impairments. Yet, most clinical trials on SUD (substance use disorders) rely on samples largely composed of higher functioning, stable patients with little comorbidity. The current study aimed to addresses this dichotomy by: a) using a more representative sample, b) examining the efficacy of an integrated SUD and PTSD treatment model (Seeking Safety), and c) assessing a comprehensive range of treatment outcomes. Two active treatments were compared to each other and to a non-randomized comparison treatment-as-usual (TAU) condition in a sample of 100 urban women dually diagnosed with PTSD and SUD. Findings on primary outcomes showed that participants in both active treatments had significant decreases in substance use, PTSD and psychiatric symptoms as compared to those in the control group. To expand on these results secondary analyses will also be presented examining the impact of treatment on symptoms falling within the Disorders of Extreme Stress Not Otherwise Specified (DESNOS) diagnostic construct.

Seeking Safety Therapy: Outcomes for Women in Prison

Lisa Najavits, Harvard Medical School and McLean Hospital; Caron Zlotnick, Brown University and Butler Hospital; Damaris Roshenow, Brown University and Butler Hospital

This presentation will focus on outcome results of a pilot study testing the Seeking Safety therapy for PTSD and substance abuse for women in prison. Seventeen women participated in the trial, which used a group version of the treatment. The attendance rate for the treatment was 83% of sessions and measures of client satisfaction were high. Of the 17 women studied, nine (53%) no longer met criteria for PTSD at the end of the three-month treatment, as measured by the CAPS; at a follow-up three months later, 46% still no longer met criteria for PTSD. Substance use could not be assessed while the women were in the controlled environment of prison, but a follow up six weeks after release from prison indicated that 70% did not meet criteria for substance use disorder. Recidivism rate (return to prison) was 39% at three month followup, a rate typical of this population. Clinical insights in adapting treatment to this population will be discussed as well.

Evaluation and Treatment of Childhood Violent and Medical Trauma

Symposium (child) **Laurel A/B, 4 (HB)**

Robert Murphy, Yale Child Study Center

Findings from four approaches to assessment and intervention with children exposed to violent and medical trauma are presented with a focus on assessment of childhood trauma, coordinated police-mental health responses, and treatment of children affected by violent and medical trauma. Findings highlight children's adaptation to different types of trauma.

Breaking the Intergenerational Cycle of Trauma with Early Intervention

Julian Ford, University of Connecticut Health Center; Karen Steinberg, University of Connecticut Health Center; Jennifer Haley, University of Connecticut Health Center

The years from birth to kindergarten are a time of rich opportunity and significant vulnerability (Shonkoff and Phillips, 2000). Intergenerational cycles of trauma (Widom, 1999) compromise biopsychosocial development in very early childhood, foreshadowing costly long-term susceptibility to medical, psychological, and sociolegal problems (Ford et al., 1999; Lyons-Ruth and Jacobovitz, 1999). Despite increasing recognition of these pressing needs (Ford and Sanders, 2001), programs designed to break the intergenerational cycle of trauma beginning at or before birth are very rare. We describe two model programs designed to deliver evidence-based behavioral health care to parents at high risk for violence or crime and to their newborn children from birth through early childhood. The "medical home direct service" model provides substance-affected parents with direct behavioral health and trauma recovery services, supports, and home visitation embedded within a pediatric primary care clinic and a nearby family life education center. The "care coordination/mental health consultation" model is delivered by a multidisciplinary care coordination team serving Early Head Start and pediatric primary care settings with home visitation and linkages to community services for parents and mental health consultation to child care and preschool staff. First year externally-funded evaluation results will be described.

Mental Health and Police Responses to Children Exposed to Violence

Steven Marans, Yale Child Study Center; Steven Berkowitz, Yale Child Study Center; Robert Casey, Yale Child Study Center; Robert Murphy, Yale Child Study Center

First responders (police, firefighters, emergency medical providers) influence the mental health of acutely traumatized children and adolescents. They are constantly available in instances of violence exposure and acute traumatization, yet typically lack the training and resources to effect change at the crucial time of their response. The Child Development-Community Policing program extends mental health care systems to encompass police and justice personnel as partners in the delivery of care to children affected by violence in their homes and communities. Mental health professionals are placed in the community, with police, to develop collaborative strategies for intervening

early when violence occurs. Findings highlight the ways that the program has altered the delivery of police, mental health and related services to children and families who are exposed to violence. These community response programs have forged working alliances between first responders and mental health providers in 14 municipalities, representing an emerging network for addressing the complex interplay of emergency response personnel and their mental health colleagues. First response professionals have become more attentive to their potential to ameliorate the sequelae of violence exposure and trauma on children's development.

Acute Preventative Treatment for PTSD in Children in Medical Settings

Glenn Saxe, Boston University School of Medicine/National Child Traumatic Stress Network

There is a growing literature on treatment of acutely traumatized individuals in order to diminish the risk of PTSD. The medical setting is emerging as an ideal place to develop and test such acute preventative interventions. This presentation begins with a review of research findings on acute preventative interventions in medical settings. This review includes the findings on the administration of cortisol to patients hospitalized with septic shock, and the administration of propranolol and benzodiazepines to trauma victims in an emergency room. The presenter then describes his own naturalistic study of children hospitalized with a burn injury. The dose of morphine these children received while they were hospitalized was found to attenuate PTSD symptoms over six months following discharge. The development of new studies of such agents as gabapentin and clonidine to acutely injured children are described. Ideas regarding how these agents may stabilize neurobiological systems critical for processing the traumatic event, such as the noradrenergic, HPA axis systems, and the amygdala are outlined. It is concluded that the assessment of acute preventative interventions is a potentially highly productive line of research and that medical settings are ideal to conduct this research.

Caregiver-Focused Therapy for Domestic Violence-Exposed Young Children

Patricia Van Horn, University of California San Francisco; Alicia Lieberman, University of California San Francisco

When young children are exposed to acts of violence between their parents, they experience a profound assault on their sense of self, their sense of psychological safety and their sense of whether others can be counted on to be reliable, loving, and protective. Because safe caregiving relationships provide the matrix in which young children develop, we intervene to enhance the quality of the parent-child relationship after exposure to domestic violence. This paper will discuss the ways in which relationship-based interventions accomplish the goals of recovery from trauma: regaining trust in bodily sensations, restoring affect tolerance and regulation, and processing traumatic memories. We will describe interventions that enhance the relationships of both the offending and non-offending parent with the child, and demonstrate that renewing the sense of safety in the parent-child relationship can restore the child to a positive developmental trajectory. Finally, we will present preliminary findings demonstrating the effectiveness of this method of intervention with a group of violence-exposed preschoolers and their mothers.

The Complex Adaptation to Trauma in Very Large Epidemilogical Samples

Symposium (complex) **Grand Salon VI, 3 (GB)**

Featured Session

Endorsed by the Complex Trauma Task Force

Bessel van der Kolk, Trauma Center, Boston University

This symposium will present the results of three large trauma-related epidemiological samples, a Massachusetts Medicaid sample, the CDC ACE population, and an Australian population sample, totalling well over 100,000 individuals, and present 1) clinical presentations, 2) long-term adjustment, including health care utilization, 3) occupational adjustment 4) personality changes and 5) economic burden.

PTSD Prevalence Rates in Very Large Treatment Seeking Medicaid Samples

Robert Macy, Trauma Center-Arbour Health Systems and Center for Trauma Psychology

Period prevalence rates of DSM III-R PTSD were studied in the Massachusetts Medicaid Mental Health and Substance Abuse Program. Among 85,000 enrolled Medicaid recipients seeking treatment, 55,931 received one of the five study diagnoses that included PTSD, Panic Disorder, Multiple Personality Disorder, Major Depression, and Bipolar Disorder. Interactions between period prevalence rates by study diagnoses, gender, multiple age and public assistance AID categories, and acute service utilization rates were investigated. Major Depression (n=21,842) ranked highest with an overall period prevalence rate of 390.5 per 1,000 (CI: 386.5-394.6). PTSD (n=19,775) ranked second highest with an overall period prevalence rate of 353.6 per 1000 (CI: 346.6-357.5). PTSD exhibited its highest period prevalence rate, 609.5 per 1,000 (CI: 601.0-618.0), for the study population in the youngest age group (5 to 12 years). Age-specific PTSD period prevalence rates for both the youngest age group and the aggregate of the two youngest age groups (5 to 18 years) far exceed rates in both the other study diagnoses, and in all of the published rates for comparable child treatment seeking populations. This study may provide a unique first look at age-specific PTSD period prevalence rates for non-disaster treatment seeking youth populations.

Epidemiological Evidence of the Burden of Disease for PTSD

Alexander McFarlane, The University of Adelaide; M. Creamer, Australian Centre for Posttraumatic Mental Health

The Australian Mental Health and Wellbeing Survey was a replication of the National Comorbidity Survey which examined a stratified sample of 10,600 people individuals. The aim was to assess the 12 month prevalence of common psychiatric disorders and personality disorders. The CIDI was the instrument used to define ICD 10 and DSM IV disorders. The burden of disease was assessed using the SF 12 and days affected by disability. The prevalence of PTSD was 3.3% according to ICD criteria and 1.34% using DSM IV criteria. PTSD was a greater predictor suicidal thinking than major depressive disorder. The prevalence of ICD 10 personality disorder was examined in the PTSD group with a comorbidity rate of 49.2%. PTSD was associated with higher levels of disability than depression, anxiety disorders and substance abuse. These data indicate the substantial burden of disease associated with PTSD. Kessler has suggested that PTSD and Major Depressive Disorder have the highest burden disease of all psychiatric disorders, a conclusion supported by these data. The morbidity associated with trauma and the need for this to be addressed in intervention strategies has not been grasped by mainstream mental health service policy makers in Australia.

The Wide Ranging Health Effects of Adverse Childhood Experiences

Robert Anda, Centers for Disease Control and Prevention; Vincent Felitti, Kaiser Permanente

This presentation will clearly demonstrate how Adverse Childhood Experiences (ACEs) such as childhood abuse and neglect, witnessing domestic violence, and growing up with parents or household members impaired by alcohol abuse, illicit drug abuse, mental illness, and criminal behavior have an enormous long-term impact on the Nation's health. The ACE Study is the largest study of its kind ever conducted and includes a cohort of 17,443 members of the Kaiser Health Plan in San Diego, CA. Study participants were surveyed to assess the influence of adverse childhood experiences on health related behaviors such as smoking, alcohol and drug abuse, sexual behavior, reproductive patterns, social problems, as well as disease patterns and costs of medical care. Using the number of adverse childhood experiences in cumulative stressor models, the ACE Study has repeatedly demonstrated the a strong, graded relationship to numerous important health risks and dis-

eases. Data from this Study strongly support the contention that ACEs are the single most important determinant of health and social problems in our country.

Biological and Cognitive Abnormalities in PTSD with Psychotic Symptoms

Symposium (biomed) Grand Salon IV, 3 (GB)

Steve Lindley, National Center for PTSD; Palo Alto VA HCS; Mark Hamner, Charleston VAMC/Medical University of South Carolina

Exposure to complex trauma may be associated with auditory and/or visual hallucinations and delusions with important treatment implications. This symposium will examine biological (cortisol regulation, eye tracking), cognitive (executive functioning, working and verbal memory) and symptom expression style (effort, unusual symptom combinations) measurements in patients with PTSD and psychotic symptoms.

PTSD with Psychotic Symptoms; Eye-Tracking and Neuroendocrinology

Frederic Sautter, South Central MIRECC, New Orleans VA HCS/Tulane University; Arleen Cerbone, Department of Psychology, Tulane University; Gina Mire, MIRECC, New Orleans VAMC; Garth Bissette, Department of Psychiatry, Univerity of Mississippi Medical; Benjamin Schoenbacher, Department of Psychiatry, Tulane University Medical; Cherie Koenig, Department of Psychiatry, Tulane University Medical Center; Janet Johnson, Department of Psychiatry, Tulane University Medical Center; Barry Schwartz, Department of Psychiatry; Tulane University Medical Center

Recent studies have demonstrated high comorbidity between PTSD and psychotic symptoms. Studies have not been conducted to identify the abnormalities that may contribute to psychosis in PTSD. We report a series of studies that identify eye-tracking, neuroendocrine, and catecholamine abnormalities that are associated with PTSD with Secondary Psychotic Symptoms (PTSD-SP). Eye-tracking abnormalities are considered to be genetic markers for schizophrenia. A study comparing eye-tracking in PTSD-SP, nonpsychotic PTSD, schizophrenia, and healthy controls, shows that subjects with PTSD-SP differ from the other three groups in percentage of time in smooth pursuit eye movement (SPEM)($p<.0001$), that schizophrenics differ from controls($p<.001$), and that nonpsychotic PTSD SPEM performance does not differ from controls. This indicates that PTSD-SP shows a unique SPEM deficit, and it suggests that PTSD-SP may be associated with biological abnormalities that differ from both nonpsychotic PTSD and schizophrenia. Neuroendocrine data show that PTSD-SP is associated with levels of CRF that are higher than those found in nonpsychotic PTSD ($p<.02$) and controls ($p<.02$). Differences in catecholamine functioning will also be discussed. These studies show that PTSD-SP is associated with different characteristics than schizophrenia, and that it may be a subtype of PTSD.

Cognitive and Symptom Expression Abnormalities in PTSD with Psychotic Symptoms

Steven Lindley, National Center for PTSD; Palo Alto VA HCS; Eve Carlson, National Center for PTSD, Palo Alto VA HCS; Kimberly Hill, National Center for PTSD, Palo Alto VA HCS; Gilbert Villela, Stanford University Department of Psychiatry

Preliminary evidence suggests that the presence of psychotic symptoms in chronic PTSD has important clinical treatment and disease outcome implications in veterans with complex trauma responses. The object of the present, on-going investigation is designed to study the phenomenology of psychotic symptoms in PTSD in detail. Because of the similarities to major depression with psychotic features, we are assessing if cognitive deficits associated with psychotic depression are present in patients with PTSD with psychotic features. Subjects are being recruited shortly after admission to a residential treatment for chronic PTSD from combat exposure. To date, we have assessed 15 out of 26 consecutive admissions. Eight of the 15 (53%) have endorsed the presence of recent, non-substance abuse related, psychotic symptoms (8/8 auditory and 5/8 visual hallucinations, 1/8 delusions, 6/8 non-combat related). The battery of tests being administered assesses general intellectual ability, working memory, executive function, verbal memory, attention, and effort. We are also assessing symptoms response style with assessments including the Miller Forensic Assessment of Symptoms Scale (MFAST). Preliminary analyses indicate a significant relationship between complaints of visual hallucinations and scores on the MFAST. Data on cognitive and symptom measures on the completed dataset will be presented.

Resilience And Trauma

Symposium (clin res) Grand Salon VII, 3 (GB)

Andreas Maercker, University of Zurich

Unfortunately, previous emphasis on PTSD tended to obscure human resilience to trauma. It is now clear that in the aftermath of even the most adverse events, considerable numbers of individuals will show remarkably high levels of health and well-being. Recently research has come to appreciate resilient individuals and to study their attitudes and behaviors for clues to successful coping.

Israeli and Palestinian Children in the Shadow of Terror

Tamar Lavi, Dept. of Psychology, Tel Aviv University; Zahava Solomon, School of Social Work, Tel Aviv University

The psychological effects of the Israeli-Palestinian conflict and particularly the current "Intifada" were assessed in 1,200 adolescents. The sample consists of 6 groups of both Israeli and Palestinian youth. These adolescents were born at the outbreak of the 1st Intifada and grew up in the shadow of terror and violence. This study assessed the psychological effects of the Intifada in the form of PTSD, psychiatric symptomatology and future orientation. The role of the following vulnerability/resilience variables: agency and communication was examined. The constructs of resilience and vulnerability will be reviewed in light of the effects of sporadic and accumulated stress.

Long-Term General Life Adjustment Among Vietnam Veterans

Lynda King, National Center for PTSD and Boston University School of Medicine; Daniel King, National Center for PTSD and Boston University School of Medicine; Dawne Vogt, National Center for PTSD and Boston University School of Medicine; Michael Suvak, National Center for PTSD and Boston University; Dana Rabois Holohan, National Center for PTSD and Boston University School of Medicine

In this portion of the symposium, we will review a series of studies aimed at understanding long-term general life adjustment (facets of life satisfaction, psychosocial adaptation, and achievement) in a national sample of persons exposed to combat in Vietnam. A first study comparing Vietnam theater veterans, era veterans, and civilians revealed that, as a whole, theater veterans endorsed ample levels of satisfaction and achievement even on outcomes where statistically significant differences were found. While past research has shown that exposure to the stressors of war are strongly associated with PTSD, multiple regression found these same stressors only minimally related to adjustment outcomes. Significant associations were found between the coping strategies veterans used in the war zone and their later life adjustment, with several quadratic interactions between coping and combat exposure. Problem-focused coping was most effective at moderate levels of exposure and least effective at high and low levels of exposure. The severity of the stressor likewise moderated the association between veteran's appraisals of their experience (perceived benefits, perceived costs) and their long-term general life adjustment. Again, at high and low levels of exposure appraisals of costs were least influential, whereas at moderate levels they were most influential (negatively).

Criminal Victimization, Resilience and Salutogenic Variables

Andreas Maercker, University of Zurich; Julia Muller, University of Zurich

Much of the research and theory on traumatic events has focused on post-traumatic stress reactions and pathology. In this talk, we adopt a salutogenic (i.e., health promoting) rather than pathogenic perspective. Previous discussions of salutogenic factors have tended to confuse resilience with the absence of pathology, thus obscuring the possible lessons that might be learned from exceptionally healthy individuals. To advance this issue, we have attempted to distinguish pathogenic and salutogenic variables among individ-

uals exposed to potentially traumatic events by utilizing a three-group distinction of traumatized individuals with PTSD, traumatized individuals without PTSD and average health, and traumatized individuals showing usually high levels of health. In this talk, we report data from a recent study of victims of non-sexual, criminal assault (time since trauma = 5.4 ± 2.1 months; 59% female; age: 18-65 years). Of the 150 crime victims in the study, 30% showed trauma reactions (Posttraumatic Stress Disorder), 45% had normal health (i.e., did not have trauma symptoms), and 24% had exceptional health. Based on previous research on salutogenic variables, features of cognitive processing of trauma (Posttraumatic Cognitions Inventory; Foa et al., 1999) as well as social-cognitive (e.g., perceived acknowledgment as victim; Maercker et al., 2002) and interpersonal variables (disclosure of trauma; Mueller et al., 2000) were examined. Results showed that most of the salutogenic predictors were social-cognitive and interpersonal variables whereas pathogenic predictors consisted of cognitive trauma processing features. The salutogenic role of social-cognitive and interpersonal processes for resilience is discussed.

OVC Guidelines for the Treatment of Child Physical and Sexual Abuse

Workshop (child) — Laurel C/D, 4 (HB)

Benjamin Saunders, Medical University of South Carolina; Lucy Berliner, Harborview Center for Sexual Assault and Traumatic Stress

This presentation will describe the results of a recently completed project funded by the Office for Victims of Crime (OVC) of the U.S. Department of Justice entitled, Guidelines for the Psychosocial Treatment of Intrafamilial Child Physical and Sexual Abuse. The OVC Guidelines were developed in a two-year process that included a professional staff, a National Advisory Committee of 14 child victim treatment experts, 30 contributors, and several major revisions. It is designed to serve as a basic reference guide for clinicians working with child victims of abuse and their families. Components of the OVC Guidelines include: 1) the specific criteria developed and used for rating the theoretical, clinical, and empirical support of treatment protocols, 2) summaries of 24 treatment protocols commonly used with child victims of abuse and their families, and ratings of their levels of theoretical, clinical and empirical support, 3) a set of general guidelines for the clinical assessment of child abuse cases, and 4) a set of 22 general guidelines for treatment of child abuse cases. The presentation will cover each component of the OVC Guidelines and discuss their implications for clinical practice and practice risk management. The OVC Guidelines are expected to be issued by the U. S. Department of Justice sometime in 2002.

Behavioral Couple's Therapy for PTSD

Workshop (practice) — Grand Salon I, 3 (GB)

Candice Monson, Dartmouth Medical School; Karen Guthrie, Dartmouth Medical School; Susie Stevens, White River Junction VA Medical Center; David Riggs, Medical College of Pennsylvania; Paula Schnurr, Dartmouth Medical School

One well-established psychosocial effect of PTSD is intimate relationship dysfunction. Relationship discord, divorce, intimate aggression, and deleterious partner effects have been associated with PTSD. Moreover, research has shown that intimate relationships may mitigate or aggravate the development or course of an individual's PTSD. While a number of authors have discussed the role of intimate relationship variables, or the inclusion of partners of traumatized individuals in treatment, there have been few empirical studies that have investigated the efficacy of conjoint treatment for PTSD. The overall purpose of this workshop is to provide practical information for delivering a behavioral couple's treatment (BCT) for PTSD. The established efficacy of BCT for other individual problems/psychopathology will be briefly reviewed. The types of intimate relationship problems typically found in traumatized couples, and standardized methods for assessing these problems, will be presented. The theoretical rationale underlying BCT for PTSD and preliminary outcome data supporting its efficacy will be presented. An overview of the treatment will be provided, and videotapes from treatment cases will be shown to illustrate the interventions. The workshop will conclude with a discussion of special issues to consider when treating dually traumatized couples and victims of different types of trauma.

Application of Dialectical Behavior Therapy to Trauma-Related Problem

Workshop (complex) — Grand Salon VIII, 3 (GB)

Amy Wagner, University of Washington, Dept. of Psychiatry and Behavioral Sciences; Kathleen Melia, Clinical Psychologist, Private Practice, Concord Wellness Center, Wilma, Delaware; Lizabeth Roemer, University of Massachusetts at Boston

Dialectical Behavior Therapy (DBT) is a comprehensive psychotherapy developed by Marsha Linehan. It was originally intended/designed to treat chronically suicidal individuals with borderline personality disorder, but has since been applied to a wide range of diagnostic groups sharing an underlying disruption of the emotion regulation system. DBT is structured by stages. The first stage targets behavioral dyscontrol with the goal of increasing safety and connection to the therapist. Stage II targets emotional suffering. Given the high rate of traumatic experiencing reported by individuals with BPD, emotional disruptions in Stage II often relate to past traumas. DBT thus has applications to both stabilization and treatment of complex clients with histories of traumatic experiences. The current workshop will overview Stage I and Stage II DBT, highlighting the applications of this treatment to individuals with trauma-related problems including emotion dysregulation. Clinical examples and practice will focus on the use of behavioral analyses, DBT skills, and informal exposure in the treatment of shame and dissociation specifically.

Counter Transference in Complex PTSD

Workshop (practice) — Kent A/B/C, 4 (HB)

Constance Dalenberg, Alliant International University; Jim High, University of Southern California; Judith Armstrong, University of Southern California

It is generally recognized that clinical work with clients presenting with complex PTSD can be among the most difficult faced by modern trauma therapists. These clients often present with complex histories and clinical material characterized by great neediness often communicated in disguised ways; difficulties managing boundaries; intense affects and affect regulation difficulties, especially rage; sexualization of the therapy; and extremely difficult trauma histories. These often elicit strong counter transference and counter resistance in the trauma therapist. This workshop will use clinical material from cases of complex PTSD to illustrate the presentation, identification, and management of these difficult counter transference events. Participants will be encouraged to present their own reactions to this material and their own case material.

Friday Media Presentations
8:00 p.m.–9:15 p.m.

Reclaiming Hope...In a Changed World

Media **Grand Salon VIII, 3 (GB)**

Sarah Gamble, The Traumatic Stress Institute

This documentary video was produced with a grant from the American Psychological Association. The work addresses psychological and spiritual issues raised for United States citizens by the attacks of September 11th, 2001. Designed for diverse audiences including front line workers, teachers, those in the helping professions, parents, and other caregivers, the video features interviews with trauma experts Laurie Anne Pearlman, Ph.D., Ervin Staub, Ph.D., Karen Saakvitne, Ph.D., and Frank Putnam, M.D. among others. Facilitated discussion will follow the viewing.

International Training of Psychosocial Trainers Held in Africa

Media **Grand Salon VII, 3 (GB)**

Nancy Baron, Transcultural Psycho-Social Organization

An international training workshop is held annually in Uganda to train trainers how to train psychosocial and mental health helpers within their home countries. The training participants work in collaboration with the Transcultural Psychosocial Organization (TPO). In 2001, participants included professionals and paraprofessionals from the countries of Algeria, Cambodia, Nepal, Sri Lanka, Uganda, Sudan, Burundi, Namibia and the Netherlands. Molenwiek Films prepared this documentary film that was viewed on Dutch television. It is an educational video and exemplifies the process of training trainers in this 3 weeks course. It begins with the theoretical course, that took place in Kampala, and included an 11 step plan for "how to" implement psychosocial programs in developing countries. The film shows a creative participatory teaching process used to train these future trainers the skills needed to train others. The final training week takes place in the refugee camps in the north of Uganda. The trainees get to practice what they learned and facilitate training workshops for paraprofessional counselors and rural community leaders.

8:00 p.m.–10:30 p.m.

If I Could

Media **Grand Salon IX/X, 3 (GB)**

Lee Anderson, Line Producer; Patti Obrow White, Director/Producer/Writer; Dr. Andrea Karfgin, psychological consultant on the film and Director of Trauma Services for Maryland

This award-winning documentary tells the engrossing story of a courageous young woman who confronts the ghosts of her troubled past in a fight to keep her 12 year-old son James from falling prey to the same demons that nearly destroyed her. In doing so, she must reveal many of her own painful secrets to him. Showing a rare 20 year time-arc on film, the documentary introduces us to a 14 year-old Tracy, who was the focus of a CBS Reports one-hour documentary when she was in an alternative program for troubled kids. Now 35, Tracy is a single mother of four children, struggling to shield her own family from these powerful generational truths. She calls upon the same man, Bob Burton, her mentor in recovery, and the one whom she credits for helping her as a teen, to help save her son. Archival clips from the 1979 CBS film are interwoven with the new footage painting an intergenerational portrait of an American family attempting to heal from the cycles of abuse, abandonment, drugs and rage after decades of trauma. Narrated by Sally Field.

9:15 p.m.–10:00 p.m.

Languages of Emotional Injury

Media **Grand Salon VIII, 3 (GB)**

Roger Simpson, University of Washington

A documentary team filmed all of 17 programs in an innovative week-long program held in Seattle in April 2002. Poets, journalists, photographers, and trauma specialists collectively addressed how the languages of poetry and journalism convey the experience of traumatization and the experience of coping with that traumatic history. The documentary captures compelling poems from poets Daisy Zamora from Nicaragua, Breyten Breytenbach from Africa, Semezdin Mehmedinovic from Bosnia, and Jimmy Santiago Baca from U.S. Such journalists as Ted Conover and Nina Bernstein speak to ways that medium can speak to the trauma experience. Therapists, psychiatrists, corrections officers, victim advocates and others join the conversation. The documentary supports the importance of community dialogues about traumatic events and how to respond to affected persons.

Saturday Concurrent Sessions 8:30 a.m.–9:45 a.m.

Poster Presenters of Track 1, Assessment, Diagnostics, Psychometrics and Research Methods, will be available to discuss their posters.

Grand Salon V, 3 (GB)

Expert Clinical Consultation

Expert Clinical Consultation (practice) — Falkland, 4 (HB)

David Foy, PhD, is professor of Psychology, Graduate School of Education and Psychology, Pepperdine University and senior research consultant, National Center for PTSD, Menlo Park and Honolulu Divisions. Foy will offer consultation on assessment and treatment of chronic combat-related PTSD and related comorbidities; advantages of group therapy/use of group therapies with trauma survivors; and spirituality in the treatment of trauma.

News Coverage That Works: A Case Study

Panel (train) — Grand Salon VIII, 3 (GB)

Migael Scherer, Dart Center for Journalism and Trauma, University of Washington; Carole Alexander, House of Ruth; Linell Smith, Baltimore Sun

News coverage is often blamed for re-traumatizing victims of violence, especially in cases of domestic homicide and abuse. As a result, victim advocates are wary of the press and resistant to working with them, which may ironically contribute to less accurate and sensitive coverage. How can this cycle be broken so that journalists have access to the information and sources they need in order to write stories that rally readers in support of victims? This session describes how reporters for the Baltimore Sun and victim advocates at the House of Ruth interacted after a high-profile case of homicide and domesitic violence. Mutual understanding and respect resulted in a feature story that won the 2001 Dart Award for Excellence in Reporting on Victims of Violence (a unique prize judged by the President-elect of ISTSS, a survivor/advocate, and three journalists). Panelists in this session-the award-winning reporter, the executive director of the House of Ruth, and the director of the Dart Award-will also reflect on how the common goal of community safety helps those from different disciplines work together without compromising their professional values, to help shape accurate, insightful, and sensitive news coverage.

Expert Consensus on Interventions for Intentionally Caused Mass Trauma

Panel (disaster) — Grand Salon VI, 3 (GB)

Featured Session

Patricia Watson, National Center for PTSD; Arik Shalev, Hebrew University and Hadassah School of Medicine; Elspeth Ritchie, US Army; Roderick Orner, Department of Clinical Psychology, Lincolnshire Healthcare Trust; Ulrich Schnyder, University Hospital, Zurich

The management of acute stress reactions following major trauma is multifaceted, and generally aims to foster resiliency, prevent chronic emotional problems, and minimize long-term deterioration in quality of life following trauma exposure. Although it is widely believed by traumatic stress specialists that early intervention can help prevent longer-term problems, evidence addressing this belief is at present limited. A conference of experts from around the world was recently convened to seek consensus about the management of acute stress following incidents of mass violence. In this panel, we will review recent theory, research, and consensus guidelines which provide guidance for interventions employed following mass trauma.

Diverse International Approaches to Political Trauma

Panel (commun) — Grand Salon X, 3 (GB)

Featured Session

Karen Hanscom, Advocates for Survivors of Torture and Trauma; Abigail Seltzer, Medical Foundation for the Care of Victims of Torture; Livia Iskandar-Dharmawan, Indonesian National Commission on Violence Against Women; Ernest Duff, Safe Horizon/Solace

Throughout the world, mass conflicts resulting from political, religious, and ethnic clashes cause extreme stress with physical, psychological, and social sequelae, all of which may be far-reaching and long lasting. Psychosocial interventions aimed at treating the survivors of these organized conflicts may vary in methodology according to country or region. All efforts, however, are firm in their common goal of affirming human rights and providing mental health assistance. This panel provides a unique opportunity to understand the different intervention approaches followed in the UK, Indonesia, Guatemala, and the US in the treatment of survivors of trauma from political, ethnic, and religious conflict. The model of treatment at The Medical Foundation for Care of Victims of Torture in London, the UK's only treatment centre offering comprehensive services specifically to survivors of torture; the community based psychosocial intervention and holistic treatment to survivors of conflict throughout the archipelago used by the Indonesian National Commission on Violence Against Women; an innovative community-based approached to the treatment of war survivors in rural Guatemala; and a community empowerment approach used with refugees in New York City will be discussed. Similarities and differences between the models will be the focus. Case presentations included.

Schizophrenia, Trauma and PTSD

Symposium (clin res) — Grand Salon VII, 3 (GB)

Jean Gearon, University of Maryland School of Medicine and VA Capitol Health Care network MIRECC; Matthew Friedman, VA National Center for PTSD

This symposium distinguishes schizophrenia and PTSD from PTSD with Secondary Psychotic Symptoms. Data from two ongoing studies will be presented. Topics covered include potential contributors to trauma and PTSD in schizophrenia, the manifestation of PTSD in schizophrenia, how to improve PTSD assessment in schizophrenia and the biological and familial markers associated with Secondary Psychotic Symptoms in PTSD.

Sexual and Physical Abuse Risk Factors for Women with Schizophrenia

Wendy Tenhula, VA Capitol Health Care Network MIRECC and University of Maryland School of Medicine; Jean Gearon, VA Capitol Health Care Network MIRECC and University of Maryland School of Medicine; Clay Brown, VA Capitol Health Care Network MIRECC and University of Maryland Department of Epidemiology

In addition to psychosis, schizophrenia is characterized by both social competency and information processing deficits. Research demonstrates that schizophrenia patients are unassertive and less persistent in defending their opinions, less able to negotiate solutions to conflicts and impaired in their ability to generate effective and practical solutions to problems. Additionally, these patients have attentional and executive functioning deficits and memory problems. This array of deficits may make women with schizophrenia more vulnerable to victimization. This presentation examines the contribution of both social competency and neurocognitive functioning to sexual and physical abuse risk. 170 women (56 schizophrenia, 72 major affective disorders, and 55 non-seriously mentally ill women) were administered the Role Play Test (RPT) and a battery of neurocognitive tests. The study design includes two assessment points: baseline and 12-months. The RPT consists of four role-plays that require the subject to: assert herself to achieve a desired outcome (2 scenes), to refuse sex, and to initiate a conversation. The interactions were videotaped and rated in three domains: Conversational Content, Non-verbal Content and Effectiveness. Results indicate that poorer social skills are linked with greater self-reports of victimization for schizophrenia women. No relationship between victimization and neurocognitive function was observed. These data and their implications will be discussed.

Trauma and PTSD in Drug Abusing Women with Schizophrenia

Jean Gearon, University of Maryland School of Medicine and VA Capitol Health Care Network MIRECC; Stacey Kaltman, VA Capitol Health Care Network MIRECC; Alan Bellack, VA Capitol Health Care Network MIRECC and University of Maryland School of Medicine; Clay Brown, VA Capitol Health Care Network MIRECC

Research demonstrates high rates of trauma and PTSD in women with schizophrenia and other serious mental illnesses. Given these elevated rates of PTSD, it is important to identify the demographic and clinical correlates associated with PTSD as well as understand how the two disorders interface. There is substantial overlap in symptoms between the two disorders. Many people with schizophrenia experience blunted affect, anhedonia, and hypervigilance (paranoia). These same symptoms are diagnostic criteria for PTSD. It is critical to understand how PTSD is expressed in schizophrenia to facilitate accurate diagnosis and subsequent appropriate treatment recommendations. Longitudinal data from a study investigating trauma and PTSD in three groups of drug abusing women will be presented: 1) women with schizophrenia; 2) women with non-psychotic affective disorders; and 3) women with no serious mental illnesses. The nature and extent of trauma, the assessment and prevalence of PTSD and demographic clinical correlates of trauma and PTSD will be identified and compared in these three research-diagnosed drug abusing women. Additionally, PTSD symptom constellations will be compared for the three groups of women. Comparison of PTSD symptoms will occur at both the cluster (e.g., criteria B,C,D) and individual level. Empirically based recommendations for improving the accuracy of PTSD diagnosis in schizophrenia will be discussed.

Recent Developments in Clinical Research on Complex PTSD (DESNOS)

Symposium (complex) — Harborside D, 4 (HB)

Joseph Spinazzola, The Trauma Center, Boston University School of Medicine; van der Kolk, Boston University School of Medicine

The symposium continues an initiative begun in 1999 to present the latest empirical research on Disorders of Extreme Stress (DESNOS) from leading international centers on this topic. Presentations address transcultural prevalence and variation of DESNOS; contextual risk factors for DESNOS development; diagnostic comorbidity, distinctness and measurement; and advances in evaluation of treatment outcome.

Cross-Cultural Prevalence of Disorders of Extreme Stress (DESNOS)

Joop de Jong, Transcultural Psychosocial Organization (TPO) and Vrije University; Bessel van der Kolk, The Trauma Center, Boston University School of Medicine; Ivan Komproe, Transcultural Psychosocial Organization (TPO) and Vrije University; Joseph Spinazzola, The Trauma Center, Boston University School of Medicine; Mustafa Masri, Societe Algerienne de Recherche en Psychologie/TPO and Gaza Comm Mental Health Program; Daya Somasundaram, TPO Cambodia and University of Jaffna; Mesfin Araya, TPO; Mark van Ommeren, Transcultural Psychosocial Org (TPO) and Center for Victims of Torture

Given the growing interest in Disorders of Extreme Stress (DESNOS) since the release of data from the DSM-IV field trials supporting the substantial prevalence of this constellation of symptoms in individuals exposed to traumatic events of an extreme, enduring and interpersonal nature (Pelcovitz et. al., 1997; van der Kolk et. al., 1996), it is not surprising that researchers have begun to question the transcultural relevance and applicability of this diagnostic construct (Jongedijk et. al., 1996; Weine et. al., 1998). The present study examined the prevalence of DESNOS in community samples from four low-income countries (Algeria, Cambodia, Ethiopia, and Gaza) where people have experienced war, conflict or mass violence in addition to developmentally adverse interpersonal trauma. A total of 3048 study participants were randomly selected across these samples and evaluated for lifetime history of trauma exposure, PTSD and DESNOS. Overall DESNOS prevalence rates for each country as well as rates of endorsement of DESNOS subclusters will be reported and compared to available U.S. estimates. Clinical case vignettes will be provided to illustrate culturally specific examples of DESNOS symptom expression, cultural relevance of observed symptoms, and cultural acceptance/prohibition of symptom expression.

New Causistic Outcome Methodology for Complex PTSD Therapy Processes

Erik Baars, Cats-Polm Institute/Louis Bolk Institute; Onno van der Hart, University Utrecht, Cats-Polm Institute, Mental Health Center Buitenamstel; Gerrit Glas, University Leiden, Zwolsche Poort

The therapeutic process of the individual Complex PTSD (DESNOS) client is often complex. Psychotherapy may take many years, is often influenced by therapeutic and non-therapeutic factors and is therefore as a whole more or less unique. Therapists are often challenged to be creative and flexible in fine-tuning of general treatment rules, resolving acute and unexpected crises and the search for context-related solutions. This lack of experimental control makes it often very complicated to design and perform controlled outcome studies with sufficient rigor. Studies performed until now often suffer from bias and, subsequently, false results. In the last five years new causistic methodologies have been developed to face the problem of experimental control. Based on pattern recognition, these methods enable researchers to make an increasingly reasonable case for the existence of a causal relationship between intervention and observed effect, and can be used in (parts of) individual treatment processes. After a description of casuistic methodological principles and a comparison with the basic principles of the randomised controlled trial, the practical use of these new methodologies will be demonstrated by means of case studies. Finally the contribution of these studies for the further development and evaluation of DESNOS treatment will be discussed.

Traditional and Complex PTSD in Homeless Parents and Addiction Clients

Julian Ford, University of Connecticut School of Medicine; Linda Frisman, University of Connecticut, Connecticut Department of Mental Health and Addiction Services

Despite strong evidence that developmentally adverse interpersonal trauma (e.g., childhood abuse) places survivors at lifetime risk for complex biopsychosocial impairments, the nosological status of traditionally defined PTSD versus complex PTSD (Disorders of Extreme Stress Not Otherwise Specified; DESNOS) remains controversial (Ford, 1999, 2000, 2001; van der Kolk et al., in press). Chronic homelessness (Bassuk et al., 1998) or addiction (Southwick et al., 2001) involve multiple traumatic and subtraumatic adversities likely to confer high risk of traditional and complex PTSD. We report results replicating prior findings of substantial comorbidity but also syndromal distinctiveness for traditional and complex PTSD with two high-adversity populations: (1) homeless parents (N=100) completing structured interviews with the PTSD Checklist and the Stress Response Checklist for DESNOS (SRS-DES) at three longitudinal 6-month intervals; (2) adults in treatment for chronic addiction (N=125) completing structured interviews with the Clinician Administered PTSD Scale and the Structured Interview for Disorders of Extreme Stress at three longitudinal 6-month intervals. Baseline results indicate that traditional and complex PTSD symptoms are correlated in aggregate but not syndromally identical, and also highly variable when examined as individual profiles, across the two samples and with both sets of measurement instruments. Clinical and conceptual implications are discussed.

New Research in Brain Imaging in Trauma Disorders

Symposium (biomed) — Grand Salon IV, 3 (GB)

Eric Vermetten, University Medical Center, Utrecht/Central Military Hospital, The Netherlands; Stephen Brannan, Clinical Research Physician, U.S. Medical Division, LTC, Indianapolis, Indiana

Brain neuroimaging techniques have provided fruitful in experimental and clinical paradigms exploring the pathogenesis and pathophysiology of trauma related disorders. New research in these rapidly evolving techniques will be presented.

Reduced Hippocampal and Total Brain White Matter Volume in PTSD

Gerardo Villarreal, Department of Psychiatry and Neurosciences, University New Mexico; Derek Hamilton, Department of Psychology; Helen Petropoulos, Clinical and Magnetic Resonance Research Center, University New Mexico; Ira Driscoll, Department of Psychology, University of New Mexico; Laura Rowland Department of Psychology, University of New Mexico; Jaqueline Griego, Department of Psychology, University of New Mexico; Piyadasa Kodituwakku; Department of Psychiatry, University of New Mexico; Blaine Hart, Department of Radiology, University of New Mexico; Rodrigo Escalona, Department of Psychiatry, University of New Mexico; William Brooks, Department of Neurosciences, Clinical and Magnetic Resonance Research

Background: Magnetic resonance imaging (MRI) studies report decreased hippocampal volume in PTSD, but whole brain volumes have not been consistently examined, therefore it cannot be completely ruled out that hippocampal changes are explained by whole brain atrophy. The purpose of this study was to assess hippocampal and whole brain tissue volumes in civilian PTSD. Methods: Twelve subjects with PTSD and 10 controls underwent brain MRI. Hippocampal volumes were visually quantified using a computerized volumetric program. Whole brain volumes were obtained with automated k-means-based segmentation. Results: Compared to controls, PTSD subjects had smaller bilateral hippocampus/whole brain tissue ratios (normalized volumes). PTSD subjects also had higher cerebrospinal fluid/intracraneal volume (CSF/ICV) ratios and lower white matter/ICV ratios, consistent with generalized white matter loss. The effect of age on CSF/ICV was more pronounced in the PTSD group. PTSD and depression scores correlated negatively with left hippocampal volume, but PTSD scores were a better predictor of hippocampal volumes. Conclusions: PTSD subjects had decreased hippocampal volumes independent of generalized white matter loss. Also, the effect of age on white matter loss was more pronounced in PTSD subjects suggesting acceleration of age-related white matter atrophy.

Brain Imaging Using Symptom Provocation in PTSD: Effects of Therapy

Ramón Lindauer, Academic Medical Center, Amsterdam; Jan Booij, Academic Medical Center, Amsterdam; Miranda Olff, Academic Medical Center, Amsterdam; Berthold Gersons, Academic Medical Center, Amsterdam

Purpose: To understand which brain circuits are involved in PTSD, script-driven imagery with 99mTc-HMPAO-SPECT (=Single Photon Emission Computerized Tomography) was used in a randomised clinical trial in patients with PTSD. Methods: We assessed the effects of Brief Eclectic Psychotherapy (=BEP) on blood flow with 99mTc-HMPAO-SPECT in PTSD-patients (n=24)in reaction to symptom provocation using personalised narratives. Before scanning each patient listened to an audiotape with a description of his/her own traumatic event and the accompanying sensory information (script). Psychophysiological reactions (among which are heart frequency and blood pressure)were also measured. MRI-scans were used to co-register in SPECT-scans and to make a ROI-map (=region of interest). Results: PTSD-symptoms in the treatment group were significantly reduced in comparison to the control group. The same positive results were found in psychophysiological reactions when listening to the traumatic script. Research findings and methodological issues regarding auditive symptom provocation using 99mTc-HMPAO-SPECT are currently analysed and will be presented. Conclusions: Changes in blood flow by symptom provocation in neuroimaging may be used as a probe for the assessment of the effects of psychotherapeutic intervention in PTSD.

Hippocampus and Memory in Twins Discordant for Vietnam Service and PTSD

J. Douglas Bremner, Emory University, Department Psychiatry and Diagnositc Radiology; Viola Vaccarino, Emory University, Department of Medicine; Jack Goldberg, University of Washington

Prior studies in PTSD showed smaller hippocampal volume as measured with magnetic resonance imaging (MRI) and deficits in hippocampal-based memory. These findings have been hypothesized to be related to the negative effects of stress on the hippocampus, however it is also possible that these effects are present from birth and represent a risk factor for PTSD. To address this question we have performed assessments of hippocampal volume, cortisol and memory function in dizygotic twin pairs discordant for Vietnam Theater service and the presumptive diagnosis of PTSD. We measured hippocampal volume with MRI, cortisol over a diurnal period, and neuropsychological testing of memory in dizygotic twins with a history of Vietnam Era Service discordant for Vietnam Theater Service and PTSD. Preliminary analyses showed lower scores for neuropsychological testing of memory in PTSD. Hippocampal volume is currently being analyzed. These findings are consistent with the hypothesis of deficits in hippocampal based memory function in PTSD.

Memory Performance and Hippocampal Volume in PTSD and DID

Eric Vermetten, University Medical Center/Central Military Hospital; Christian Schmahl, Freiburg Medical School; Richard Loewenstein, Shappard Pratt Health Systems; J. Bremner, Emory University

Background: There is a strong overlap in symptomatology of dissociative and posttraumatic stress disorders, especially in memory performance. Despite early calls to conceptualize DID as chronic PTSD essentially no studies have been performed to investigate the hypothesis that dissociative disorders, including DID, can be looked upon as a behavioral manifestation of traumatic stress induced changes in brain structure and function (eg including hippocampus, amygdala, and orbitofrontal cortex) and according performance. Methods: We performed memory testing and structural imaging of the brain in a population of female outpatients with PTSD (N=18) and DID (N=16) and compared the results with a population of healthy trauma controls (N=10). We hypothesized that hippocampal volume in patients with DID would be similar to patients with PTSD, as well as their memory performance. Results: Preliminary analyses showed a similar changes in memory performance and brain morphology (i.e. hippocampal and amygdala volume) in PTSD and DID. Conclusions: Although DID has distinct phenomenological features, that are different from PTSD, their hippocampal volume and related memory performance show overlapping similarities.

Memory and Trauma

Symposium (clin res) **Harborside E, 4 (HB)**

Michelle Moulds, Department of Psychology, Institute of Psychiatry, King's College London

Convergent evidence from clinical samples and laboratory-based experimental studies has highlighted the unique nature of memory for traumatic events. What remain poorly articulated, however, are the cognitive mechanisms that mediate the encoding and retrieval of traumatic memory material. The papers presented in this symposium utilized various experimental paradigms and methodologies to elucidate the mechanisms of memory management that characterize acute and chronic posttraumatic stress samples.

Working Memory and the Suppression of Unwanted Intrusive Cognitions

Chris Brewin, Subdepartment of Clinical Health Psychology, University College London

Intelligence protects against the development of PTSD but it is not known why. Several studies have shown that inhibiting task interference by irrelevant material is an effortful process and is dependent on working memory. In two studies using Wegner's thought suppression paradigm we tested the hypothesis that individual differences in intelligence and working memory capacity predict the ability to intentionally suppress unwanted thoughts. In the first study 60 participants attempted to suppress thoughts of a white bear and completed measures of working memory capacity, fluid intelligence, and crystallised intelligence. As predicted, effective thought suppression was independently related to higher working memory capacity and greater fluid intelligence, but was unrelated to crystallised intelligence. In the second study 60 participants identified their most frequent obsessional thought and attempted to suppress it. Higher levels of intrusive thoughts were related to greater depression but only working memory capacity predicted the ability to suppress them. The findings have theoretical implications for understanding both risk factors for PTSD and the mechanisms that underlie a failure to

inhibit unwanted thoughts and memories. Individual differences in working memory capacity should be relevant whenever goals need to be actively maintained in the face of distracting intrusions.

Impaired Inhibition of Trauma Information Among Rape Survivors

Marylene Cloitre, Weill Medical College of Cornell University; Susan Clancy, Harvard University

It has been suggested that PTSD is a memory disturbance of contrasting effects in which trauma produces enhanced memory for perceptual/sensory aspects of the experience (e.g., flashbacks) while simultaneously impairing higher level processing functions such as contextualization of the trauma into autobiographical memory and the inhibition of trauma-related information at appropriate times. We utilized a directed forgetting task to assess the presence of inhibition effects among 12 women with rape-related PTSD compared to 18 rape survivors without PTSD and 22 never traumatized healthy women. All of the women in the study showed better cued recall for rape-related as compared to threat, positive and neutral words. Women who were raped, regardless of PTSD diagnostic status, showed strong inhibition effects, as indicated by an inability to forget rape-related words compared to the healthy controls. Regression analyses completed on the data from the thirty rape survivors revealed that a history childhood sexual abuse was the strongest contributor to impaired inhibition, followed by severity of PTSD symptoms continuously measured. These latter data suggest that, in addition to current PTSD symptoms, early life adversity or chronicity of trauma may play a role in impairments related to inhibitory processes.

Dissociation and Encoding in Acute Stress Disorder

Michelle Moulds, Department of Psychology, Institute of Psychiatry, King's College London; Richard Bryant, The University of New South Wales

Dissociative reactions are theorized to impede the encoding of traumatic stimuli. Little is known, however, of the mechanisms of this purported association. This paper presents two studies that investigated the interplay of dissociative responses and the encoding of trauma-related stimuli in acute stress disorder (ASD). In Study 1, ASD (n=15), trauma-exposed non-ASD (n=15) and non-traumatized control (n=15) participants were administered intermixed presentations of disfigured and neutral faces, and simultaneously shown words presented centrally and peripherally to the faces. Participants recalled more words presented centrally to neutral faces than those presented centrally to disfigured faces, and dissociative tendencies were negatively correlated with recognition of words centrally presented with distressing stimuli. Study 2 investigated the stage of processing at which dissociative reactions are activated. ASD (n=15), trauma-exposed non-ASD (n=15) and non-traumatized control (n=15) participants were administered randomized presentations of disfigured and neutral faces each followed by a word. Trials were presented with the faces shown for brief (i.e., 50 millisecond) and long (i.e., 4 second) presentations. Participants demonstrated poorer recognition of words paired with briefly exposed faces and better recognition of neutral than disfigured faces, and dissociative tendencies were negatively correlated with recognition of words paired with long exposure of distressing faces. The convergent findings provide support for the proposal that dissociative tendencies are associated with impoverished encoding of threat-related information.

Battered Women's Experience in Context

Symposium (culture) **Grand Salon IX, 3 (GB)**

Featured Session

Mary Ann Dutton, Georgetown University Medical Center

This symposium will address battered women's experience in varying contexts defined by a nested ecological model of battered women's experience. Presenters will examine battered women's experience in the context of different configurations of violence, change over time, various court remedies, and mental health sequelae.

The Role of Stalking in Long-Term Outcomes for IPV Victims

Lisa Goodman, Boston College; Mary Ann Dutton, Georgetown University

Only recently have researchers begun to investigate the role of stalking in relationships involving intimate partner violence (IPV). This is an important omission given that, as an emerging body of research shows, being stalked is a common occurrence for victims of IPV, one that is associated with more severe violence and more adverse psychological effects in victims. In this presentation, we extend earlier findings by investigating cross-sectional and longitudinal correlates of stalking in a sample of 321 predominantly African-American victims of IPV from an urban center in the northeast. We recruited these participants from one of three settings: a shelter, criminal court, and civil court. We first interviewed them at one of these sites and have conducted follow-up phone interviews every three months for two and a half years. This paper focuses on one-year outcomes from the study. Preliminary findings show that compared to IPV victims who were not stalked, victims who were persistently stalked at Time 1 were more likely to report ongoing violent victimization and stalking, severe mental health difficulties, and heavy use of strategies to escape the violence one year later. These findings have clear implications for legal and programmatic reform in the service of increased safety for battered women.

Listening to What Battered Women Tell Us About Protection Orders

Dorothy Lennig, House of Ruth

Data from the National Institute of Justice longitudinal study, "Ecological Model of Battered Women's Experience Over Time," indicate that after filing for a temporary protection order, approximately 30% women never return to court—even once—to get the final order. Between 34%–42% never get a permanent order. Although there are significant barriers to getting a protection order, battered women often report that they don't want or need a permanent order. Often, battered women consider the temporary order to be sufficient. Advocates and others working with battered women, however, often interpret this view as problematic. This presentation will explore, based on the implications of longitudinal data from this study, the impact of the temporary protection order. Narratives from battered women describing their experience with both permanent and temporary orders will be presented.

Domestic Violence in Japan: A Study of Urban Sheltered Battered Women

Tomoko Ishii, Tokyo Institute of Psychiatry; Nozomu Asukai, Tokyo Institute of Psychiatry; Yumiko Kimura, Musashino Women's University; Takako Nagasue Musashino Women's University; Michiko Kurosaki, Shizu Clinic

Thirty percent of woman have experienced some physical violence from a husband or a partner (n =1,183) in 1997 in Tokyo metropolitan area (The Tokyo Metropolitan Government, 1998). The physical and mental impact of domestic violence (DV) for battered woman is significant, according to research in Europe and North America (Dutton et al., 1994, Astin et al., 1995, Perrin et al., 1996, Rozen, 1999). The purpose of the current study was to investigate the nature of domestic violence and the prevalence rate and predictors of PTSD, depression, anxiety and stress coping behavior among battered women in Japan. Battered women from shelters in Japan (n = 25) and a comparison group of women living in an urban area (n = 61) were participants in the study. Measures include the CAPS, the CTS2, the Stress Coping Inventory (SCI), and the SCL-90-R. Pilot data shows that among 19 battered women interviewed, 47.4% (n = 9) met DSM-IV criteria for PTSD. Further, level of exposure to domestic violence was significantly associated with PTSD. Battered women's scores on all subscales of the SCL-90-R were higher than for non-battered women. Further, differences in the use of stress coping strategies were significant: battered women used more Confrontive Coping ($F' = 2.02$, DF = (20,57) , $p<.01$) and more Escape-Avoidance Coping ($F' = 1.11$, DF = (57,20), $p<.001$) compared to non-battered women. Implications for intervention with domestic violence in Japan will be discussed.

Engaging the State in Protecting Battered Women

Jane Murphy, University of Baltimore Law School

This presentation will draw on data from a two-year longitudinal study of over 400 battered women seeking protection from intimate partner violence through shelter and court services. The presentation will focus primarily on legal implications of data concerning women's experience in using civil protection orders. Since the early 1980's, advocates for battered women have viewed the enactment and expansion of civil protection orders as a central strategy for protecting battered women. The Violence Against Women Act marked an important milestone in this strategy in its funding of legal clinics nationwide to assist women in obtaining this legal remedy. Nevertheless, have these efforts reduced the incidence of domestic violence or increased the safety of battered women? This interdisciplinary presentation will examine results of this study to begin to answer these questions. Specifically, the impact of particular types of remedies provided through civil protection orders for on revictimization, battered women's threat appraisal, and on their perceived well-being will be discussed.

No Single Profile of Intimate Partner Violence

Mary Ann Dutton, Georgetown University Medical Center

This presentation draws from the results of a longitudinal study of 405 predominately low-income, African-American battered women recruited in domestic violence courts and shelter. Previous research has shown that victims experience different types and levels of intimate partner violence but there has been relatively little attention paid to the configuration of different types of abuse relative to each other. Further, we know little about the related trauma effects or coping strategies that accompany these different patterns of violence. Results of cluster analysis reveal five different cluster types that differ on levels of physical violence, sexual abuse, stalking, emotional abuse, and dominance. Analyses reveal differences in PTSD, $F = 30.1$, ($df = 4, 376$), $p = < .0001$, depression, $F = 21.7$, ($df = 4, 375$), $p = < .0001$, violent, $F = 12.8$, ($df = 4, 373$), $p = < .0001$ and nonviolent, $F = 26.8$, ($df = 4, 360$), $p = < .0001$ threat appraisal. Implications for future research and intervention will be discussed.

Secondary Trauma in 9/11 Relief Workers

Symposium (disaster) — Grand Salon III, 3 (GB)

Rose Zimering, Boston University School of Medicine and Boston VA Healthcare System; Terence Keane, Boston University School of Medicine and Boston VA Healthcare System

This symposium presents studies of secondary traumatization in September 11th relief workers, including Red Cross workers at Logan Airport who responded to survivors of those on the planes that hit the WTC, disaster mental health relief workers at the WTC, and professionals and volunteers who provided various services to families of those killed and displaced workers and residents.

Secondary Trauma in Red Cross Workers at Logan Airport Post 9/11

James Munroe, Boston VA Healthcare System; Suzy Gulliver, Boston University School of Medicine; Jeffrey Knight, Boston VA Healthcare System; Barbara Wolfsdorf, Boston University School of Medicine; Sandra Baker-Morissette, Boston University School of Medicine; Todd Mattuchio, Boston University School of Medicine; Rose Zimering; Boston University School of Medicine

A growing body of literature documents the phenomenon of secondary traumatization among mental health providers treating people with histories of traumatic exposure. In a disaster of the scale and scope of September 11th, it is anticipated that emergency mental health providers that treated survivors are at risk for developing secondary symptoms of PTSD. The primary aim of this study was to assess post-traumatic stress disorder linked to treatment of survivors (secondary traumatization), in clinicians providing disaster relief services at Boston's Logan International Airport in the aftermath of the terrorist attacks. Participants were one hundred Red Cross providers who treated surviving family members and surviving airline personnel of those lost on the two hijacked planes that struck the World Trade Center. PTSD was assessed by standardized clinical interview (CAPS) at 6-7 months post-disaster. Therapist factors including number of disaster service contacts, type of training, and level of experience were also measured. Ongoing data collection show a positive correlation between number of disaster relief contacts and PTSD symptoms endorsed. Results will be contrasted with findings of PTSD symptomatology in disaster relief clinicians who treated survivors at the World Trade Center site.

Vicarious Trauma in Aid Workers After the World Trade Center Disaster

Heike Thiel de Bocanegra, Safe Horizon; Chris O'Sullivan, Safe Horizon; Ellen Brickman, Safe Horizon

The World Trade Center disaster required an unprecedented relief effort, much of which was covered by volunteers. The purpose of this study is to investigate the prevalence of secondary trauma on volunteers or redeployed workers without a mental health background. They usually worked as intake workers or case workers, assessing clients' financial needs and determining eligibility for aid. Almost none had prior experience with disaster relief and very few had prior experience with traumatized people. Of 107 subjects, 24 reported that they received no training before beginning their relief work. Available training emphasized logistical issues, paperwork, and eligibility criteria. Two thirds reported that since September 11, they have increased worry about their own safety. When asked to report on the impact of the relief work itself, some participants noted that the volunteer work provided an outlet and decreased the sense of helplessness following the terrorist attacks. Some also report an increased sensitivity and patience with different kinds of people, and less stress about "the little things." Negative responses include angry feelings and a sense of being "hardened", or, conversely, emotional instability and frequent crying. We will also report on the results of PTSD and depression scores in this sample.

Secondary Trauma in Disaster Relief Clinicians at Ground Zero

Suzy Gulliver, Boston University School of Medicine; Jeffrey Knight, Boston VA Healthcare System; James Munroe, Boston VA Healthcare System; Barbara Wolfsdorf, Boston University School of Medicine; Sandra Baker-Morissette, Boston University School of Medicine; Todd Mattuchio; Boston University School of Medicine

The unprecedented devastating terrorist strikes in New York City and Washington, D.C. on September 11th 2001 were matched by an unparalleled response from emergency personnel to treat the emotional consequences of these events. In addition to the mental health risk to civilians directly affected by the disaster, emergency mental health providers are at risk for developing secondary symptoms of post traumatic stress disorder. In this study, secondary PTSD was assessed in 120 International Association of Firefighters disaster relief workers who reported to New York and delivered mental health care to firefighter survivors and family members of firefighters lost in the collapse of the World Trade Center. PTSD symptoms linked to 9/11 survivor narratives were measured by standardized clinical interview (CAPS) at 6–7 months post-disaster. Depression, anxiety, anger and medical symptoms were also evaluated. Individual difference variables, such as coping strategies, that may be related to the development of, or protection against, secondary trauma among disaster relief clinicians were also measured. Results show clinicians endorsing mild to moderate levels of PTSD symptoms with few clinicians meeting diagnostic criteria for the disorder. Resilience and desensitization through prior disaster exposure will be discussed as factors that protect against secondary traumatization.

Transforming the Legacies of Childhood Trauma in Couple Therapy

Workshop (complex) — Grand Salon II, 3 (GB)

Dennis Miehls, Smith College School for Social Work; Kathryn Basham, Smith College School for Social Work

This workshop explicates an overview of a synthetic couple therapy practice model along with a detailed account of the institutional, interactional, and interpersonal factors that are relevant in completing a thorough biopsy-

chosocial assessment of couples when one or both partners are suvivors of (childhood) trauma. It is based upon a model that will be published by Columbia University Press in an upcoming book titled Couple Therapy with Trauma Survivors. The workshop will present a practice model that demonstrates the specific benefits of couple therapy when working with survivors of childhood trauma. To provide a framework for this complex couple therapy model, we review the basis for a synthetic multi-theoretical approach, the cultural constructs of "trauma", the role of resilience, and the problematic after-effects for adult survivors of childhood trauma. An outline for the biopsychosocial assessment will be provided. Following that, the description of phase-oriented treatment approaches will be given. Specific institutional, interactional, and interapersonal factors will be reviewed and illuminated with clinical vignettes.

Implementing the ISTSS International Training Guidelines

Workshop (train) — Grand Salon I, 3 (GB)

Stevan Weine, University of Illinois at Chicago; Yael Danieli, Private Practice and Group Project for Holocaust Survivors and their Children; Joop de Jong, Transcultural Psychosocial Organization; David Eisenman, UCLA; Robert Ursano, Uniformed Service University of the Health Services, Department of Psychiatry and Center for the Study of Traumatic Stress

The Task Force on International Trauma Training developed consensus-based guidelines for training in mental health and psychosocial interventions for trauma-exposed populations in the international arena. In December 2001, they were reviewed, accepted, and approved by the ISTSS Board of Directors. The guidelines aim to improve international training in mental health and psychosocial interventions for trauma exposed populations by providing principles and strategies intended to steer those who seek informed recommendations, to generate focused debates on areas where there is yet no broad consensus, and to stimulate research and inquiry. The Guidelines address four dimensions: (1) values; (2) contextual challenges in societies during or after conflicts; (3) core curricular elements; and (4) monitoring and evaluation. Although the Guidelines are a consensus statement of what the Task Force believes to be minimally acceptable in general for international training, not all of the recommendations will be easy nor even possible to implement in all contexts. The development of international training is a process. This workshop will include brief presentations and audience participation that will center on opportunities and challenges presented by implementing the Guidelines.

Enhancing PTSD Treatment Compliance and Readiness to Change

Workshop (complex) — Dover B/C, 3 (GB)

Ronald Murphy, Department of Psychology, Dillard University; Craig Rosen, VA National Center for PTSD and Stanford University School of Medicine

Problems with treatment compliance can occur when patients with complex PTSD do not believe that they need to change particular problems being addressed by their treatment providers. In this workshop, participants will learn to use motivation enhancement techniques to help PTSD patients identify previously unrecognized problems and increase their engagement in treatment. The clinical approach presented focuses on reducing ambivalence and increasing awareness about the need to change the multiple symptoms and comorbid problems of PTSD patients, for whom beliefs about the need to change may vary from problem to problem. Participants will first learn how to work from a therapeutic mindset that creates an objective, non-confrontational atmosphere in which patient compliance issues and ambivalence about change can be addressed. The presenters will also provide practical training in implementing structured tasks that facilitate ambivalence reduction and treatment engagement, such as decisional balance, comparison of individual behavior to norms, and identification of individual "roadblocks" to change. The presenters will review strategies for troubleshooting difficult situations that may arise in addressing patient readiness to change and also discuss case examples offered by participants in the context of a PTSD motivation enhancement approach.

Creating Sanctuary for Traumatized Children

Workshop (child) — Laurel A/B, 4 (HB)

Robert Abramovitz, Jewish Board of Children and Family Services; Jeanne Rivard, Columbia School of Social Work; David McCorkle, Jewish Board of Family and Children's Services; Kelly Nice-Martin, Children's Service Center; Brian Farragher, Julia Dykman Andrus Memorial Center

Children and adolescents who suffer from complex PTSD frequently end up in institutional settings within the mental health system. The current method for addressing behavioral dysfunction in children revolves around a model of residential care focusing on behavior modification within a context that attempts to replace inadequate environments with healthy alternatives. However, residential programs house highly traumatized children who reenact their traumatic past experiences. Stressed systems facing decreases in funding, staff shortages, and a lack of staff training are poorly equipped to respond to the needs of these children. This workshop will provide the opportunity for participants to interact with presenters from three different institutional settings who are currently wrestling with these complicated issues by taking a total-system approach to the problems using the concepts of the Sanctuary Model, as developed by Dr. Sandra Bloom and her colleagues. Participants will discuss: findings from a research grant in a residential setting for children operated by the Jewish Board of Family and Children's Services in New York; the process of system change and the key role of leadership in another residential treatment center and school in Yonkers, NY; the application of the Sanctuary Model to a group home for adolescents in Wilkes Barre, PA.

Treating Traumatized Children with Attachment Problems

Workshop (child) — Laurel C/D, 4 (HB)

William Friedrich, Mayo Clinic; Lucy Berliner, Sexual Assault Center

Chronic and persistent trauma rarely occurs separate from other psychosocial problems in the lives of the traumatized individuals. This is even more the case with children and adolescents. Not only are their lives characterized by more life stress, but their relationships with their parents are often impaired, and reflect insecure attachment. In addition, children with complex PTSD are more likely to have parents with an unresolved personal history of trauma. Unresolved parental trauma is associated with disorganized attachment, a particularly malignant form of attachment that has immediate as well as long-term negative outcomes. While the empirical literature contains no validated treatment specifically for attachment problems in traumatized children, there are research supported strategies that will be taught, e.g. changing parent's attributions regarding their child, parent-child interaction therapy, increasing safety in the home, and helping the parent take steps to resolve their own trauma so that they can be more of a secure base to their child.

Integrating PE with Traumatized Adults into Real Life Practice

Workshop (practice) — Kent A/B/C, 4 (HB)

Lori Zoellner, University of Washington; Norah Feeny, Case Western Reserve University; Elizabeth Hembree, University of Pennsylvania

Both in vivo exposure (real life exposure to trauma-related stimuli) and imaginal exposure (repeated exposure to the trauma memory) are common components in empirically supported treatments for chronic PTSD (e.g., Foa et al., 1999; Marks et al. 1998). While treatment manuals offer general guidelines regarding the procedures for both in vivo and imaginal exposure, they often do not adequately deal with real life issues faced by clinicians in routine clinical practice. In this workshop, we will discuss the procedures for both in vivo and imaginal and exposure, and talk about how to incorporate these treatment components into routine clinical practice. Specifically, we will address the following questions: When should I consider incorporating in vivo or imaginal exposure into treatment? How should I present in vivo or imaginal exposure to my client? How and when should I modify in vivo and imaginal exposure procedures for my client?

Treating African American and Hispanic Victims of Child Maltreatment

Workshop (culture) **Dover A, 3 (GB)**

Michael de Arellano, National Crime Victims Center, Medical University of South Carolina; Ernestine Briggs-King, Duke University

Several factors may need to be considered when assessing and treating symptoms associated with child maltreatment in children from different ethnic groups. Cultural (e.g., beliefs, values), demographic (e.g., poverty, education), and historical factors (e.g., voluntary versus forced immigration, inter-generational trauma) can influence treatment. In this workshop, cultural and demographic factors that may be relevant to assessment and treatment issues when working with African American and Hispanic victims of child abuse or neglect will be presented, and strategies for addressing these factors will be discussed. Some potentially important factors include, views of mental health and mental illness, help-seeking behaviors, acculturation, spirituality, and discrimination. In addition, when working with recent immigrants other factors should be considered, including traumatic events experienced in their country of origin and while immigrating into this country. Finally, recommendations for enhancing cultural competency in working with ethnic minority families, particularly African American and Hispanic families will be suggested. Although focused on children, concepts and treatment strategies have applicability in adult victimized populations as well.

From Individual to Societal Trauma Therapy in the Republic of Georgia

Case (complex) **Galena, 4 (HB)**

Karen Leavitt, Smith College, Center for the Study of Mind and Human Interactions; Darejan Javakhishvilli, Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims

The presenters will describe their collaboration to provide individual and societal trauma therapy in the Republic of Georgia. As a focal point, they will use a case example of treatment with a Georgian woman. She was traumatized and tortured while living as an internally displaced person (IDP) in a war zone. The presenters will trace three essential aspects of the treatment process. They will address the complexity of providing this patient's individual treatment in the context of her long-standing experiences of trauma. They will discuss treatment of the therapist's severe vicarious trauma due to work with this particular patient. And, they will describe some of their interventions aimed at addressing the legacy of trauma and ethnic hatred on a societal level. Special attention will be paid to the pervasive role of dissociative processes throughout this continuum of care. This presentation grows out of on-going didactic and clinical exchange between therapists from the Georgian Center for Psychosocial and Medical Rehabilitation of Torture Victims, the Foundation for the Development of Human Resources in Tbilisi and the Center for the Study of Mind and Human Interaction (CSMHI) at the University of Virginia. CSMHI is an interdisciplinary center that addresses psychopolitical trauma as it relates to national and ethnic conflicts.

10:00 a.m.–11:15 a.m.

Parallel Plenary Session

Clinical Research on Traumatic Stress: Its Promise and Limitations in the Treatment of Complex Trauma

Plenary (clin res) **Grand Salon VI, 3 (GB)**

Eve Carlson, PhD, National Center for PTSD; Arieh Shalev, MD, Hadossa University Hospital; Thomas Mellman, MD, Dartmouth Medical School, Department of Psychiatry; Patricia Resick, PhD, University of Missouri, St. Louis; Elisa Triffleman, MD, The Public Health Institute and the Yale University School of Medicine

Clinical research on traumatic stress has expanded rapidly over the past decade, producing a good deal of knowledge that can inform interventions in the clinical arena to the benefit of those with trauma-related problems. Still, how to best to translate findings from research studies into daily clinical practice is a major challenge for clinicians and researchers. In this plenary panel presentation, four experienced researcher-clinicians will discuss the promises and the limitations inherent to major research approaches that have been applied to traumatic stress disorders. Discussion will emphasize the particular challenges associated with applying research in the domains of biopsychology, pharmacological treatments, and psychological treatments to the treatment of complex trauma.

Treating Children with Complex Child Abuse Trauma

Plenary (child) **Harborside E, 4 (HB)**

Lucy Berliner, MSW, Sexual Assault Center; William Friedrich, PhD, Mayo Clinic; Judith Cohen, MD, Allegheny General Hospital; John Briere, PhD, USC School of Medicine and Los Angeles County-USC Medical Center

Not all childhood trauma is complex or leads to long-term consequences. However, some children are subjected to severe or multiple traumas and also may have had other adverse childhood experieces. For these children, in addition to posttraumatic responses, there may be effects on attachment security, affect regulation, and sense of self that put them at significant risk for serious difficulties throughout their lives. This plenary panel presentation will review the effects of complex child abuse trauma on developmental processes, highlight the importance of early intervention with children exposed to complex child abuse trauma and the ways that developmentally sensitive, trauma-informed, and present empirically grounded interventions that can restore children and prevent the more interactable suffering that some survivors experience.

How the Science of Stress and Substance Abuse Can Inform Treatment

Plenary (clin res) **Harborside D, 4 (HB)**

Glen R. Hanson, PhD, DDS, Acting Director, National Institute on Drug Abuse (NIDA), National Institutes of Health

In the aftermath of recent terrorist attacks, people are struggling with the emotional impact of those acts, and with the uncertainty of what might lie ahead. Stress is one of the most powerful triggers of relapse to drug, alcohol, and tobacco use, even after long periods of abstinence. Increased drug and alcohol use by those in proximity to the World Trade Center attack, for instance, already has been documented and is associated with increased rates of depression and posttraumatic stress disorder. This commonality between mechanisms of drug exposure and stress affecting future behavior is found at many levels of neurobiological analysis. A greater understanding of the multiple common mechanisms by which stress and drugs of abuse affect us will permit development of treatment strategies that consider both. These developments accompany growing recognition that stress-related treatment efforts following exposure to trauma need to consider substance abuse as part of their overall goal of restoring the health and well-being of all affected individuals.

1:00 p.m.–2:15 p.m.

Poster Presenters of Track 6, Complex Trauma, Complex Needs, will be available to discuss their poster.

Grand Salon V, 3 (GB)

Expert Clinical Consultation

Expert Clinical Consultation (practice) — Falkland, 4 (HB)

Bessel van der Kolk, MD, is medical director, The Trauma Center, professor of Psychiatry, Boston University School of Medicine. He will provide clinical consultation concerning patients with complex trauma histories. The consultation will focus on techniques for resource building, dealing with dissociative states, activating social supports, timing of, and techniques for effective memory processing, and attention on the activation of capacity to engage in mutually supportive relationships.

Psychosocial Interventions in Africa

Panel (commun) — Grand Salon X, 3 (GB)

James Munroe, Boston VA Outpatient Clinic; Tesfay Aradom, UNICEF Child Protection Center, Asmara, Eritrea; Gladys Mwiti, Fuller Graduate School of Theology; Craig Higson-Smith, Human Sciences Research Council of South Africa; Merle Friedman, South African Institute for Traumatic Stress

The African continent has been confronted by massive traumatic events including war, famine, genocide, apartheid, and terrorist attacks. In responding to these events, one of the main issues is training local responders to both deliver and supervise services. Responders need to be sensitive to cultural issues in the populations as well as the nature of the events and the settings in which they must work. Utilizing the ISTSS Guidelines for International Trauma Training in Clinical and Community Settings, version 12/10, this panel will discuss how they have been able to respond to events in Eritrea, Kenya, Rwanda, and South Africa. Events in each of these areas present different obstacles to organizing responses. The panel members will address the unique aspects of the events, the difficulties in delivering services, what they have succeeded in establishing, and what they hope to do in the future. The discussion will highlight issues that are specific to the particular events as well as those common to all. Participants will be encouraged to enter discussion with the panel.

International Perspectives on Humanitarian Aid Worker Support

Panel (culture) — Grand Salon I, 3 (GB)

Cynthia Eriksson, The Headington Program, Fuller Seminary, Graduate School of Psychology; Leslie Snider, Tulane School of Public Health and Tropical Medicine, Tulane University; Winnifred Simone, The Antares Foundation; John Fawcett, World Vision International; Barbara Lopes Cardozo Center for Disease Control and Prevention

International humanitarian aid workers operate in an increasingly complex and dangerous environment. Projects in humanitarian emergencies around the world include hundreds of expatriate and thousands of national aid workers. Each program confronts a unique set of challenges to successful implementation, including safety issues, management issues, cultural issues, and funding issues. The complexity of the work and exposure to traumatic events can create a work environment that leaves staff at risk of developing negative mental health consequences such as burnout, depression, and posttraumatic stress symptoms. A general model of humanitarian aid worker stress, risk and resilience will be presented. Panelists will describe efforts to assess and intervene in the occupational stress and traumatic exposure experienced by expatriate and national aid workers. In addition, panelists will discuss approaches to staff support, both in the context of the human resources department of a large non-governmental organization, as well as the role of a consultancy group from an independent, non-profit foundation. The discussion represents the insights of organizations based in the US and Europe, and includes a description of humanitarian aid staff experiences from Latin America, Africa, Southeast Asia, and Eastern Europe.

Facing Complex Psychological Trauma in Family Setting

Panel (commun) — Galena, 4 (HB)

Ferid Agani, Ministry of Health; University of Prishtina; Squipe Ukshini, University of Pristina

Family has been the primary social structure that helped the Kosovar Albanian people during the centuries long struggle to survive in a chronically dangerous environment. The preponderance of the trauma is reflected in mental health surveys conducted by CDC in Kosovo which showed substantial psychiatric morbidity associated with multiple psychological traumatic experiences due to the war. About 500,000 individuals in Kosova, older then 15 years reported PTSD symptoms. The majority of them were exposed to culturally inappropriate treatment approaches provided by international NGO "psychosocial projects" designed for societies different from that of Kosova. Only culturally sensitive psychosocial projects focused on families are able to recognize different specific manifestations of the complex psychological trauma and to provide appropriate treatment environment. The aim of this presentation is to describe and discuss the importance of using culturally appropriate treatment approaches in work with the complex psychological traumas of the Kosovar context. In our work through the emerging Kosovar public mental health system, we have emphasized family as a necessary setting for recognition and treatment of specific manifestations of the complex psychological traumas. Presenters are Kosovar mental health leaders with extensive experience and expertise doing trauma work and collaborating with international professionals.

Organizational Responses for the Media—Trauma-Focused Interventions

Panel (train) — Dover A, 3 (GB)

Elana Newman, University of Tulsa; Mark Brayne, BBC-European Region; Patricia Drew, New York Times

Identifying useful cost-effective services that will help journalists cope with vicarious traumatization or other trauma-related injuries from work can be very complex. This panel features US and non-US based approaches to support journalists. Mark Brayne, a therapist and News and Current Affairs Editor European Region BBC World Service, will discuss his approach to creating services within BBC. Patricia Drew, Director of LifeSkills/EAP for the NY Times, will discuss her approach to trauma-oriented programs. Finally, Elana Newman, director of the 6 month center for Dart Center for Journalism and Trauma-Ground Zero will discuss the approach of Dart Center Ground Zero initiatives to create organizational mechanisms outside of a particular media group. The discussion will be of equal interest to those considering organizational programs in any industry and members of the media in particular.

Update on Neurobiology and PTSD in Children and Adolescents

Symposium (child) — Laurel C/D, 4 (HB)

Michael Scheeringa, Tulane University Health Sciences Center

There are very few studies of neurobiology in traumatized children with PTSD. This symposium presents the findings from three recent studies that involve children from preschool through adolescence. Data on heart rate reactivity and catecholamine levels will be compared and contrasted to prior adult studies.

Catecholamines, Cortisol and Pituitary Volumes in Child PTSD

Michael DeBellis, University of Pittsburgh; Lisa Thomas, University of Pittsburgh

Background: Alterations of catecholamines and the hypothalamic-pituitary-adrenal (HPA) axis are reported in adult PTSD, maltreated children, and pediatric maltreatment-related PTSD. Methods: Twenty-four urinary

catecholamine and cortisol levels were collected in 18 maltreated children with PTSD and anxious and healthy controls. Magnetic resonance imaging was used to measure pituitary volumes in 61 medication naïve maltreated children with PTSD and 121 non-traumatized healthy controls. Results: Maltreated children with PTSD had higher baseline catecholamine and cortisol levels. No differences were seen in pituitary volumes. However, there was a significant age-by-group effect for PTSD subjects to have greater increases in pituitary volume with age than controls (F=6.47, df=1,178, p =.01). Pituitary volumes were significantly larger in pubertal/post-pubertal maltreated subjects with PTSD than control subjects (F=4.31, df=1,122, p=0.04). Clinical factors correlated with catecholamine levels and pituitary volumes. Conclusions: These findings may suggest developmental alterations in baseline catecholamine and cortisol levels and age-related differences in pituitary volume in maltreatment-related pediatric PTSD. Thus discrepant findings between adult and child PTSD may be related to the dynamic effects of trauma on development. Implications for brain development will be discussed.

Dissociation and Heart Rate in Sexually Abused Girls

Frank Putnam, Cincinnati Children's Hospital; Penelope Trickett, University of Southern California; George Bonanno, Columbia University; Jennie Noll, University of Southern California

ANS and CNS correlates of exposure to traumatic reminders have proven useful in delineating the neurobiology of PTSD and classifying subjects for presence or absence of the disorder. However, a substantial number of traumatized individuals do not exhibit classical autonomic hyperarousal to traumatic reminders. This study involved 52 sexually abused females and 51 age, race, SES-matched comparison subjects who described a self-selected "most traumatic" experience. Heart rate and vagal tone were collected for baseline and the trauma narratives together with PTSD symptoms, dissociation, anxiety, social desirability, and a measure of distress evoked by the narrative task. A distress/heart rate change index was calculated and entered in stepwise regression analyses predicting PTSD symptoms (total and B,C,D criteria) after controlling for potential confounds. Dissociation significantly predicted increased PTSD symptoms for all analyses. Subjects with high distress and decreased heart rates had increased PTSD symptoms, while those with low distress and increased heart rates had lower PTSD symptoms. This study identified a group of traumatized individuals, characterized by high dissociation, who have significant PTSD symptoms but exhibit decreased heart rate when exposed to traumatic reminders. Level of dissociation may be a critical variable for improving the classification of PTSD with autonomic measures.

Heart Rate and RSA Reactivity in Traumatized Preschool Children

Michael Scheeringa, Tulane University Health Sciences Center; Charles Zeanah, Tulane University Health Sciences Center; Frank Putnam, Cincinnati Children's Hospital Medical Center

The hypothesis that heart rate increases during trauma stimuli was tested for the first time in preschool children. Also, respiratory sinus arrhythmia (RSA), an index of parasympathetic neural control of heart rate variability, was assessed. RSA was expected to decrease in PTSD subjects, indicating less flexibility in autonomic responsiveness. Fifty-three traumatized (14 with PTSD and 39 with Trauma/No PTSD) and 62 healthy control children, 20 months thorugh 6 years, were assessed. Electrocardiogram data were collected during a pleasant memory, the trauma memory, and when the caregiver recollected the trauma. Healthy controls talked about pretend traumas. Repeated measures ANOVA showed a main effect for heart period change ($p<.05$) when the children talked about their traumas. There was no main effect for RSA change scores or when the caregiver recollected the trauma. Post hoc analyses revealed a dichotomous response pattern within the PTSD group that was obscured by the group average. Half of the PTSD subjects accelerated their heart rates as expected, while half decelerated. The decelerators tended to have more PTSD symptoms and were more irritable during parent-child interaction. This dichotomous pattern is similar to two recent studies that showed a deceleration subgroup, which scored higher on dissociation ratings.

Psychological Trauma: Delineating Risk

Symposium (clin res) **Dover B/C, 3 (GB)**

Meaghan O'Donnell, University of Melbourne

This symposium brings together four studies that explore the variables associated with increased risk for developing posttrauma psychopathology. The symposium moves from a general focus on post trauma psychopathology to PTSD as a specific outcome. It highlights the difficulty of delineating, and the complex nature of, predictor variables in posttraumatic stress.

Does Criterion A2 Have Relevance Beyond PTSD?

Mark Creamer, University of Melbourne; Australian Centre for Posttrauma Mental Health; Philip Burgess, Mental Health Research Institute; Alexander McFarlane, University of Adelaide

While subjective appraisal of an event (fear, helplessness or horror) is required for a DSM-IV diagnosis of PTSD, little is known as to whether subjective appraisal is relevant in the development of other psychopathology. This study examined the role of subjective appraisal in the development of posttrauma psychopathology. Structured clinical interview (CIDI) data were obtained from a randomized community sample of 10,641 persons as part of the Australian National Survey of Mental Health and Well Being. Individuals who had experienced a traumatic event were significantly more likely than those with no trauma history to meet criteria for affective, anxiety, and substance use disorders. However, individuals meeting only Criterion A1 showed no greater risk than the non-traumatised sample. Only those individuals who met both Criteria A1 and A2 (fear, helplessness, or horror) showed higher levels of psychopathology, illustrating the key pathogenic role played by subjective appraisal. Subsequent analyses were designed to investigate the explanation for this increased risk. For example, the nature of the traumatic event was found to be important, with Criterion A2 more likely to be met following interpersonal trauma (such as rape) than following events not characterized by interpersonal trauma (such as natural disasters).

Predicting PTSD and MDE: Can We Differentiate?

Meaghan O'Donnell, University of Melbourne; Mark Creamer, Australian Centre of Posttrauma Mental Health, University of Melbourne; Phillipa Pattison, University of Melbourne

The relationship between posttraumatic stress disorder (PTSD) and major depressive episode (MDE) is a complex one. MDE is the most common comorbid psychiatric diagnosis to occur with PTSD and frequently occurs independently of PTSD following trauma. This study aims to identify acute predictors for both chronic PTSD and MDE, attempting to differentiate specific predictors from general psychopathology predictors. In a prospective, longitudinal study, consecutive serious injury survivors were assessed just prior to discharge from the acute hospital (N=370) and at 12 months post injury (N=340). Ten percent of participants met diagnostic criteria for PTSD and 9% met criteria for MDE at 12 months post injury. MDE was comorbid in approximately half the cases of PTSD. Predictors were grouped into individual characteristics, trauma characteristics, cognitive characteristics and acute stress response characteristics. Most of the variance in PTSD and MDE was accounted for by similar variables with only a few differential variables. The implications of this finding will be discussed.

Does Active Coping Prevent PTSD?

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

A consecutive sample of 106 severely injured accident victims (mean ISS = 21.9) who were admitted to the intensive care unit of a University Hospital and had not suffered a severe head injury were followed up over 12 months. Assessments were carried out 2 weeks post accident, after 6, and 12 months. Instruments included IES, CAPS-2, HADS, SOC, and FQCI. Biographical risk factors (beta = .24, $p < .05$), a sense of death threat (beta = .26, $p < .01$), IES intrusion (beta = .23, $p < .05$), and active, problem-oriented coping (beta = .20, $p < .05$) predicted CAPS scores one year post accident (multiple regression, R = .63, adjusted R2 = .34, $p < .001$). Those who had full or subsyndro-

mal PTSD at some time during the observation period ("higly symptomatic group") showed a pattern of active coping strategies above average shortly after the accident, but significantly fewer active coping strategies at one-year follow-up (ANOVA, symptom group x time, $F = 3.11$, $df = 2,186$ $P < .05$). In conclusion, the appropriate timing of active coping strategies appears to be important in the prevention of PTSD.

Gender Differences in the Relationship Between ASD and PTSD

Richard Bryant, University of New South Wales

Acute stress disorder (ASD) describes initial posttraumatic stress reactions that purportedly predict subsequent posttraumatic stress disorder (PTSD). This study aimed to index the influence of gender on the relationship between ASD and PTSD. Motor vehicle accident survivors were assessed for ASD within 1-month posttrauma (N = 171) and were subsequently assessed for PTSD 6-months later (N = 134). ASD was diagnosed in 8% of males and 23% of females, and PTSD was diagnosed in 15% of males and 38% of females. In terms of patients followed up at 6 months, 57% and 92% of males and females, respectively, who met criteria for ASD were diagnosed with PTSD. Females displayed significantly more peritraumatic dissociation than males. Peritraumatic dissociation and ASD is a more accurate predictor of PTSD in females than males. This gender difference may be explained in terms of response bias or biological differences in trauma response between males and females.

The Hippocampus in PTSD: Updates on Structure and Function

Symposium (bio med) — Grand Salon IV, 3 (GB)

Danny Kaloupek, Behavioral Science Division, National Center for PTSD; Roger Pitman, Massachusetts General Hospital and Harvard Medical School

Brain-imaging investigations of PTSD have documented lower hippocampal volume and suggested possible connections to cognitive complaints and selective memory impairment. More broadly, PTSD represents a promising model system for understanding the impact of stress and the relationships between the affective and cognitive systems. This symposium presents new data on these topics.

Lower Hippocampal Volume as a Risk Factor for Chronic PTSD

Mark Gilbertson, Manchester VA Research Service, Harvard Medical School

Animal studies indicate that exposure to severe stress can damage the hippocampus of the brain. Recent human studies have shown smaller hippocampal volume in posttraumatic stress disorder (PTSD). Although this reduction may be due to neurotoxic effects of trauma, there is also the possibility that lower hippocampal volume is a pre-existing vulnerability factor for PTSD. We examined hippocampal volumes via magnetic resonance imaging (MRI) in monozygotic twins discordant for combat exposure during the Vietnam War. The sample comprised 17 twin pairs in which the combat-exposed brother met criteria for chronic PTSD and 23 twin pairs in which the combat-exposed brother had no history of PTSD. A subsample of twelve PTSD pairs contained a combat-exposed twin with severe PTSD, as manifested by a Clinician-Administered PTSD Scale (CAPS) total score > 65. PTSD severity in combat-exposed PTSD twins was negatively correlated with both their own hippocampal volumes, as well as the hippocampal volumes of their combat-unexposed co-twins. Significantly smaller hippocampi were observed in both the combat-exposed and unexposed members of the 12 severe PTSD pairs compared with non-PTSD pairs. These findings provide the first evidence that smaller hippocampi may constitute a pre-existing vulnerability factor for the development of PTSD in trauma-exposed individuals.

Explicit Memory and Hippocampal Function in PTSD

Lisa Shin, Tufts University; Patrick Shin, Harvard University; Stephan Heckers, Massachusetts General Hospital and Harvard Medical School; Terri Krangel, Tufts University; Mike Macklin, Manchester VA Research Service; Scott Orr, Manchester VA Research Service and Harvard Medical School; Natasha Lasko, Manchester VA Research Service and Harvard Medical School; Daniel Schacter, Harvard University; Roger Pitman, Massachusetts General Hospital and Harvard Medical School; Scott Rauch, Massachusetts General Hospital and Harvard Medical School

Several studies have reported memory deficits and reduced hippocampal volumes in posttraumatic stress disorder (PTSD). The goal of the current research was to use functional neuroimaging and a validated explicit memory paradigm to examine hippocampal function in PTSD. We used positron emission tomography (PET) and a word-stem completion task to study regional cerebral blood flow (rCBF) in the hippocampus in 16 firefighters: 8 with PTSD (PTSD Group) and 8 without PTSD (Control Group). During PET scanning, participants viewed three-letter word stems on a computer screen and were asked to complete each stem with a word they had previously encoded either deeply (High Recall Condition) or shallowly (Low Recall Condition). Recall accuracy and structural magnetic resonance imaging (MRI) data also were collected. The groups did not significantly differ with regard to accuracy scores on the word-stem completion task. The control group exhibited significantly greater rCBF increases in the left hippocampus in the High vs. Low Recall comparison than did the PTSD group. The results suggest diminished recruitment of the hippocampus during explicit recollection of non-emotional material in firefighters with PTSD. These findings are consistent with functional abnormalities of the hippocampus in this disorder.

Hippocampal Volumes Following Combat Stress Are Linked to Depression

Steven Woodward, National Center for PTSD, Clinical Laboratory and Education Division; Danny Kaloupek, Behavioral Science Division, National Center for PTSD; Chris Streeter, Boston University School of Medicine; Matthew Kimble, Behavioral Science Division, National Center for PTSD; Wendy Stegman, National Center for PTSD, Clinical Laboratory and Education Division; Lorraine Stewart, National Center for PTSD, Clinical Laboratory and Education Division; Catherine Kutter; Behavioral Science Division, National Center for PTSD; Rebecca Prestel, Behavioral Science Division, National Center for PTSD; Ned Arsenault, National Center for PTSD, Clinical Laboratory and Education Division; Kelly Teresi, Behavioral Science Division, National Center for PTSD

We attempted to replicate findings of reduced hippocampal volume in individuals with PTSD using a much larger sample than previous studies, using higher resolution MRI methods, and using improved control over the potential confound of alcohol abuse/dependence. Collateral laboratory measures included repeated sampling of salivary cortisol, indices of psychophysiological reactivity to social stress, and a putative electrophysiological index of hippocampal functional status. MRI-based hippocampal volumes have now been calculated for 80 combat veterans, approximately two-thirds of our target sample. Analyses of these data indicate that depression is a stronger correlate of hippocampal volume than is PTSD. Subjects meeting criteria for current depression exhibited smaller hippocampal gray matter volumes and smaller cortical gray matter volumes than non-depressed subjects. These effects were independent of alcohol status, and were found in both Vietnam and Persian Gulf War cohorts. Hippocampal volumes were approximately 5% lower for depressed subjects in the Vietnam cohort even after adjustment for cortical gray matter volume. Examination of the distributions of hippocampal volumes within groups indicated that the subgroup of PTSD patients free of depression included individuals with especially large hippocampi. These findings provide further evidence that the presence of comorbid depression in PTSD has important neurobiological consequences.

Addressing the Psychosocial Needs of Families in Violent Communities

Symposium (commun) Grand Salon IX, 3 (GB)

Marlene Melzer-Lange, Medical College of Wisconsin

This symposium will take a family-systems approach to identifying the full range of symptoms and problems experienced by youth exposed to chronic community violence and their parents. We also will describe a family-based violence intervention program designed to address the psychosocial needs of families living in violent urban neighborhoods.

Project UJIMA; Scope of Service

Darryl Hall, Children's Hospital of Wisconsin; Wendi Heuermann, Children's Hospital of Wisconsin

Project UJIMA is a partnership between Children's Hospital of Wisconsin, the Medical College of Wisconsin, and local community based agencies. This multidisciplinary program is designed to reduce the incidence of violent injury recidivism through effective treatment of the complex psychosocial challenges faced by assaulted urban youth and their families. UJIMA services include youth development activities, peer mentoring, home-based mental health services, and medical follow-up and health screening. Project UJIMA services are targeted to approximately 240 youth victims of interpersonal violence who are treated in the Children's Hospital of Wisconsin Emergency Department/Trauma Center (EDTC) each year. Over 150 youth, ages 7-18, will be annually enrolled as clients in Project UJIMA by Community Liaisons in the EDTC. Given an average of three additional family members per client, this means that Community Liaisons will also have contact with 450 family members of youth victims of violence. In 2000, over 180 clients and family members participated in numerous Project UJIMA sponsored activities such as the Peace March, SafeNight, picnic, retreat, employment training, and UJIMA basketball league. Program participants benefit from myriad counseling, educational, and recreational services that help to rebuild self-esteem and self-worth, promote positive health outcomes, and provide alternatives to violence.

Complex Psychosocial Challenges Faced by Adolescent Assault Victims

Michael McCart, University of Wisconsin-Milwaukee; W. Hobart Davies, University of Wisconsin-Milwaukee

This study took a multi-method assessment approach to identify the full range of challenges faced by a sample of adolescent assault victims from Milwaukee's inner city. Thirty African-American adolescents (73% male, mean age = 15.1, range = 11-18) completed a semi-structured interview designed to identify the difficulties they experienced following their injury. Participants also completed the Trauma Symptom Checklist for Children (TSCC; Briere, 1996) and the Screen for Adolescent Violence Exposure (SAVE; Hastings and Kelley, 1997). Results of the interview revealed a wide rage of difficulties experienced by the adolescents with a high to moderate percentage reporting difficulties in the areas of anger/aggression (77%), anxiety/fear (43%), medical/health issues (37%), depression (33%), and trouble with authority (33%). Multiple regression analysis revealed that the number of difficulties reported by participants and participants' total violence exposure explained a significant amount of the variance in self-reported trauma symptoms ($F(2, 25) = 6.58$, $p < .001$, $R2 = .35$). These results suggest that youth exposed to community violence are at risk for experiencing a wide rage of symptoms and difficulties. An intervention model is presented which monitors the psychosocial needs of these adolescents while providing services to the entire family.

Parental Distress and Concerns Following Their Child's Assault

Lori Phelps, University of Wisconsin-Milwaukee; W. Hobart Davies, University of Wisconsin-Milwaukee

This study investigated parental concerns following a child's experience with community violence in Milwaukee. Thirty Black female caretakers (M = 38 years) completed a semi-structured interview to elicit concerns, along with the Trauma Symptom Inventory (TSI; Briere, 1995) and the Screen for Violence Exposure (SAVE; Hastings and Kelley, 1997). Parents also completed the Pediatric Symptom Checklist (PSC; Jellinek et al., 1988), as a measure of their child's psychosocial functioning Concerns about their child's safety were mentioned by 80% of the parents. Other concerns included their own emotional difficulties (62%), their child's aggressive behavior (50%), balancing their responsibilities (42%), dissatisfaction with the legal system (35%) and school administration (35%), and their child's physical health (27%) and difficulties in school (27%). Fifty percent of the parents were in the clinical range on at least one scale on the TSI. Significant positive relationships were found between parental symptomatology and reports of their child's symptoms, and between parental symptomatology and parental lifetime exposure to violence. This study suggests that parents are experiencing distress, as well as a wide range of concerns, following their child's experience with community violence.

Challenges to Assessing Trauma Exposure and the Utility of Criterion A

Symposium (assess) Grand Salon VIII, 3 (GB)

Dean Lauterbach, Eastern Michigan University; Terence Keane, National Center for PTSD-Boston, Boston University School of Medicine

Studies assessing exposure to various types of stressors and PTSD symptom levels in samples of college students and homeless veterans will be presented. The findings raise questions about the utility of the DSM-IVs Criterion A for PTSD for determining whether a person has been exposed to a traumatic stressor.

Trauma-No Trauma? Looking Through the Pigeon Hole

Dean Lauterbach, Eastern Michigan University; Andrew Gloster, Eastern Michigan University; Meredith Hayes, Pinecrest Developmental Center

While the DSM describes the nature of the events that elicit PTSD, this issue remains murky. Keane and Barlow (2001) allude to the fact that trauma severity lies on a continuum. Questionnaires assessing trauma exposure ask respondents to indicate whether they have experienced various traumatic events. Persons not endorsing a specific event describe their worst experience and are placed in a no trauma category. This paper examines the severity and nature of PTSD symptoms of persons reporting no trauma. The participants were 2,400 undergraduates (64.2% women, 69.3% Caucasian). A small percentage of the sample (13.3%, n=319) reported no event. Participants completed questionnaires assessing history of traumatization and PTSD symptoms (Purdue PTSD Scale-Revised or PTSD Checklist). Persons were classified according to the worst event they had experienced and compared on severity of PTSD symptoms. The omnibus F was significant for both the Purdue PTSD Scale $F(11, 1350)=23.3$ and the PTSD Checklist $F(11, 1020)=10.5$ ($p<.0005$ for both contrasts). Post-hoc tests revealed that persons in the no-event category had less severe symptoms than persons in most categories. However, examining persons in the no-event category revealed a wide range of symptom severity (PPTSD-R=17-73, PTSD Checklist=17-66). Further, examination of persons placed in the no-event category revealed that 17 out of 319 had PTSD scores of 50 or greater suggesting the presence of PTSD. This translates into a 5.3% false negative rate. Additional qualitative findings will be presented examining the nature of events reported in the no-event group.

Challenges to Assessing Trauma Histories in Complex Trauma Survivors

Eve Carlson, National Center for PTSD, Palo Alto VA Health Care System

Assessing past traumas of survivors of complex trauma is challenging because they have often been exposed to a wide range of high magnitude stressors (HMS) with different responses to each. In addition, most self-report and interview measures of trauma history are quite lengthy and have high reading levels. To address these problems, the Trauma History Screen (THS) was developed which assesses exposure to a range of HMSs and responses to those that "really bothered" the individual. Stressors that meet criterion A and cause a high level of distress for more than one month are considered Likely Traumatic Stressors (LTSs). In a sample of 106 veterans with a wide

range of trauma exposure and posttraumatic symptoms, reports on the THS showed high levels of test-retest reliability and agreement with reports on the Traumatic Life Events measure (Kubany, 2001). While both the total number of HMSs and the total number of LTSs were correlated with scores on the PTSD Checklist (PCL), the combined variables were more predictive of PTSD symptoms than either variable alone, with HMSs accounting for about twice as much PCL score variance as LTS. If level of exposure to HMSs contribute considerably to posttraumatic symptoms beyond the effects of those events meeting Criterion A, then Criterion A may not have much utility in denoting truly traumatic stressors in those with complex trauma histories.

A Public Health Perspective of Traumatic Stress

Symposium (culture) **Harborside E, 4 (HB)**

Featured Session

Alexander McFarlane, The University of Adelaide

This symposium will present an overview of the value of a public health perspective in the management of traumatic events by health care systems using epidemiological data. The successful implementation of this approach involves developing an understanding of the social and systematic issues that are barriers to these interventions.

A Public Health Perspective on Disaster Preparedness

Claude Chemtob, Mount Sinai School of Medicine

This presentation describes a public health model to develop an integrated approach to disaster-preparedness. Based on an integration of the Survival Mode theory of trauma and public health principles, the model posits that psychosocial preparedness is a critical component of homeland security preparations. Terrorism seeks to create collateral damage to undermine community and national purpose. Traditional concepts of who is a first-responder include police, fire, and EMS. Catastrophic disasters make it clear that first-responders actually include teachers, clergy, primary physicians, mortuaries, and child-care providers. Coupled with increasing recognition that disaster-affected persons generally do not seek services within the traditional mental health system, it is necessary to move trauma-related skills and knowledge and enhance coordination and cooperation skills among both traditional and non-traditional first-responders. The author will describe several initiatives implementing this model of disaster preparedness, including a bi-national initiative with Israel examining the application of this model in school communities, a municipal initiative in New Orleans, and a Downtown NYC initiative to enhance preparedness for infants and toddlers. This approach to disaster preparedness enhances community capacity for mutual support as a byproduct of preparedness.

Informing Public Health Policy Through Epidemiological Research

John Fairbank, Duke University Medical Center

What is public health? According to the Oxford Textbook of Public Health, "Public Health is the process of mobilizing local, state, national, and international resources to resolve the major health problems affecting communities" (Holland et al., 1991). Epidemiological research has several important roles to play in addressing policy-relevant public health questions on the mental health needs of trauma survivors. By providing the scientific framework and data for estimating and monitoring the prevalence of exposures to trauma, trauma-related disorders, risk factors, and service use in populations, epidemiological research provides indicators of service need and information on where best to apply strategies of universal, targeted and indicated intervention. This presentation will discuss the public health policy impact and potential of three epidemiological studies: the National Vietnam Veterans readjustment Study (NVVRS), the Great Smoky Mountains Study (GSMS) and the National Study of Americans' Reactions to September 11 (N-SARS). Each study included measures of trauma exposure and clinical signs and symptoms.

The Use of a Public Health Model in Defined Populations

Alexander McFarlane, The University of Adelaide; Mark Creamer, Australian Centre for Posttraumatic Mental Health

This presentation will aim to highlight how the health outcomes of a population can only be judged when the cost of the impact on all those at potential risk following a traumatic exposure are considered and not just those who seek treatment. This is a major challenge as there are many factors that undermine the attempts to provide population based interventions. In the armed services, there are considerable potential disadvantages for those who seek treatment such as stopping. The strategies to address these barriers will be discussed. In the setting of motor accident trauma, the standard health care system will be utilised by the victims. Third party insurers have an unusual interest in achieving optimal outcomes as rather that the simple limitation of health care costs. The provision of more expensive health care interventions may lead to less economic loss by decreasing long-term disability compensation. A study that screened third party accident victims and calculated the costs of unidentified PTSD will be presented. The cost of a claim to the insurer was increased by 50% in a physically injured population when PTSD was diagnosed. This finding highlights the potential benefits of population screening so that effective treatments can be targeted.

Is Exposure Therapy For PTSD Helpful or Harmful?

Symposium (clin res) **Grand Salon VI, 3 (GB)**

Norah Feeny, Case Western Reserve University; Edna Foa, University of Pennsylvania

Does exposure therapy cause severe symptom exacerbation or treatment dropout? We will examine clinical impressions and research in this area. First, clinical perspectives on the tolerability of exposure will be presented. Then, three empirical papers will explore: dropout rates for exposure, symptom exacerbation in women undergoing imaginal exposure, and factors that influence treatment choices.

How Well-Received is Prolonged Exposure by Women with PTSD?

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

One of the key questions in the dissemination of empirically supported treatments (EST) is how well these ESTs will be received by clients. Of the available treatments for chronic PTSD, prolonged exposure (PE) has undergone some of the most widespread evaluation. However, PE (including in vivo and imaginal exposure) involves extensive engagement with trauma-relevant situations, activities and memories; and thus, some clients may be reluctant to choose this form of treatment. To date, we know very little how well this treatment option is received by women. To learn more about these factors, we explored women's reasons for choosing one of two well-established treatments for chronic PTSD: PE and sertraline. Using standardized procedures, women with chronic PTSD were given detailed treatment rationales for both PE and sertraline. These women were then asked to rate credibility, personal reactions, and choose a treatment. They were also asked to give detailed qualitative reasons underlying their decision; in an open-ended format, participants were asked to report and rank their top five reasons for their choice. This paper will focus on their opinions regarding these treatment options. By better understanding the acceptance of various treatment options, clinicians may be better able to tailor how they discuss treatment options with their clients.

Dropout Rates Across Treatments for PTSD

Elizabeth Hembree, University of Pennsylvania; Edna Foa, University of Pennsylvania; Nicole Dorfan, University of Pennsylvania; Gordon Street, Acadia University

Many studies have demonstrated the efficacy of exposure therapy in the treatment of chronic posttraumatic stress disorder (PTSD). Despite the convincing outcome literature, a concern that this treatment may exacerbate symptoms and lead to premature dropout has been voiced on the basis of a few reports. In the present paper, we examined the hypothesis that treatments that include exposure will be associated with a higher dropout rate than treatments that do not include exposure. A literature search identified 17 controlled studies of cognitive behavioral treatment for PTSD that

included data on dropout. The results indicated no difference in dropout rates among exposure therapy, cognitive therapy, stress inoculation training, and EMDR. These findings are consistent with previous research about the tolerability of exposure therapy.

Symptom Exacerbation in Women with PTSD Undergoing Imaginal Exposure

Lori Zoellner, University of Washington; Norah Feeny, Case Western Reserve University; Elizabeth Hembree, University of Pennsylvania; Jennifer Alvarez-Conrad, University of Pennsylvania; Edna Foa, University of Pennsylvania

One of the dictums of our field is "to do no harm." Psychotherapy, like medications, may have unintended side effects. Across the field of psychotherapy research, systematic study of treatment side effects needs to be conducted. While there has been considerable discussion regarding clinically significant improvement, symptom exacerbation during psychotherapy has been less studied. Over the past two decades, the efficacy of imaginal exposure (i.e., imaginal reliving of the traumatic memory in the context of prolonged exposure therapy) in ameliorating posttraumatic stress disorder (PTSD) has gained increasing empirical support. However, some clinicians and researchers have expressed concern that, for some individuals, exposure can be detrimental as it causes symptom exacerbation that leads, in turn, to dropout or to inferior outcome. In the present study, we will describe self-reported symptom exacerbation in women with chronic PTSD undergoing imaginal exposure. To define a "reliable" exacerbation, we utilized a method that takes into account the standard deviation and test-retest reliability of each outcome measure. From a large treatment outcome study, we will present data from women undergoing imaginal exposure and describe six individuals who reported extreme symptom exacerbation at the onset of imaginal exposure. Based on data from the entire sample of women and those who reported extreme symptom exacerbation, imaginal exposure did not result in higher drop out or inferior post-treatment outcome. Implications for treatment will be discussed.

The Use of PE: Clinical Decision Making

Brett Litz, National Center for PTSD

In the treatment of PTSD, exposure therapy or prolonged exposure (PE) is a component of cognitive-behavior therapy designed to extinguish conditioned negative affect and arousal to trauma-related cues. In published randomized controlled trials, PE has been shown to be a highly effective treatment for PTSD associated with few dropouts and complications. However, PE is not widely used clinically. While it is true in many instances that failure to employ PE can be a disservice to patients who suffer intensely from trauma, and that many clinicians avoid using PE with their patients because of myths about the intervention, there are valid concerns about the application of PE with some patients in some clinical contexts. This talk will entail a discussion of some of the myths associated with PE and an explication of some of the valid issues that should be considered when making clinical decisions about whether to employ PE. The following issues will be emphasized: (a) the potential for external generalizeability problems of published studies, (b) concerns about adhering to a manualized approach, (c) the need to account for treatment context (e.g., stage of change, motivation for change, life-context, patient resources, clinical resources), and (d) problems with the "intimation of cure," suggested by published studies.

Rapid Response Training of Mental Health Professionals Following 9/11

Symposium (disaster) — Grand Salon III, 3 (GB)

Randall Marshall, New York State Psychiatric Institute, Columbia University; John Oldham, New York State Psychiatric Institute, Columbia University

In the wake of the September 11th terrorist attacks, there was an unprecedented need for mental health care professionals trained to respond to those exposed to trauma. This symposium presents on organized efforts to meet these training needs in New York City, evaluation of these efforts, and recommendations for future rapid response training.

Responds to the WTC Attack: Treatment Guidelines and Training Programs

Eun-Jung Suh, New York State Psychiatric Institute, Columbia University; Randall Marshall, New York State Psychiatric Institute, Columbia University; Yuval Neria, New York State Psychiatric Institute, Columbia University; Larry Amsel, New York State Psychiatric Institute, Columbia University; Jaime Carcamo, New York State Psychiatric Institute, Columbia University

The prevalence of PTSD was found to be as high as 20 percent among adults who lived near the WTC and 7.5 percent overall in a random sample of telephone interview respondents in Manhattan five to eight weeks after the terrorist attacks of September 11, 2001. This presentation describes the activities of the Anxiety Disorders Clinic at the New York State Psychiatric Institute (NYSPI) to serve the unprecedented complex mental healthcare demands of the people of NYC. The NYSPI is one of four institutions comprising the NYC Consortium for Effective Trauma Treatment, which was designed to address the psychosocial needs of adults, children, and families following the WTC disaster. The mission of the Trauma Team at the NYSPI and the NYC Consortium is to organize the deployment of well trained clinicians and to create an infrastructure for ongoing training, provision of evidence-based treatment, and follow-up studies to monitor the efficacy and quality of our treatment. This presentation will provide treatment recommendations for rapid response to mass trauma and teaching strategies for training mental health providers. The methodology and measures designed to evaluate the training and treatment as well as the results of these assessments will be discussed.

Evaluation of Training Workshops for Effective Trauma Treatment

Lawrence Amsel, New York State Psychiatric Institute, Columbia University; Eun-Jung Suh, New York State Psychiatric Institute, Columbia University; Randall Marshall, New York State Psychiatric Institute, Columbia University; Yuval Neria, New York State Psychiatric Institute, Columbia University; Jaime Carcamo New York State Psychiatric Institute, Columbia University

Given the high rates of stress related symptoms after the WTC attack, the NYC Consortium for Effective Trauma Treatment accepted the mandate of creating training opportunities to raise the general level of competence for clinicians who wish to treat these problems. However, creating cost effective educational interventions that actually change clinical behavior is not an easy task. As part of its ongoing mission, therefore, the Consortium is evaluating a variety of workshop formats. Here we report on some findings from post-workshop questionnaires. In a half-day workshop on the use of medications in PTSD, we found that non-MD clinicians reported a significant effect ($p < .004$) in reducing their reservations about this type of treatment (mean score 2.6 on a scale from–5 to +5, SD 1.8), while MD clinicians had no reservations to begin with (mean 0.7, SD 1.7). For all clinicians, a workshop's ability to help them overcome (internal) reservations was highly correlated with acquiring a new set of skills (Corr = 0.599, $p< .004$) as was overcoming (external) barriers to implementation (Corr = 0.692, $p< .001$). Workshops with role-play were more likely to score high on skill improvement (mean 4.3, SD 0.79) than those without (2.7, SD 2.2).

Across the Hudson: Mobilizing Community Responses After 9/11

Donna Gaffney, University of Medicine and Dentistry of New Jersey; Mary Ann Cernak, University of Medicine and Dentistry of New Jersey; Monica Indart, Division of Mental Health, Disaster Services, State of New Jersey; Karen Dunne-Maxim, Behavioral Health Services, University of Medicine and Dentistry of New Jersey; Gladys Padro Division of Mental Health, Disaster Services, State of New Jersey

The immediate aftermath of the 9/11 terrorist attacks required establishing new services for New Jersey families and survivors as well as identifying already existing resources. Challenges included: training and preparing staff to provide essential services for those at the Family Assistance Center, integrating and assigning responsibilities among multiple victim organizations from inside and outside of the state, and writing policy to streamline services. Family and community needs evolved by the hour in the first weeks post-disaster requiring professionals to adapt and redefine approaches at the same pace. Long-term work continues to address the ongoing needs and dis-

tribution of resources at the local level. Evaluation plans focused on effectiveness and accessibility of services. Presenters will specifically discuss their areas of responsibility: Coordination of mental health services in the immediate aftermath, developing a needs assessment for communities most affected by the attacks and utilizing resources from the less affected communities, and working with community organizations who in addition to being victims of the attacks also had to provide services to citizens. Finally, the presenters will discuss how they integrated trauma-specific approaches into all aspects of resource development and decision-making.

Trauma and Victimization Among Female Juvenile Offenders

Symposium (child) **Laurel A/B, 4 (HB)**

Angela Dixon, University of Sydney; David Foy, Pepperdine University Graduate School of Education and Psychology

The role of trauma and psychopathology in the development and treatment of female juvenile delinquency is the focus of this symposium. Comparisons with community controls and with male juvenile offenders suggest distinct developmental trajectories for the female juvenile offender that incorporate elevated rates of trauma and trauma-related psychopathology. Implications for the assessment and treatment of this population are discussed. A community-based treatment approach is described and pilot data are presented on its feasibility.

Trauma and Psychopathology in Violent Female Juvenile Offenders

Angela Dixon, University of Sydney; Pauline Howie, University of Sydney; Jean Starling, Children's Hospital at Westmead

While it is well established that psychopathology is common in female juvenile offenders, little is known about the effects of various characteristics of trauma and other mediating factors in the development of mental health issues in this population. This study investigates the psychological profiles of 100 young women in Juvenile Justice custody, particularly focusing on the presence of posttraumatic stress disorder (PTSD) and its' relationship to the young woman's history of trauma, attributional style and family functioning. 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. Two self-report questionnaires measured attributional style and family functioning. Elevated incidences of psychopathology, comorbidity and exposure to trauma are evident for this population compared to community controls. High levels of PTSD, primarily precipitated by sexual abuse, are also apparent. Chronological analyses suggest that trauma and subsequent trauma-related symptomatology may be contributing to further socioemotional difficulties or behavioral problems that then increase exposure to subsequent traumatic events. The link between trauma, PTSD and the development of further psychopathology suggested in this study, highlights the importance of proper diagnosis and treatment of this and other disorders in order to ensure the effectiveness of interventions designed to treat antisocial behaviour.

Violence Exposure and PTSD Among Delinquent Girls

Jenifer Wood, National Center for Child Traumatic Stress; David Foy, Pepperdine University Graduate School of Education and Psychology; Robert Pynoos, National Center for Child Traumatic Stress; C. Boyd James, Center for the Study of Violence and Social Change

This study examines data obtained from 100 adolescent girls, incarcerated in juvenile halls and probation camps, highlighting areas of similarity to and difference from their male counterparts. Girls described high levels of multiple forms of victimization, within their families of origin, in their relationships with boyfriends, and on the streets. In comparison with incarcerated male adolescents, they reported significantly higher levels of physical punishment and sexual abuse, as well as significantly higher levels of psychological distress, including PTSD and depressive symptomatology. Like their male counterparts, females reported high levels of exposure to serious incidents of community violence, including witnessing the homicide of close others, and they engaged in a number of risky drug-related behaviors. Although few differences were observed between males and females in terms of age of onset of gang- and gun-related activity, a number of significant differences emerged between the sexes with regard to family correlates of serious delinquent activity. The findings of this study underscore the prominent role of early trauma histories and repeated victimization in adolescent girls' trajectories of involvement in serious delinquent behavior.

The Development and Treatment of Delinquency

Kevin Moore, Oregon Social Learning Center; Leslie Leve, Oregon Social Learning Center

Researchers have made substantial progress in understanding the development and treatment of antisocial behavior. Although scholars have identified a predictable developmental course (Patterson, Reid, and Dishion, 1992), most published studies exclude female populations. However, recent research suggests that female adolescents entering the juvenile justice system have complex and serious problems in multiple areas of adjustment including substantial and complex trauma histories (Chamberlain and Moore, in press). We present preliminary data from a 5-year randomized longitudinal treatment study of 130 adjudicated adolescent females referred for out-of-home placement because of repeated and chronic juvenile offending. Referred girls were randomly assigned to Multidimensional Treatment Foster Care (Chamberlain, 1994) or community-based treatment as usual (i.e., group care). Risk factor and preliminary treatment outcome data will be presented and where comparable data exists, will be contrasted with a similar sample of boys treated with the MTFC model. The risk factor data includes family fragmentation, physical and sexual trauma, mental health problems. The preliminary treatment outcome data includes days in treatment, lock-up, at home or on the run and percentage of girls who engaged in health-risking sexual behaviors 12 months pre-treatment and 12 months post-treatment. An evolving treatment approach (Multidimensional Treatment Foster Care; Chamberlain, 1994; Chamberlain and Moore, 1998) that is informed by gender differences will be described and its feasibility for treating girls in the juvenile justice system who are referred to out-of-home care will be discussed. In addition, implications for designing empirically based, gender-related treatment models for delinquent adolescent females and the relationship of this treatment model to recent theories on the phase-oriented treatment of PTSD will be discussed.

Bereavement after Violent Dying: Screening and Management for Adults

Workshop (complex) **Grand Salon II, 3 (GB)**

Edward Rynearson, Homicide Support Project, Virginia Mason Medical Center; Fanny Correa, Separation and Loss Services, Virginia Mason Medical Center

Violent dying from accident, suicide and homicide accounts for nearly 10% of annual deaths in the U.S., and is the number one cause of death before age 40. Loved ones and family members are at risk for developing a dysfunctional combination of trauma and separation distress—trauma distress to the intrusive replay of a violent dying (rarely witnessed)

Community-Based Therapy with Traumatized Children and Adolescents

Workshop (commun) **Grand Salon VII, 3 (GB)**

Cheryl Lanktree, Miller Children's Hospital Abuse and Violence Intervention Center (MCAVIC); William Saltzman, MCAVIC and California State University

This workshop will describe individual and group treatment approaches provided by a hospital-based multidisciplinary outpatient center for economically deprived children and adolescents traumatized by physical and sexual abuse, domestic and community violence, and/or loss of family member. Due to extensive poverty, parental substance abuse, parent-child attachment issues, and multiple traumatic events, the majority of clients experience complex psychological trauma. Treatment is provided at a multi-service center with medical and forensic/investigative components, as well as through a multi-campus school-based program. Interventions for primary caregivers will also be briefly presented. As a community practice center of the SAMHSA-funded National Child Traumatic Stress Initiative Network, treatment interventions

are being expanded and refined to provide optimal standard of care in a culturally diverse, high need community. Individual treatment approaches to be discussed are assessment-driven, include play and art therapy, cognitive-behavior therapy, and attachment-based interventions while also emphasizing developmental aspects of trauma-specific symptoms. A manualized school-based assessment and treatment protocol for children and adolescents exposed to trauma and/or traumatic loss will be presented, including strategies for identification of traumatized students and a sixteen week group psychotherapy approach. The identification and treatment of those requiring more extensive treatment due to complex psychological trauma will be discussed.

Spirituality and Complex Trauma: Group Intervention with Combat Veterans

Workshop (practice) — Kent A/B/C, 4 (HB)

Kent Drescher, National Center for PTSD; Helena Young, National Center for PTSD; Dorene Loew, National Center for PTSD

This workshop will address the development process for a manualized curriculum on spirituality and PTSD, under way at the National Center for PTSD residential rehabilitation program. The group intervention, poised for empirical testing, is conceptualized as an interactive process of instruction and discussion, centered on the development of spirituality as a component of treatment and recovery. Presenters will review the empirical literature base (e.g., the controversy surrounding forgiveness as anger management vs moral dilemma; the necessary but not sufficient requirement for disclosure); discuss therapist-patient variables that challenge the in-session exchange (e.g., group membership that reflects diverse constructs surrounding the propositions of spirituality, religion and forgiveness; "implicit theories" about therapy and response to patient roles in the group); and speak to the rigors of introducing abstract material, and organizing attempts to facilitate the search for purpose and meaning via codification that promotes both replication research and flexible application. An overview of the group syllabus will be presented, emphasizing sessions on the subject of clarifying normal from pathological grief in complex PTSD, becoming authentic, identifying one's values and the barriers to their enactment (e.g., rule-bound behavior, self-limiting language), and discovering/utilizing spiritual resources. Videotaped interviews of residents will be presented, wherein they discuss how the group has prompted behavioral/attitudinal change.

Multiply-Traumatized Low-Income Women: Complex Trauma, Complex Needs

Workshop (complex) — Harborside D, 4 (HB)

Carole Warshaw, Cook County Hospital, Rush University; Sandra Bloom, Community Works; Paula Panzer, Jewish Board on Children and Families, Columbia University

There is growing recognition that women most marginalized by society are in greatest need of integrated trauma services—services that include safe housing, education and literacy training, job and social skills, financial management, transportation, childcare and parenting skills and substance abuse treatment, and that address both past and current abuse. Women living in extreme poverty face multiple sources of stress in addition to violence, including social discrimination and reduced access to critical resources and often do not seek mental health services. Rather, they are seen in TANF offices, the child welfare, juvenile justice or correctional systems or in substance abuse and domestic violence programs where trauma is not addressed. This workshop will 1) examine the specific issues faced by multiply traumatized women dealing with substance abuse and/or domestic violence who are seen in a range of non-mental health settings 2) reviews gaps in current approaches to these issues and 3) present integrated treatment and service delivery models for addressing the needs of low-income survivors of complex trauma. Examples from three collaborative programs—The Women's Legal Project in Philadelphia, the Horizons Shelter in New York City and the Domestic Violence and Mental Health Policy Initiative in Chicago will be discussed.

2:30 p.m.–3:45 p.m.

Poster presenters of Track 2, Biological and Medical Research will be available to discuss their posters.

Grand Salon V, 3 (GB)

Expert Clinical Consultation

Expert Clinical Consultation (practice) — Falkland, 4 (HB)

Stuart Turner, MD, is chair of the Traumatic Stress Clinic in London. His main clinical work at present is with refugees, but he has clinical experience in work with all forms of trauma—especially complex trauma reactions. Turner is involved in disaster planning, military psychiatry, forensic work (including personal injury and asylum law), and management of a trauma center. He also has worked with adult survivors of childhood abuse. His orientation is broadly cognitive behavioral, but he also is an expert in pharmacological interventions as well.

The Development of Ethical Guidelines for ISTSS

Forum (misc) — Grand Salon VII, 3 (GB)

Lucy Berliner, Harborview Center for Sexual Assault and Traumatic Stress; Anne Pratt, Traumatic Stress Institute; Mary Beth Williams, Trauma Recovery Education and Counseling Center

This forum will discuss the development of ethical guidelines for ISTSS. Two years ago, the ethics taskforce was assembled by the Board to a) construct a statement of general, research and clinical standards of practice that will be reviewed, modified and voted for/against by the Board b) to discuss the pros and cons of having the selective power to enforce the code and remove members and make a recommendation to the Board if this is necessary or desirable. c) to recommend to the Board if a standing ethics committee is needed and what its charge might be if it is recommended and d) evaluate if the ethics adherence form for the annual conference that was designed 2 years ago is working. Panelists will describe the challenges, concerns, and progress of the ethics task force in developing ethical guidelines for the society. In particular, panelists will discuss the proposed code, the challenges for a multidisciplinary society to consider enforceable codes, points of debate and solicit feedback from members of the Society.

Prolonged Exposure Therapy

Master Clinician Session (practice) — Grand Salon VI, 3 (GB)

Edna Foa, Center for the Treatment and Study of Anxiety, University of Pennsylvania

This role-play session will illustrate how to implement a cognitive behavioral intervention developed for chronic PTSD, Prolonged Exposure (PE), with an individual who has a history of loss of a parent in childhood and loss of a close relationship in the attack on the World Trade Center (the same "client" as the other master clinician sessions). In order to demonstrate PE, I will combine different therapy sessions from the treatment protocol. In the beginning of the session I will demonstrate how to determine which trauma should be addressed first in the treatment. I will then role-play how we present the rationales for the overall treatment and for "trauma reliving" (imaginal exposure of the traumatic memory). The session will end with a demonstration of how to conduct trauma reliving and how to process the reliving experience.

Community-based Work with Torture Survivors, First Findings

Panel (commun) — Grand Salon X, 3 (GB)

Featured Session

Ernest Duff, Safe Horizon/Solace; Murat Paker, Safe Horizon/Solace; Sara Kahn, International Institute of New Jersey

The Metro Area Support for Survivors of Torture (MASST) Consortium is a decentralized effort to provide services for torture survivors in New York City and Northern New Jersey. MASST is composed of four agencies: Safe Horizon/Solace, the International Institute of New Jersey, Doctors of the

World/USA, and Refuge. A hallmark of the overall effort is the strengthening of the refugee communities in which torture survivors reside so that those communities may eventually carry out sustainable activities of their own. Building on last year's ISTSS panel, the focus and purpose of this panel discussion is to present and discuss the outcome data for the first year of the ethnographic evaluation process, including a review of the implementation process of the previously identified community needs and services provided for West Africans from Liberia and Sierra Leone in both New York City and Northern New Jersey. In the light of the outcome data collected and other interventions implemented throughout the first year, the distinct and integrated approach of the MASST Consortium will be discussed in relation to its overall community orientation, as well as its more specific components such as case management, social adjustment counseling and psychotherapy.

Caring for Humanitarian Relief Workers: Crisis Bound Institutions

Panel (disaster) **Grand Salon III, 3 (GB)**

Victoria Ross, Western Michigan University; James Munroe, Boston VA Outpatient Clinic; Marsha Kovach, International Red Cross; Craig Higson-Smith, African Society for Traumatic Stress Studies

This panel will idenitfy the factors within humanitarian relief agencies (and in the work that their workers provide) that may contribute to increasing secondary traumatic stress levels in these special caregivers. The panel will present a theoretical framework for crisis bound institutions. Supporting research data on the significant impact of work in the aftermath of a man-made disaster, the Oklahoma City bombing, and a natural disaster, Hurricane Marilyn, will be reviewed. This material has relevance for local, national and international humanitarian relief agencies.

When Protection Fails: Surviving Srebrenica and the Aftermath

Panel (train) **Galena, 4 (HB)**

Yael Danieli, Group Project for Holocaust Survivors and their Children; Jos Weerts, Veterans Institute, Netherlands; Elizabeth Neuffer, The Boston Globe; Irfanka Pasagic, Tuzlanska Amica

In July 1995 the enclave of Srebrenica was overrun by the Bosnian-Serb forces. About 400 lightly armed Dutch UN-peacekeepers whose mandate under UNPROFOR was to protect this so-called (by the UN) "safe haven" stood by. There and on the run, an estimated 6.000 to 8.000 unarmed men, 14 and over, all Muslims, were separated from the women and children, rounded up and let off. They were then massacred. To date, most Srebrenica refugees have not been able to return. Several political and scientific analyses, personal testimonies and media reports have been published about this grave failure of the international community. The panel will present the victim's/survivor's and mental health expert's point of view, summarize the recent Dutch government findings on these tragic 1995 events, and a journalist's report on covering the atrocities and their aftermath.

Assessing Gender-based Violence Among Conflict-affected Populations

Panel (culture) **Dover A, 3 (GB)**

Jeanne Ward, Reproductive Health for Refugees Consortium; Victor Balaban, Centers for Disease Control; Mary Koss, University of Arizona College of Public Health

Preliminary results from the Reproductive Health for Refugees Consortium's recently completed assessments of gender-based violence (GBV) in Kosovo and East Timor are presented. Women were administered extensive questionnaires about their exposure to GBV in three time periods: before the war, during wartime, and post-war. In addition, women also completed the General Health Questionnaire (GHQ), a self-report questionnaire that measures psychological distress, and the Impact of Events Scale (IES), a self-report measure of posttraumatic disturbance. The principle goal of the assessments was to develop a standardized instrument that may be used in conflict-affected settings to inform programming addressing the physical and mental health needs of survivors as well as targeting prevention activities. The scientific literature shows an association between women who have encountered trauma and violence and subsequent mental health problems. However, stigma associated with both mental health problems and violence against women often discourages exploration of these issues. Therefore, an assessment of gender-based violence and the prevalence of war-related mental health effects and impaired social functioning among refugee women is necessary to identify vulnerable populations and direct resources so that at-risk populations can be identified and resources can be directed in a more accurate and timely manner.

Educating Journalists about Trauma Serves the Community

Panel (train) **Grand Salon VIII, 3 (GB)**

Roger Simpson, University of Washington; Migael Scherer, University of Washington; Chris Bull, free-lance writer; Marguerite Moritz, University of Colorado; Bonnie Green, Georgetown University Medical School

Communities need accurate, realistic information about the traumatic experiences of individuals and communities or regions. Until recently, the news media were reluctant to immerse their employees in training or study related to the emerging fields of knowledge on traumatic injury. In the last decade, however, a number of innovative programs in news organizations and classrooms have begun to convey to educate working journalists about traumatic injury. This panel discusses programs in a newspaper that covered a mass trauma in its community (Oklahoma City), efforts in two journalism schools to train students to recognize trauma characteristics in themselves and others (Washington and Colorado).

Resource Loss and Gain's Impact on PTSD Occurrence and Treatment

Symposium (clin res) **Harborside E, 4 (HB)**

Featured Session

Steven Hobfoll, Kent State University

People's personal and social resources are established over a lifetime, but may be decimated when faced with trauma. The symposium examines how Conservation of Resources (COR) Theory has been used as a model to understand the lifetime impact of people's resources on PTSD occurrence, prevention, and treatment.

Role of Resources in the Early Response to Traumatic Events

Arieh Shalev, Hadassah University Hospital

Traumatic events have been construed as occurring to individuals, and mainly involving threat, fear and arousal. However, the activation of social networks, and the subsequent supportive responses of others have a major role in mitigating the stressfulness of events. This clinically-derived presentation will discuss the role of early supportive resources, as seen in the immediate aftermath of terrorist acts. It will be argued that such trauma is seldom experienced individually, hence the need for prompt and proper responses from both professional and siginificant others.

Life-course Perspective on Combat Trauma: Applying COR Principles

Daniel King, National Center for PTSD and Boston University School of Medicine; Lynda King, National Center for PTSD and Boston University School of Medicine

This portion of the symposium will place principles from Conservation of Resources (COR) theory within the context of a life-course perspective on stress-related symptomatology using illustrative data from two investigations of long-term veteran mental health and adjustment. First, findings from a series of secondary analyses of the National Vietnam Veterans Readjustment Study database support COR theory's emphasis on loss spirals, wherein deficits or resource losses in the veteran's childhood family environment (from early trauma, family instability, poor relationships with parents) are associated with both additional losses (from war-related exposures) and the

depletion of intrapersonal (hardiness) and interpersonal (social support) resources during the postwar recovery period. Second, recent work to understand the phenomenon of late-onset stress symptomatology among aging combat veterans indicates that the stressors of the normative aging process (retirement, physical ailments, deaths of friends and family members) represent resource losses that can activate distressing memories of war-related events and circumstances among individuals who have functioned rather successfully in the intervening years. Yet, this tendency appears to be counterbalanced by the presence of a sense of mastery and social support, as COR theory would anticipate. Long-term appraisals of resource gains are also attributed to the combat experience by veteran participants.

Initial Loss Begets Future Loss: Disasters and Beliefs about the World

Krys Kaniasty, Indiana University of Pennsylvania; Wieslaw Lukaszewski, Department of Psychology, Opole University, Poland

Acts of nature and other traumas may become SOCIAL CATASTROPHES because they undermine basic linkages and trusts that keep communities together. Such dynamics are well captured by the second corollary of the Hobfoll's Conversation of Resources Theory: "those who lack resources are not only more vulnerable to resource loss ... but, particularly for them, the initial loss BEGETS FUTURE LOSS." This longitudinal research program (3 waves; 12, 20, and 28 months after disaster) examined the socio-psychological impact of being rejected by (or not being included in) the postdisaster helping community on victims' assumptions about the "goodness of people and the world" (Janoff-Bulman, 1989) following the most devastating natural disaster to impact Poland in centuries (The 1997 Flood). The results showed that victims who negatively evaluated the local social climate in the aftermath of disaster (i.e. the "initial resource loss," experienced in addition to a direct exposure to trauma and physical destruction) reported subsequently lower levels of beliefs (i.e., "secondary resource loss") in the benevolence of people, justice in the world, and had more negative attitudes toward cooperating and helping. The role of these secondary psychological losses on the victim's recovery (assessed by PTSD and depression symptoms) will be explored.

"Loss-Spiral" in Israeli POWs and War Veterans

Yuval Neria PhD, Columbia University, Trauma and PTSD Program, New York State Psychiatric Institute

The presentation focuses on two studies conducted in Israeli war veterans of the Yom Kippur War. The first study assessed the role of background factors, pre-captivity combat exposure, captivity severity, emotional responses and coping during captivity, and social support at homecoming, in the short- and the long-term mental health of POWs 18 years after their release from captivity (Neria et al., 2000). The second study investigated the long-term health effects of combat stress reaction (CSR) among CSR Israeli casualties and control veterans. Posttraumatic stress disorder (PTSD), physical symptoms, and adverse health practices were examined eighteen years after the war (Neria and Koenen, in Press). Findings indicate that the psychological responses to the stressors, both immediate and long-term, have major contribution to mental and physical outcomes even two decades after the exposure to trauma. The findings are in line with COR theory, suggesting that the failure to cope effectively under stress may produce adverse effects. A cumulative experience of resource-loss which stem from the traumatic exposure and from the ineffective coping efforts, both in the short- and in the long-term, make the exposed individuals to be vulnerable to subsequent losses—a phenomena described as a "loss spiral".

Trauma, PTSD and Long-Term Health Effects

Symposium (bio med) — Laurel C/D, 4 (HB)

Dewleen Baker, Cincinnati VAMC and University of Cincinnati

Studies suggest a link between traumatic exposure, PTSD and long-term morbidity and mortality. We explore the effects of PTSD on cardiac risk factors in younger (Gulf War) and older (Vietnam) combat veterans, discuss the relationship between these risk factors and somatic symptoms, and explore their relationship to psychobiological abnormalities in PTSD.

Ambulatory Monitoring and Physical Health Report in Veterans with PTSD

Jean Beckham, Duke University Medical Center; Casey Taft, Durham VAMC; Scott Vrana, Virginia Commonwealth University; Michelle Feldman, Durham VAMC; John Barefoot, Duke University Medical Center; Scott Moore, Durham VAMC; Susannah Mozley, Durham VAMC; Marian Butterfield, Durham VAMC; Patrick Calhoun, Durham VAMC

This study investigated the associations between PTSD, ambulatory cardiovascular monitoring, and physical health self-reports among 117 male Vietnam combat veterans (61 with PTSD and 56 without PTSD). PTSD was associated with total health symptoms and number of current health conditions, and was associated with health symptoms beyond the influence of several covariates. No group differences in total cholesterol, triglycerides, HDL, LDL and body mass index were PTSD was significantly associated with greater systolic blood pressure variability, and an elevated percentage of heart rate and systolic blood pressure readings above baseline. Higher mean heart rate and an elevated percentage of heart rate above baseline were significantly associated with physical health symptoms. None of the ambulatory monitoring variables mediated the association between PTSD and physical health outcomes. Findings suggest that the interrelationships among ambulatory autonomic responses, PTSD, and physical health deserve more research attention.

Is PTSD Associated with Elevated Heart Rate and Blood Pressure?

Todd Buckley, VA Boston Healthcare System and Boston University School of Medicine; Danny Kaloupek, VA Boston Healthcare System and Boston University School of Medicine; Dana Rabois Holohan, VA Boston Healthcare System

This presentation will consist of data that address whether or not PTSD has an association with resting heart rate (HR) and blood pressure (BP). The presentation will begin with a review of the primary author's meta-analytic work that summarizes 34 studies that gathered resting cardiovascular measures on PTSD and non-PTSD samples. In addition, unique data from a 24-hour ambulatory HR/BP study with chronic PTSD and non-PTSD individuals will be presented (N=36). That study examined 24-hour levels of both HR and BP in veterans with chronic-PTSD and those who never met criteria for PTSD. The groups were comparable in age, gender, body-mass, medication, and family history of cardiovascular disease. Ambulatory HR and BP monitors were utilized to gather data in the natural environment of study participants. An array of health behaviors known to affect cardiovascular health were also assessed. Results revealed that relative to their non-PTSD counterparts, the PTSD group showed elevated HR, systolic BP, and diastolic BP during waking hours. Group differences were also present (but smaller in magnitude) for pressor levels taken during nocturnal hours. There were no differences in percentage reduction (dipping) of BP values associated with sleep onset. The health implications of these findings will be discussed.

Neuroendocrine Activity in Gulf War Veterans with PTSD

Julia Golier, Bronx VAMC and Mount Sinai School of Medicine; Rachel Yehuda, Bronx VAMC and Mount Sinai School of Medicine

To examine the nature of the HPA axis alterations associated with PTSD in Gulf War veterans (GWV), plasma cortisol and ACTH determinations were obtained frequently over 24 hours in GWV with PTSD and healthy volunteers without PTSD. GWV with PTSD (n=15, 94% male, mean age 38.7 ± 8.9 yrs.) as compared to healthy volunteers (n=28, 96% male, mean age 43.6 ± 10.1) had significantly lower cortisol as measured by the mean (6.4 ± 2.3 vs. 8.6 ± 2.4 ug/dl; t=2.79, df=41, p=0.008) and the AUC (146.5 ± 55.2 vs. 195.7 ± (54.9) (ug/dl) hr, t=2.80, df=41, p=0.008). The GWV with PTSD also had higher basal ACTH levels as measured by the mean (26.0 ± 10.4 (n=15) vs. 13.9 ± 7.6 (n=7) pg/ml; t=-2.7, df=20, p=0.013) and AUC (550.3 ± 228.1 (n=15) vs. 299.6 ± 173.9 (n=7) (pg/ml) hr; t=-2.6; df=20, p=0.018)). The ACTH/cortisol ratio was higher in the PTSD than the healthy group (4.0 ±1.7) (n=15) vs. 2.1 ± 1.2) (n=7). The GWV with PTSD had non-significantly higher % cortisol suppression (85.8 % ± 13.8 vs. 78.0% ± 18.7) in response to low-dose dexamethasone. These data suggest GWV with PTSD have low cortisol levels together with higher ACTH levels and ACTH/cortisol ratio, a

pattern consistent with a model of impairment at the level of the adrenal gland. The relationship to and relevance of this type of alteration to health outcomes will be discussed.

Possible Cardiac Risk Factors in Gulf War Veterans with PTSD

Dewleen Baker, Cincinnati VAMC and University of Cincinnati; Boris Dashevsky, Cincinnati VAMC; Paul Horn, Cincinnati VAMC and University of Cincinnati; Mohamed Aziz, Cincinnati VAMC and University of Cincinnati; Carissa Dimaculangan, Cincinnati VAMC

Studies suggest a possible link between traumatic exposure, PTSD and health risk, perhaps through an atherosclerotic mechanism. We sought to assess the effect of PTSD diagnosis on two cardiac risk factors, serum lipids and hemodynamic measures, in 93 carefully assessed Gulf war veterans (GWVs) recruited from our clinic. Controlling for age, BMI, and health habits, a linear model was fit for each lipid measure as an outcome (Cholesterol, Triglycerides, LDL, HDL, Lipid Ratio), by group (GWVs with an Axis I disorder and GWVs with PTSD). We repeated the analysis, further breaking the GWV/PTSD group into two sub-groups, with and without major depressive disorder (MDD). A secondary analysis, by group, was completed for hemodynamic variables. Comparing GWVs with and without PTSD, we found no significant group difference in any lipid measure, for the PTSD group as a whole or either of the PTSD subgroups. Mean arterial pressure (MAP) differences between GWV controls and GWVs with PTSD were statistically significant ($p < .02$). The increase in MAP in GWVs with PTSD, indicative of increased adrenergic tone, is in line with a recent meta-analytic examination of cardiovascular activity in PTSD, and may constitute a long-term risk factor for cardiovascular disease.

Gender and PTSD: Comorbidity and Social Context

Symposium (clin res) — Dover B/C, 3 (GB)

Endorsed by the Gender and Trauma Special Interest Group

Rachel Kimerling, University of California San Francisco

This symposium presents a social ecological view of PTSD and explores the assumption that gender differences may be more pronounced under some conditions than others. Presentations explore the role of factors such as socio-economic status and comorbid diagnoses among both veterans and civilians. Discussion will focus on the factors that suggest social, cultural, or psychological structures that create different experiences for men and women in the exposure to and recovery from traumatic stress. These factors can ultimately lead to explanatory models of gender differences for PTSD relevant to prevention and treatment.

Gender Differences in War-Related PTSD in U.S. Vietnam Veterans

Bruce Dohrenwend, New York State Psychiatric Institute and Columbia University; Karestan Koenen, Columbia University

Epidemiological studies in the general population have consistently found much higher rates of PTSD in women (e.g., Kessler et al. 1995, Breslau et al. 1998), as have studies of human-made and natural disasters (e.g., North et al., 2000). In striking contrast, the National Vietnam Veterans Readjustment Study (NVVRS) found that the rates of PTSD, still evident at the time of follow-up many years after the war, were almost twice as high for male Theater veterans (15.2%) as for the mainly nurse sample of female Theater veterans (8.5%). These comparisons have been based on algorithmic approximations of current PTSD and did not investigate how much of the prevalence had an initial onset that was war-related. We concentrate here, therefore, on the NVVRS subsample of veterans who received clinical diagnoses that permit us to make this distinction. Since most of the women (97%) were from majority White backgrounds, we limit comparisons to majority White males and females. We find that it is the war-related first onsets of PTSD that tend to be higher and more chronic among the males. Moreover, the patterns of symptoms predicting chronicity differ by gender, with the avoidance cluster more predictive for males. The possible reasons for and implications of these results are discussed.

Gender Differences in PTSD Among Patients with Substance Use Disorders

Sherry Stewart, Psychology Department, Dalhousie University; Paige Ouimette, Department of Psychology, Washington State University; Pamela Brown, Department of Psychiatry and Human Behavior, Brown University

Epidemiological studies document that women are twice as likely to develop posttraumatic stress disorder (PTSD). Given that PTSD often co-occurs with substance use disorders (SUDs), gender is an important variable to consider among such patients. This talk will begin with a brief review of empirical studies that compare female and male SUD patients on PTSD rates; inconsistent patterns emerged regarding gender and PTSD in SUD patients that were not accounted for by methodological variations. The next portion of the talk involves new data concerning gender differences in PTSD in SUD patients from two treatment settings: (a) 106 female and 5149 male SUD patients in a Veterans Administration (VA) setting and (b) 61 female and 52 male SUD patients from a private hospital setting. PTSD diagnoses were established via the ICD-9 and CAPS interviews in the VA and private hospital samples, respectively. No significant gender differences in rates of PTSD were observed in either sample. Reasons for the attenuation of gender differences in PTSD among SUD patients will be discussed such as male SUD patients' risky lifestyle associated with substance abuse increasing their exposure to PTSD-inducing events, and a history of more severe trauma characteristics (e.g., repeat victimization, earlier first exposure).

Gender, PTSD, and Medical Comorbidity

Rachel Kimerling, University of California San Francisco

PTSD is known to occur more frequently and with greater chronicity among women than among men but much is unknown regarding the sequlae of PTSD for physical health. The current report examines gender differences in the relationship between PTSD and physical health conditions a national sample of 2835 men and 3042 women. Women and men with PTSD were more than twice as likely to have a current medical condition as women and men without PTSD. Depression and income below the poverty level were also associated with an increased likelihood of a current medical condition among women, but not for men. Results suggest that the relationship between PTSD and current health conditions is similar for men and women, but that depression and poverty, which frequently co-occur with PTSD, define a subset of disadvantaged women with significant health and mental health service needs.

Community Intervention Following the World Trade Center Attacks

Symposium (disaster) — Harborside D, 4 (HB)

Kevin Becker, The Trauma Center–Boston; Claude Chemtob, Mount Sinai School of Medicine

Representatives of the largest victim services organization in the U.S. will describe community crisis intervention services provided to more than 2500 victims of the World Trade Center disaster. Another group will present results of a long-term, multi-dimensional intervention provided by a team of clinicians to 100 employees of a government agency housed in the WTC.

Community Intervention by a Victims Assistance Agency

Florrie Burke, Safe Horizon; Heike Thiel de Bocanegra, Safe Horizon

Safe Horizon, the largest victim services organization in the country, is located just blocks from the site of the World Trade Center—what is now Ground Zero. Immediately following the September 11 attacks, Safe Horizon trauma specialists refined community crisis intervention strategies to address the ongoing safety threats and constant exposure to retraumatization in New York. The model, named Response and Renewal, is grounded in current trauma theory. Using a systems approach, the model provides victims with trauma education, coping skills, and self-care strategies. Response and Renewal emphasizes current experiences and symptoms rather than a detailed retelling of the event. More than 250 professionals have been trained in this interactive intervention, a model constructed to normalize trauma reactions and build on natural resilience while also helping people recognize

when they need additional mental health assistance. To date, more than 200 Response and Renewal groups have been facilitated by Safe Horizon's teams of professionals, serving more than 2500 victims of the World Trade Center disaster. Included in the model is a monthly seminar for Response and Renewal team members to refine the model, provide supervision, and reduce the risks of vicarious trauma.

Systemic and Organizational Issues in an Intervention for 9/11 Survivors

Kevin Becker, The Trauma Center, Boston; Joseph Spinazzola, The Trauma Center, Boston University School of Medicine

This presentation will provide an overview of a multi-dimensional intervention performed with 100 survivors of the September 11th World Trade Center Attack. It will highlight the organizational and systemic components of this successful intervention. The intervention occurred over the course of 6 months and the obstacles and benefits of working in that time period will be examined. The survivors were all employees of a single government agency housed at the World Trade Center. Through the use of CISD, individual assessments and treatment sessions, group discussions, management consultations, relaxation techniques and even massage therapy, a successful intervention occurred which significantly reduced and minimized the occurrence of PTSD and other trauma-related sequelae. The presenter will describe the rapid mobilization of a team of 7 clinicians who traveled to NYC and instituted an ongoing treatment plan for these survivors. The process and importance of becoming part of the culture at the agency will be discussed. In addition to the treatment provided, assessment measures were employed and outcome data was generated. The use of assessment measures and their place in tracking progress in a community-based intervention will be described.

Risk Factors and Survival Rates of PTSD Among WTC Survivors of 9/11

Joseph Spinazzola, The Trauma Center, Boston University School of Medicine; Margaret Blaustein, The Trauma Center, Boston University School of Medicine; Elizabeth Hopper, The Trauma Center, Boston University School of Medicine; Kevin Becker, The Trauma Center, Boston

Following the events of September 11th, initial systematic and ongoing follow-up intervention were conducted with 100 employees of an agency located in the World Trade Center Complex. Baseline information regarding acute stress response, peritraumatic dissociation, and clinical indices of risk were obtained one week after September 11th; follow-up data was obtained one week later, after systematic critical incident intervention. Ongoing intervention occurred on both a targeted and by-request basis over a 6 month period, with follow-up assessment at two- and six-months post-disaster. Baseline data placed 29% to 43% of employees at risk for continued post-traumatic symptomatology. Significant response to the initial systematic intervention was observed, with 20% reduction in overall severity of symptoms. The majority of employees continued to demonstrate a reduction of symptoms over time, with 6-month follow-up data indicating prevalence of PTSD at rates consistent both with epidemiological studies of disaster response and survival rates of PTSD in response to acute intervention. Acute stress following initial intervention as well as baseline clinical indices of risk were most strongly predictive of PTSD severity at 6 months; physical proximity (i.e., present at WTC on 9/11) was not found to be significantly related to symptoms. Implications of these findings for expansion of knowledge base of posttraumatic response to extreme disaster will be discussed.

Treatment of Individuals Within a Community-Based Intervention

Rosalie Suescun, The Trauma Center, Boston; Jeff Weir, The Trauma Center, Boston

This paper is based on work conducted in the aftermath of the September 11 terrorist attacks in New York City. A government agency that had been housed in one of the World Trade Center buildings requested community crisis intervention for their employees. A team of trauma clinicians were deployed to New York to do a scheduled crisis intervention that included large group education, small group intervention and individual assessment. The focus of this paper will be the experience of the individual in the aftermath of extreme disaster. The impact of community-based and individual interventions will be explored with an emphasis on individual clinical treatment that spanned the six-month period following the traumatic events of September 11. Several comparison case studies will be presented. The use of coping strategies and skills immediately following the disaster and in later months will be observed. The importance of differences in the individual's experience of support in the form of employment, social and personal systems will be detailed.

Complex PTSD: The Interaction of Race and Class

Symposium (culture) **Grand Salon 1, 3 (GB)**

Featured Session

Rebekah Bradley, Southern Illinois University; Mary Harvey, Harvard Medical School

Psychosocial factors, specifically race and social class, must be considered when discussing Complex PTSD. This symposium presents a literature review and research examining race, social class, and the effects of abuse and neglect. The goal is to further increase the "complexity" of our understanding of the impact of interpersonal violence.

Race, SES and Interpersonal Violence

Rebekah Bradley, Southern Illinois University

This presentation reviews the psychological literature on interpersonal violence (prevalence, treatment and symptoms) among African American and low-SES women. Interpersonal violence is more common among poor women. It is not clear, however, if this finding extends to African American women due to the inextricability of race and social class. Overall, the research suggests similar effects of interpersonal violence across SES and race with some exceptions, particularly with respect to beliefs about self and others and altered systems of meaning. There is sparse literature specific to treatment. Some theoretical and case-study literature indicates that treatment needs to include case management strategies to help poor women establish a higher level of daily safety and that spirituality/religion needs to be taken into account in the treatment of African American women. Both structural (e.g., childcare) and social (e.g., stigma) barriers impact treatment with these groups. Finally, the daily impact of sexism, racism, and classism (e.g., being threatened because of your race, being more likely to be evicted) interact with interpersonal violence and must influence our understanding of the "complexity" of the effects of interpersonal violence in the lives of African American and low SES women.

Path to Wholeness: African-American Survivors of Childhood Violence

Thema Bryant, Princeton University

Far too many African-Americans have been victims and witnesses of physical and sexual violence. A retrospective study of African American adult survivors of childhood violence was conducted to determine the effectiveness of various coping strategies. Seventy participants were recruited to form a community sample of African American male and female survivors. The coping strategies that were focused on were community support, spirituality, creativity, and activism. While trauma history was predictive of psychological adjustment, utilization of community support as a coping strategy was predictive of lower symptoms of distress. Qualitative analysis provided insight into the use of coping strategies and conceptualized their effectiveness within the framework of "thriving" literature. The investigator speaks to issues of the intersectionality of gender and race in methodology, barriers to disclosure, and interpretation of data. The study provides an opportunity for the voices of African American survivors to be heard as they tell

One More Thing: When Race and Class Meet Early Trauma

Lynn Sorsoli, Harvard Graduate School of Education

The purpose of this study was to explore women's subjective understandings of the experience of disclosure, while taking life history, including early traumatic experiences, present and past relationships, and psychological func-

tioning into account. Data collection involved a semi-structured interview (the Multidimensional Trauma Recovery and Resiliency interview) followed by an open-ended interview with twenty women, who had a variety of experiences with childhood trauma. Interviews addressed the impact of race, class, and culture on their understandings of their experiences, as well as the ways apparent differences between the researcher and participants may have affected the interview process itself. Narrative methods (including holistic and categorical content analyses) revealed themes in life history narratives and highlighted the ways early distress within a family may leave an individual more vulnerable to traumatic stressors later encountered within society. This was particularly true for women encountering societal stressors involving race or social class. Though drawing across interviews for context, this presentation will focus on the experience of two women whose life stories mostly clearly illustrate the interaction of cultural stressors with an early history of emotional distress.

Coping And Service Utilization For Victims Of Chronic Domestic Assault

Symposium (complex) — Grand Salon II, 3 (GB)

Sarah Lewis, West Virginia University; Patricia Resick, University of Missouri-St. Louis, Center for Trauma Recovery

Much of domestic violence research has documented the negative physical and psychological outcomes of battering. Although this is a requisite step in delineating the impact of physical assault, research must begin to investigate variables associated with positive outcomes and adaptation following domestic violence. The current symposium presents research investigating variables associated with help-seeking behavior as well as battered women's patterns of coping with chronic interpersonal violence.

Variables Influencing Help-Seeking Behavior in Battered Women

Sarah Lewis, West Virginia University; Joseph Scotti, West Virginia University; Serena Gibson, West Virgina University; Crystal Reedy, West Virginia University

Although domestic violence is a topic that has been the focus of a great deal of research, little attention has been paid to the help-seeking behavior of battered women. The purpose of the present study was to investigate factors that discriminate battered women who seek help from those who do not. A total of 90 adult women, between the ages of 18 to 65 formed three groups: Help-Seeking battered women, Non-Help-Seeking battered women, and a non-battered Comparison Group. Participants completed a battery of self-report measures, assessing symptoms of depression, posttraumatic stress, general psychopathology, social support, social isolation, history of trauma, frequency and severity of physical assault. Results were that significantly more help-seeking participants met the criteria for Posttraumatic Stress Disorder than did the non-help-seeking or comparison groups. Further, the two domestic violence groups reported significantly less social support and a greater tendency to engage in maladaptive coping strategies (i.e., avoidance and wishful thinking coping styles). Non-help-seeking participants were significantly more socially isolated, even after controlling for contact with social service agencies, and they reported significantly greater substance abuse problems. Results have extensive application for improving methods of identifying battered women in medical settings (e.g., general screening procedures) and modifying the types and availability of services offered to victims.

Coping With Chronic Violence: Spontaneous and Effortful Avoidance

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

Exposure to severe, serial forms of interpersonal violence have been hypothesized to result in the deployment of "survival strategies" to minimize psychological and physical responses to trauma. While effective in the short-run, survival strategies may compromise recovery. Effortful avoidant coping strategies (e.g., avoidance through use of substances or other acts) have been distinguished from "spontaneous" (e.g., dissociation, numbing) strategies. Little empirical data have addressed the inter-relationship between spontaneous and effortful avoidant strategies. This paper attempts to fill in this gap. Data were collected on 400 severely, acutely, battered women recruited from residential and non-residential community agencies. Violence was assessed using the CTS-2 (Straus et al., 1995), PTSD was measured with the PDS (Foa et al., 1997), and avoidant coping was measured using the dissociation (spontaneous) and defensive avoidance (effortful) subscales of the Trauma Symptom Inventory (TSI: Briere, 1995). Data analyses will explore whether and to what extent spontaneous and effortful avoidant coping co-occur, or occur uniquely. Second, analyses will address whether specific patterns of avoidant coping are associated with the nature and severity of recent partner violence and childhood victimization history. Results have implications for current theoretical formulations of traumatic responding to chronic, serial forms of interpersonal violence.

Coping With Violence: Women's Perspectives On Helping Sources

Angela Waldrop, University. of Missouri-St. Louis, Medical University of South Carolina

Studies have shown that battered women use a wide variety of strategies to cope with violence and the sequelae of violence. Battered women have reported social support among the most important resources they need upon leaving shelters. In the present study, social support was examined as a moderator of the relationship between physical abuse and coping behaviors. Coping responses to abuse was broadly categorized as engagement and disengagement coping. A sample of 348 battered women participated, 58% of whom were shelter residents at the time of the assessment. Social support did not moderate the abuse/coping relationship. However, more physical abuse and less social support were associated with greater use of disengagement coping. To elucidate factors influencing the choice of coping responses, women's ratings of the potential helpfulness of a number of strategies and their sense of self-efficacy in using those strategies were examined. Strategies included use of a hotline, counselor, therapist, police, order of protection, shelter, medical care, and clergy. Because the health stress and coping literature has some evidence of racial/ethnic differences in coping strategies, comparisons were made between African-American and Caucasian women's responses to partner abuse. Implications for interventions and future research will be presented.

Searching the PILOTS Database: Strategies and Techniques

Workshop (misc) — Grand Salon IV, 3 (GB)

Fred Lerner, National Center for PTSD and Dartmouth Medical School; Fran Norris, National Center for PTSD, Dartmouth Medical School and Georgia State University

The PILOTS database is an index to publications on PTSD and related traumatic stress disorders. It is intended to improve intellectual access to this international, multidisciplinary literature for researchers, clinicians, and others working in this field. The database now contains information on more than 21,000 journal articles, books and book chapters, theses and dissertations, and technical reports. Abstracts are provided for almost all of these, and hypertext links to the full text for over 2,000 items. The PILOTS database provides access to more literature on traumatic stress than any other bibliographical resource. In order to use any bibliographical database effectively, one must understand the way in which its producers select, evaluate, and index documents; the various ways in which the database can be searched; and the options it offers for displaying search results. The goal of this workshop is to make participants aware of these issues, and to explain how they pertain to the PILOTS database and other databases that might be useful in searching the traumatic stress literature. Opportunity will be provided for questions and comments from participants.

Introduction to Assessment of Adult Complex Trauma Survivors

Workshop (assess) **Kent A/B/C, 4 (HB)**

Eve Carlson, National Center for PTSD, Palo Alto VA Health Care System; Constance Dalenberg, Alliant International University

Assessing traumatic experiences and responses of adults with complex trauma histories can be challenging. This workshop will provide an introduction to conducting trauma assessments with a focus on assessments for clinical purposes. We will begin with a review of key elements in developing a strategy for assessments, including sources of information, considerations in choosing measures (such as comprehension, method of administration, complexity, psychometric properties), and suggested domains to assess. Challenges to conducting accurate trauma assessments will be discussed including the many sources of error in reports of past trauma and current symptoms and ways to minimize the impact of these on assessment results. Because discussing past traumatic experiences is distressing for most complex trauma survivors, particularly those who experienced interpersonal traumas, suggestions will be made for minimizing clients' distress during assessments and for discussing assessment results with clients. A sample of available self-report measures and structured interviews for trauma exposure and post-traumatic symptoms will be presented along with information about where and how to obtain information about a wide range of measures. Finally, aspects of the assessment process that differ when conducting assessments for forensic purposes will be reviewed.

Treating Child Traumatic Stress: A Neuron to Neighborhood Approach

Workshop (child) **Laurel A/B, 4 (HB)**

Glenn Saxe, Boston University School of Medicine/National Child Traumatic Stress Network; Wanda Grant Knight, Boston University School of Medicine/National Child Traumatic Stress Network

Children with traumatic stress have two fundamental problems 1) neurobiological systems that are markedly disregulated and 2) social environments that are not able to contain this disregulation. Accordingly, effective interventions must explicitly address these two fundamental problems. This workshop details a neuron to neighborhood approach to the treatment of child traumatic stress. Such an approach requires an understanding of how neurobiological systems become disregulated and the empirically validated psychopharmacological and psychotherapeutic interventions that help regulate these systems. Additionally, as children with traumatic stress frequently live in families, schools, peer groups, and neighborhoods under extreme stress, there are often powerful social environmental stimuli that perpetuate this disregulation. Interventions founded on principles of social ecology have demonstrated effectiveness at stabilizing children's social environments. This workshop builds a treatment model that integrates these approaches. The first presenter reviews the Developmental Neuroscience and the Social Ecological literature on child traumatic stress building an integrated treatment model. The second presenter reviews our 16 intervention principles that provide a practical and well-grounded approach to treatment. The complexity of child traumatic stress requires the integration of interventions across all levels of the child's social environment.

Domestic Violence: A Coordinated Community Response to Batterers

Workshop (commun) **Grand Salon IX, 3 (GB)**

David Rogers, National Center for PTSD; Laura Boeschen, National Center for PTSD

Lenore Walker estimates 50% of women are abused by an intimate partner during their lifetime. Survivors often experienced physical and/or sexual abuse as children as well, resulting in complex trauma. Our society's response to abuse has been evolving over the past 25 years. Research in this area has proven challenging and we will discuss some of the controversies. Using California as an example, we will examine the social change process and how, when faced with unclear efficacy data, states have legislated minimum standards for intervention. The workshop will cover three topics: the development of a coordinated community response to domestic violence, providing support services for survivors and implementation of a power and control based group for batterers. We'll discuss the dynamics of a typical domestic violence case and several profiles for batterers. Survivor support will include crisis intervention, assessment, safety planning, subsequent safety checks and the effects of abuse on children. Attendees will understand how to conduct assessment and intervention with court-mandated batterers. An interactive exercise will be used to demonstrate how classes are facilitated. Each participant will be given a floppy disk containing all the assessment tools, lesson plans and handouts necessary to develop a batterer intervention program.

4:00 p.m.–5:15 p.m.

Expert Clinical Consultation

Expert Clinical Consultation (practice) — Falkland, 4 (HB)

Matthew J. Friedman, MD, PhD, is executive director of the VA's National Center for PTSD, professor of psychiatry and pharmacology at Dartmouth Medical School, and past president of ISTSS. He is interested in both basic mechanisms underlying PTSD-related abnormalities as well as with conceptually-driven approaches to treatment. In recent years he has focused increasingly on resilience, prevention and early intervention for traumatized individuals.

Racism, Trauma, and PTSD

Panel (culture) — Grand Salon I, 3 (GB)

Featured Session

Endorsed by Diversity and Cultural Competency Special Interest Group

Elisa Triffleman, The Public Health Institute; Chalsa Loo, National Center for PTSD; Lynn Waelde, Pacific Graduate School of Psychology, Stanford University School of Medicine; Claude Chemtob, Mount Sinai School of Medicine

Racism is a pervasive social problem. However, few empirical studies have examined the relationship between exposure to negative race-related events and DSM-defined trauma and PTSD. Nevertheless, in minority Vietnam veterans, negative race-related events were found to contribute significantly to PTSD symptoms (Loo et al, 2001). In this panel sponsored by the ISTSS Diversity Task Force, results of two studies will be examined. Dr. Lynn Waelde will present the results of a study conducted with 408 ethnically diverse civilian college students that looked at trauma symptoms that resulted from exposure to experiences of racism. Dr. Chalsa Loo will present findings from a study of 229 minority Vietnam veterans demonstrating that 29% met DSM-IV criteria for PTSD for specific race-related events, compared to 15% of the male Vietnam theater veterans who met criteria for combat-related PTSD. Finally, Dr. Claude Chemtob will present an overview of ethnocultural aspects of trauma and PTSD. He will then describe race-related trauma from the perspective of his Survival Mode theory of PTSD.

Integrating Culture and Trauma into Education and Training Programs

Panel (train) — Galena, 4 (HB)

Janet Osterman, Boston University School of Medicine; Joop de Jong, Transcultural Psychosocial Organisation; Stephen Brady, Boston University School of Medicine

An understanding of transcultural issues and the interplay of culture and trauma are integral to the diagnosis and treatment of traumatic stress. Core concepts include teaching trauma across cultures, understanding culture and trauma in clinical expression and treatment approaches, and working effectively within a person's cultural framework. These concepts must be integrated into the education of medical, psychology and social work students and trainees and existing health care workers and/or local healers. Experienced clinicians must also have ongoing education and training to keep abreast of developments in the application of transcultural knowledge to the understanding and treatment of traumatic stress. A panel of psychology and psychiatry educators, including transcultural psychosocial experts, will discuss common issues that arise in teaching new and experienced clinicians about traumatic stress and transcultural issues. Audience participation and contributions to the discussion is encouraged. The panel will seek to elicit perspectives about culture and traumatic stress from those participants who live or work in the west and/or in low-income countries.

Organizational Responses to September 11, 2001: Lessons Learned

Panel (disaster) — Grand Salon III, 3 (GB)

Elana Newman, University of Tulsa; Todd Essig, Trauma Response Database Inc.; Barbara Monseu, Stifel, Nicholaus and Company Inc., Hanifen Imhoff Division; Rachel Yehuda, Mount Sinai School of Medicine

Many mental health and other workers wanted to respond and help out in the aftermath of September 11, 2001. Responding to the multiple needs of NY citizens was a complicated task as needs varied, services were fractured, and thousands of people wanted to volunteer, with varying levels of experience. These panelists will discuss their efforts to help coordinate various services (clinical, educational, and research services) in NYC. Essig will discuss effective ways to coordinate clinical responses, and his perspective in organizing a computerized trauma response database, and his role on the Board of Directors for the New York Disaster Counseling Coalition, the NYDCC provides pro-bono psychotherapy to uniformed services personnel and their families. Barbara Monseu, director of operations of the New York temporary satellite clinic of the Dart Center for Journalism and Trauma, will discuss her perspective in organizing services for journalists (including some of her perspective from managing Columbine). In particular, she will focus on the issues faced when an organization tries to open a satellite office to respond to a particular disaster. Rachel Yehuda will discuss the lessons learned from trying to organizing clinical and research services in NY. All panelists will discuss lessons learned for other communities that may want to organize—issues to be aware of, challenges to overcome, and offer ideas for the future.

Here-and-Now or There-and-Then? New Evidence on Complex PTSD Treatment

Symposium (clin res) — Harborside E, 4 (HB)

Endorsed by the Complex Trauma Task Force

Julian Ford, University of Connecticut Health Center

Four clinician researchers present findings from treatment development and clinical trials research examining manualized treatments for adult survivors of child abuse in mental health, addictions, and HIV-prevention settings. Exposure, emotion regulation, and present-centered components are evaluated separately and in combination. Results indicate that each approach has distinct benefits and limitations.

Trauma-Focused vs. Present-Focused Group Therapy for CSA Survivors

Catherine Classen, Stanford University School of Medicine; Cheryl Koopman, Stanford University School of Medicine; David Spiegel, Stanford University School of Medicine

The sequelae of childhood sexual abuse includes a large array of long-term effects such as PTSD, depression, affect dysregulation, sexual revictimization, addictive behaviors, and interpersonal problems. Determining the best method of treating this vast array of problems is a pressing concern. This presentation provides a preliminary report of a controlled, randomized group therapy intervention trial for women with histories of childhood sexual abuse and who are judged to be at risk for HIV infection. Women with a history of CSA are judged to be at risk if they meet at least one of 3 criteria: 1) were sexually revictimized within the last year, 2) engaged in unsafe sex within the last year, or 3) meet criteria for substance abuse or dependence within the last year. One hundred and ninety-two women are being recruited into a study comparing trauma-focused group therapy against present-focused group therapy and a wait-list condition. Participants are provided 6 months of group therapy and are followed for 12 months. Six-month follow-up data on approximately 120 participants and 12-month follow-up data on approximately 72 participants will be presented. Outcome data will include sexual revictimization, sexual behaviors, substance use, PTSD and other trauma symptomatology, interpersonal problems, and post-traumatic growth.

Skills Training and Exposure: Are Both Better Than One?

Marylene Cloitre, Weill College of Cornell Medical College

A recent randomized controlled trial found that compared to Waitlist, a sequentially-phased treatment for women with Complicated PTSD related to childhood abuse was effective in reducing symptoms in three targeted areas: emotion regulation problems, interpersonal skills deficits and PTSD symptoms. The first phase of the treatment provided skills training in emotion and interpersonal regulation (STAIR) and was viewed as a stabilization/preparatory period for the following phase of traditional exposure (a modified version of Prolonged Exposure). Phase 1 improvement in negative mood regulation and the development of a positive therapeutic alliance were significant predictors of PTSD symptom reduction during Phase 2 exposure. This presentation provides data on a comparison of the two-phase treatment (skills plus exposure) compared to the exposure component alone and to skills training alone. Data will be provided on biweekly ratings of subjective distress, symptom exacerbation and drop-out rate. Two goals of the study are to 1) determine whether a no-exposure therapy (STAIR) can effectively resolve PTSD, and 2) whether an exposure alone treatment does just as well in reducing PTSD and maintaining clients in treatment without a preparatory phase of skills building.

Development and Initial Evaluation of Brief Integrative Therapy

Annmarie McDonagh-Coyle, Dartmouth Medical School, West Central CMHC; Julian Ford, University of Connecticut Medical School; Christine Demment, Private Practice

Encouraged by efficacy results from a recent randomized clinical trial of a present centered therapy in a sample of childhood sexual abuse (CSA) survivors with PTSD, we modified the treatment to include additional elements we anticipate will increase potency. Specifically, we made current interpersonal targets the consistent focus for problem-solving in and out of session, added emphasis on understanding the ways in which the trauma history affects current problem-solving attempts, and increased education about the role of affect as a source of information and motivation useful during problem-solving attempts. We will present pre-post-treatment data on 15 to 20 women who participate in this Brief Integrative Therapy. Strengths and limitations of the approach will be discussed.

Controlled Evaluation of a Present-Focused Trauma-Processing Therapy

Julian Ford, University of Connecticut Health Center

Describes the development and a randomized controlled trial evaluating a manualized treatment protocol for trauma survivors with chronic complex PTSD and co-occurring addictive disorders conducted in three public sector addiction treatment agencies serving ethnoculturally diverse low socioeconomic status women and men: Trauma Adaptive Recovery Group Education and Therapy (TARGET). Rather than attempting to "desensitize" trauma memories, TARGET teaches a sequential process for regaining a participant-observer stance in relation to reactivated trauma memories in current stressful experiences that is designed to enable clients to become aware of and consciously utilize existing skills for processing affectively-charged information: FREEDOM-focusing, recognizing triggers, emotion recognition, evaluating one thought-at-at-time, defining one goal-at-a-time, observing previously unrecognized effective behaviors that are options for achieving goals, and making a contribution. Preliminary findings comparing TARGET to group addiction treatment as usual (TAU) at a 6-month followup indicate that TARGET is associated with reduced severity of a range of trauma-related symptoms and psychosocial impairments, and enhanced psychosocial functioning-with <15% attrition, no instances of substance use relapse, and no additional service costs or utilization. TARGET utilizes a present-focused approach not as generic "supportive" or "social problem solving" interventions but as a systematic method for trauma processing and self-regulation.

Biology Research on PTSD: Addressing Complexity and Clinical Issues

Symposium (bio med) **Grand Salon IV, 3 (GB)**

James Hopper, Boston University School of Medicine; Bessel van der Kolk, Boston University School of Medicine

PTSD symptom-provocation studies have largely focused on diagnostic discrimination and hyperarousal responses. This symposium presents findings from four symptom-provocation studies, two psychophysiological and two neuroimaging, addressing dissociative and other responses in PTSD. This work suggests researchers can address the complexity with approaches that are both clinically relevant and scientifically sound.

Neuroimaging of Hyperarousal and Dissociative Responses in PTSD

Ruth Lanius, University of Western Ontario; Peter Williamson, University of Western Ontario; Maria Densmore, Lawson Research Institute; Ravi Menon, University of Western Ontario; Joseph Gati, University of Western Ontario

Pilot studies in our laboratory have shown that Posttraumatic Stress Disorder (PTSD) patients may have distinctly different responses to traumatic script-driven imagery. Approximately 70% of patients relived their traumatic experience and showed an increase in heart rate. The other 30% of patients reported a dissociative response with no concomitant increase in heart rate. Traumatic memory recall in PTSD was studied using the traumatic script-driven symptom provocation paradigm adapted to functional magnetic resonance imaging (fMRI) at a 4 Tesla field strength in 28 subjects with PTSD and 22 control subjects. PTSD subjects with a hyperarousal response to the traumatic script-driven imagery showed significantly less activation of the thalamus, the anterior cingulate gyrus (area 32), and the medial frontal gyrus (area 11) as compared to controls. PTSD patients in a dissociative state showed more activation in the superior and middle temporal gyri (BA 38), the inferior frontal gyrus (BA 47), the occipital lobe (BA 19), the parietal lobe (BA 7), the medial frontal gyrus (BA 10), the medial cortex (BA 9), and the anterior cingulate gyrus (BA 24 and 32) as compared to controls. These findings suggest different patterns of brain activation in hyperarousal versus dissociative responses to traumatic script-driven imagery.

Identifying and Accounting for Complexity in PTSD Functional Imaging

Elizabeth Osuch, Uniformed Services University; Brenda Benson, NIMH; Marilla Geraci, NIMH; Daniel Podell, NIMH; Peter Herscovitch, NIH; Una McCann, Johns Hopkins; Robert Post, NIMH

Functional imaging studies with symptom provocation in patients with PTSD have been used to examine brain activity during traumatic recall. Findings in these studies have varied. In addition to inconsistencies in methodology, individual patient response to traumatic exposure has not always been carefully considered. In this study eleven subjects with varying traumatic histories and long-standing PTSD were studied using [15O]-H2O PET with an auditory script provocation. Each subject had three "resting" scans, heard the script, and then had three more scans. Heart rate responses as well as the presence of flashbacks and their intensity were recorded. Subjective and autonomic responses to the tape demonstrated both intra- and inter-subject variability. rCBF was correlated with flashback intensity in subjects in all six scans. A meta-analysis of all subjects' data yielded common regions related to the flashback experience. rCBF correlated directly with flashback intensity in the right putamen, brainstem, lingula, and left parahippocampal, somatosensory and cerebellar regions. Inverse correlations with rCBF were found in left superior frontal and right fusiform cortices. This statistical approach, using within study meta-analytic technique, allowed for correlation between flashback intensity and rCBF in a varied subject sample in spite of differences in response to provocation.

Psychophysiological Reactivity in Domestic Violence Victims

Michael Griffin, University of Missouri, St. Louis; Patricia Resick, University of Missouri, St. Louis; Mindy Mechanic, University of Missouri, St. Louis

We studied 70 female victims of domestic violence who had suffered chronic abuse. Psychophysiological responses including heartrate and skin conductance were measured during a baseline period and while the participant talked about a neutral topic and while they talked about the most traumatic incident of domestic violence as well as during recovery periods. Participants also were interviewed to assess PTSD status and level of peritraumatic dissociation. Recent studies have noted the relationship between within-trauma dissociation and the later development of PTSD. Findings from the present study support this relationship as high peritraumatic dissociators had a much greater liklihood of being diagnosed with PTSD than low peritraumatic dissociators ($p<.01$). Psychophysiological data indicated significant differences between PTSD and non PTSD subjects on both heartrate and skin conductance measures ($p<.05$). Physiological data comparisons between high and low dissociators indicated a trend toward a significant difference in which high dissociators had a lower mean heartrate while talking about the traumatic event of the low dissociators. No significant differences were observed for skin conductance responses. Findings will be discussed in terms of our previous findings in recent rape victims of hypoarousal in high dissociators.

Exploring the Consequences of Approaches to PTSD Psychophysiology Data

James Hopper, Boston University School of Medicine; Bessel van der Kolk, Boston University School of Medicine

This exploratory study addressed the complexity of heart rate (HR) reactivity to neutral and traumatic scripts in 52 PTSD subjects undergoing a 17-minute psychophysiology assessment. After a 5-minute baseline period, subjects were exposed to four different 30-second scripts, each followed by 60-second script imaging periods and 1 or 2 minute recovery periods (sequence of neutral, trauma, neutral, trauma). This study focused on HR changes alone to illustrate the considerable heterogeneity of responsivity in a single physiological dimension, both within and between PTSD subjects grouped into theoretically and empirically derived subtypes. The aim was to gather data on several aspects of subjective responses and HR reactivity, then compare a variety of descriptive and inferential approaches to data analysis. Methods included those common in script-driven imagery research (e.g., differential changes in average HR from baseline to script imaging), and new methods designed to assess possible subtypes of PTSD and arousal regulation capacities (e.g., state PTSD and dissociative symptoms, baseline heart rate variability and vagal suppression). Several findings indicate that different approaches to the collection and analysis of script-driven imagery data necessarily illuminate and obscure different diagnostic, theoretical, and clinical issues.

Prevention Models for Teen Dating Violence

Symposium (child) **Laurel C/D, 4 (HB)**

Lisa Jaycox, RAND; Mary Ann Dutton, Georgetown University

We describe two programs that aim to prevent teen dating violence and focus on ethnic minorities: a legal education curriculum taught to 9th graders and an arts-based initiative geared towards middle school students. Both qualitative and quantitative data from the early stages of studies evaluating these programs will be presented.

Arts-Based Initiative to Prevent Violence Against Women and Girls

Izabel Ricardo, George Washington University School of Public Health and Health Services; Jacqueline Campbell, Johns Hopkins University School of Nursing; Phyllis Sharps, Johns Hopkins University School of Nursing; Benita Moss, Johns Hopkins University School of Nursing; Joan Kubb, Johns Hopkins School of Nursing; Michael Yonas, The Johns Hopkins University School of Public Health; Nina Fredland, The Johns Hopkins University School of Nursing; Karen Kemp, HEBCAC

Middle-school youth are exposed to multiple sources of stress, among them the daily threat of intentional injury within school settings. Middle-school early adolescents are increasingly exposed to aggressive behaviors which may serve as pre-cursors to dating violence. A team of researchers, community-based organizations (House of Ruth, HEBCAC, Wombworks) and artists (including the performing arts, visual arts, and music) collaborated with the Baltimore City Schools in the development, implementation, and evaluation of a culturally relevant primary prevention strategy aimed at increasing anti-violent attitudes, knowledge of dating violence, and the promotion of healthy relationships among seventh-grade students and faculty. Planning activities included twelve gender-specific youth focus groups, three school personnel focus groups, and observational assessments, conducted to enhance the teams' understanding of youth and teacher perspectives related to bullying, peer sexual harrassment, and dating violence. This presentation reports early findings yielded from these data. including emergent themes, and will include two youth as co-presenters. Comparisons made between these two groups highlighted differences in their perspectives regarding what constitutes violent behavior among middle school youth. Findings shed light upon an important source of stress to students and teachers alike.

Prevention of Dating Violence among Latino Youth in Los Angeles

Lisa Jaycox, RAND; Jessica Aronoff, Break the Cycle; Beverly Weidmer, RAND; Gene Shelley, Centers for Disease Control and Prevention; Jacqueline Miller, RAND; Jennifer Popovic, RAND; Grant Marshall, RAND; Rebecca Collins, RAND

Between 16% and 26% of adolescents and young adults report they have dated someone who attacked them. Break the Cycle is an innovative prevention program in which attorneys provide education about legal rights and responsibilities to teens. This presentation will begin with a description of the Ending Violence curriculum and special issues related to teens. As part of an ongoing evaluation of the efficacy of this program for Latino youth, we will also present baseline data from about 750 surveys on teens' knowledge, attitudes, behavioral intentions, help-seeking, and exposure to dating violence. Early results show that teens are more accepting of female-on-male violence, especially if retaliatory, than male-on-female violence. Most teens perceive negative sanctions related to dating violence, and a substantial minority say they would intervene if they witnessed dating violence. Only about half are aware that teens can obtain a restraining order without parent permission. Teens are most likely to say they'd talk to friends or family members if they needed help, and least likely to talk to a health provider. We plan to present gender differences in survey responses, and discuss policy implications.

Contextual Therapy for Complex PTSD: Theory, Research and Case Study

Symposium (complex) **Harborside D, 4 (HB)**

Steven Gold, Nova Southeastern University

Contextual theory proposes that, in contrast to individuals with PTSD whose functioning was disrupted by circumscribed trauma, repeatedly traumatized individuals with Complex PTSD frequently were reared in interpersonal contexts that precluded ever having attained adequate functioning. Theory, research, and a case presentation delineating this contextual perspective will be presented.

Contextual Theory and Its Implications for Treatment of Complex PTSD

Steven Gold, Nova Southeastern University

Contextual theory proposes that many difficulties experienced by clients with Complex PTSD are attributable to factors beyond repeated trauma. These clients are often reared in interpersonal environments characterized by little consistent emotional nurturance and considerable interpersonal control. As a result, they often enter treatment with considerable deficits in certain capacities required for effective utilization of therapy—collaborative relating, critical thinking and adaptive coping skills. In the absence of these capacities, treatment focused primarily on processing traumatic experiences is likely to lead to marked increases in distress and deterioration of functioning rather than in clinical improvement. Consequently, contextual therapy focuses primarily on helping clients develop the interpersonal, conceptual,

and practical abilities they have not previously mastered, and secondarily on processing traumatic material. An overview of the relationship, conceptualization, and practical skills components of contextual therapy is presented.

Intra-and Extra-familial CSA Survivors Family of Origin Characteristics

Steven Gold, Nova Southeastern University; Scott Hyman, Nova Southeastern University; Raquel Andres, Nova Southeastern University

Family of origin characteristics of adult women whose childhood sexual abuse (CSA) was perpetrated only by family members (intra-familial group), only by non-family members (extra-familial group), or by both family and non-family members (both group) were compared. The sample consisted of 215 women seeking therapy at an outpatient clinic for CSA survivors. Participants were administered a structured clinical interview to assess demographics and abuse characteristics. The Family Environment Scale (FES) was administered to assess ten aspects of participants' family of origin. Univariate analyses of variance revealed a significant effect, with groups differing on FES measures of familial independence $F(2,212) = 4.964$, $p = .008$ and familial conflict $F(2,212) = 4.709$, $p = .01$. Tukey's HSD test revealed that the extra-familial group (mean = 5.44) reported significantly higher levels of family independence than the "both" group (mean = 4.25). The intra-familial group (mean = 6.21) had higher levels of familial conflict than the extra-familial group (4.94). Extremely low effect sizes on these two scales (< .05) and non-significant effects for group on the remaining eight FES scales suggest considerable similarity in family of origin environments of CSA survivors regardless of whether their perpetrators were family members.

Predicting CSA Survivor Symptoms: Attachment and Abuse Characteristics

Raquel Andres, Nova Southeastern University; Steven Gold, Nova Southeastern University

This study investigated whether adult symptomatology following childhood sexual abuse (CSA) was better predicted by attachment style or abuse characteristics. Seventy-three adult women completed the Attachment Style Questionnaire, Trauma Symptom Checklist-40 (TSC-40), and a structured clinical interview to obtain demographic information and data regarding abuse characteristics. It was hypothesized that attachment style would be more predictive of symptomatology than abuse characteristics. Because the literature on the relationship between abuse characteristics and symptomatology is equivocal, stepwise multiple regression was first used to identify which of 6 abuse characteristics accounted for a significant proportion of the variance in TSC-40 Total Score. Only use of physical force during the abuse remained in the model. All other abuse characteristics were excluded due to failure to explain symptomatology beyond that explained by physical force. Next, multiple regression analyses were performed to determine whether physical force or attachment was most predictive of TSC-40 Total Score. Attachment uniquely accounted for 21% of the variance in symptomatology, whereas physical force uniquely accounted for only 5% of the same variance. Structure coefficients were consistent with the notion that attachment explains appreciably more of the symptomatology variance when entered in the same equation as abuse characteristics.

Effects of Family Environment on Employment Among CSA Survivors

Evelyn Abramovich, Nova Southeastern University; Alfred Sellers, Nova Southeastern University; Steven Gold, Nova Southeastern University

The objective of this study was to examine the effects of family environment on employment among childhood sexual abuse (CSA) survivors. Sixty-two males (n = 10) and females (n = 52) ranging in age from 18 to 55 participated in the study. All participants were clients in a university-based community mental health center program for CSA survivors. Each participant was administered a structured interview which included questions about employment status. They also filled out the Exposure to Abusive and Supportive Environments—Parenting Inventory (EASE-PI), which assesses abusive and supportive parenting behaviors. Independent t tests compared the mean EASE-PI scores of participants who were employed full-time versus unemployed, matched on age and education. Significant ($p < .05$) results show that participants who were employed full-time scored higher on the Positive Modeling subscale (mean = 103.63, SD = 54.64) than participants who were unemployed (mean = 73.79, SD = 45.96), and participants who were unemployed scored higher on the Physical Abuse subscale (mean = 40.26, SD = 35.33) than participants who were employed full-time (mean = 23.70, SD = 20.36). Although the other EASE-PI subscale mean differences did not achieve statistical significance they were consistent with these findings.

Case Illustration of Contextual Theory to Treat Complex PTSD

Heidi Sigmund, Nova Southeastern University

This presentation will provide a case illustration of the treatment of a 19-year-old female with complex PTSD treated within the Contextual Theory framework. Contextual Theory posits that, unlike the conceptualization and treatment of individuals with PTSD who have experienced circumscribed trauma, many individuals with Complex PTSD grew up in environments void of models for effective coping, positive social relationships, and adequate daily functioning. This case was particularly challenging and complex as the individual was still living in the abusive family environment during her treatment. In the conceptualization of this case, in addition to the overt abuse the client experienced, particular attention was paid to her experience growing up within her family environment. Beyond addressing hallmark PTSD symptoms, pivotal issues in treatment included helping the client to set appropriate boundaries, establish and maintain healthy interpersonal relationships, understand and acknowledge the effects of childhood physical and sexual abuse on her subsequent adjustment, and challenge her views regarding her perceived negative self-worth. Treatment outcome will be discussed using standardized measures administered at admission and at every 25 sessions.

Early Reactions to Trauma and Subsequent Health and Well-Being

Symposium (clin res) **Dover B/C, 3 (GB)**

Grant Marshall, RAND

Theory and research have implicated early reactions to trauma as having important consequences for subsequent psychological and psychosocial outcomes. This symposium will present recent empirical findings concerning the importance of early reactions to trauma on subsequent health, well-being, and occupational performance. Separate presentations will examine the significance of early physiological, affective, and cognitive responses.

The Prominent Role of Hyperarousal in the Development of PTSD

Terry Schell, RAND; Grant Marshall, RAND; Lisa Jaycox, RAND

A number of recent studies have investigated the structure of posttraumatic stress disorder (PTSD) using techniques that model the cross-sectional covariation among symptoms. The present study adds to our understanding of PTSD by analyzing the longitudinal covariation among symptoms using structural equation modeling techniques. The data for this analysis come from a study of young adult survivors of community violence. In this study, PTSD symptoms were measured using the PTSD checklist (PCL) on three occasions: at approximately one week, at 3-months, and at 12- months after the trauma. The relationship among PTSD symptoms across these three waves indicates that hyperarousal plays a distinct role in the development of PTSD. Specifically, respondents' level of hyperarousal at one wave strongly predicted the severity of their other symptoms in the subsequent wave. In contrast, reexperiencing, avoidance, and emotional numbing predicted respondents' subsequent symptoms weakly, if at all. We conclude that those individuals whose early reactions to trauma involve high levels of arousal are most likely to develop the full set of PTSD symptoms. The discrepancy between conclusions from cross-sectional and longitudinal analyses of PTSD structure will be discussed along with the implications of these findings for PTSD treatment.

Dissociation Does Not Protect Against Peritraumatic Distress

Alain Brunet, McGill University and Douglas Hospital Research Center; Philippe Birmes, McGill University and Douglas Hospital; Maryse Benoit, Douglas Hospital; Sabine Defer, Douglas Hospital; Leah Hatton, Douglas Hospital

In a previous study (Brunet et al., 2001a), we demonstrated that contrary to what others had proposed, dissociative experiences at the time of trauma exposure (i.e., peritraumatic dissociation) did not protect trauma-exposed individuals, such as police officers (n=702), from experiencing peritraumatic distress. In the present study, we replicated and extended this earlier finding using a prospective design in a sample of men and women presenting to the emergency room as a result of trauma exposure. Participants were interviewed five days after trauma exposure on average and diagnosed with the CAPS 1 and 6 months post-trauma. Those experiencing significant dissociation at the time of the trauma also reported elevated scores on the newly developed Peritraumatic Distress Inventory (Brunet, et al., 2001b). However, only a subset of the participants who experienced peritraumatic distress reported significant peritraumatic dissociation. Peritraumatic dissociation in the absence of distress may not be commonplace. Instead it is proposed that peritraumatic dissociation occurs in the context of elevated, unbearable trauma-related distress. The relationship between peritraumatic distress and peritraumatic dissociation should be further examined according to age, gender, and trauma type, particularly acute versus chronic traumatic stressors.

Reassessing the Link Between Peritraumatic Dissociation and PTSD

Grant Marshall, RAND; Terry Schell, RAND

Cross-lagged panel analysis of longitudinal data collected from young adult survivors of community violence was used to examine the relationship between recall of peritraumatic dissociation and posttraumatic stress disorder (PTSD) symptom severity. Recollections of peritraumatic dissociation assessed within days of exposure differed from recollections measured at 3- and 12-month follow-up interviews. Peritraumatic dissociation was highly correlated with PTSD symptoms within each wave of data collection. Baseline recollections of peritraumatic dissociation were not predictive of follow-up PTSD symptom severity after controlling for baseline PTSD symptom severity. This pattern of results replicates previous work demonstrating a correlation between peritraumatic dissociation and subsequent symptom severity. However, findings are not consistent with the prevailing view that peritraumatic dissociation leads to increased PTSD symptom severity.

Engaging Adolescents in Trauma Focused Services

Symposium (child) — Laurel A/B, 4 (HB)

Sandra Kaplan, North Shore University Hospital

This Symposium is sponsored by members of the National Child Traumatic Stress Initiative, supported by SAMSHA, who are developing Adolescent Models of Trauma-Focused Interventions. Presentations will include a primary care model of treating traumatized adolescents, school-based services for traumatized adolescents, and models of care for adolescents impacted by the World Trade Center Disaster and adolescent exposed to domestic violence.

A Primary Care Model for Traumatized Adolescents

Angela Diaz, Mt. Sinai Adolescent Health Center

Dr. Diaz will present a primary care model for providing comprehensive care to traumatized adolescents. She will highlight an adolescent peer counseling program for reduction of risk taking behavior by adolescents, as well as mental health services based in an adolescent health clinic, which works to engage adolescents in medical, reproductive health, and crisis counseling services; provides for personal safety; stabilizes the crisis; provides diagnostically appropriate services; provides preventive health education services; engages the client in a trusting relationship; supports the client to take appropriate legal action; and restores self-esteem, the personal senses of safety and competence, full psychological functioning, and successful functioning in family, peer group, school, and work. On-site physician specialists in reproductive health, social work counselors, health educators, and peer educators provide integrated direct services in medical services, crisis counseling, and individual and group therapy.

School-Based Treatment of Trauma and Bereavement Following a Disaster

William Saltzman, California State University, Long Beach; Chris Layne, Brigham Young University; Robert Pynoos, UCLA

Following a disaster or violent event there is need for a systematic strategy for performing community outreach and case identification for children, adolescents, and families most impacted by trauma and traumatic bereavement. Dr. Saltzman will present the strategy pioneered by the UCLA Trauma Psychiatry Service for assessing youth and families, determining need, and providing appropriate referral. Assessment instruments and screening protocol will be presented along with a three-tier model for service provision. The three-tiered mental health service model provides for broad-scale psychoeducation for youth and parents disseminated through schools and other public agencies (Tier 1); a time-limited program of trauma/grief psychotherapy for severely distressed youth and families which can be delivered at schools and local clinics (Tier 2), and referral to specialized practioners and in-patient settings for seriously at-risk individuals (Tier 3). This approach has been used in multiple school-districts following fatal shootings, in post-war and post-disaster countries overseas, and is currently informing many of the relief efforts in New York City. Time-permitting, specific materials from the Tier 1 and Tier 2 interventions will be presented with outcome data from pilot implementations in California school districts.

Adolescent Trauma: Development of Assessment and Treatment Services

Victor Labruna, North Shore University Hospital; David Pelcovitz, North Shore University Hospital

This presentation will describe the development of a clinical mental health screening conducted in a suburban high school six to nine months after the World Trade Center Disaster. Although located 25 miles from Manhattan, a number of the students lost parents, extended family members, or neighbors in the Disaster, placing students at high risk for trauma-related symptoms. The presentation will also describe the development of a manualized treatment for adolescents exposed to domestic violence.

Adolescents Impacted by the World Trade Center Disaster

Sandra Kaplan, North Shore University Hospital; David Pelcovitz, North Shore University Hospital

As part of the National Child Traumatic Stress Initiative, supported by the Substance Abuse and Mental Health Services Administration, our Intervention and Development Program is focused on adolescent trauma. Located in the New York Metropolitan area, we have prioritized our initial efforts toward the development and enhancement of services needed to alleviate the impact of the 9/11 Disaster on adolescents. Adolescent focused interventions include: school-based services, classroom traumatic stress reduction interventions, services for traumatically bereaved adolescents and their families, adolescent and parent interventions for emergency caregivers' families, and an adolescent peer counseling model for traumatic stress reduction. A Center-based continuum of mental health services for adolescents exposed to domestic violence which begins at the time of police contact with their families will also be presented.

Graphic News: Examining Photojournalism and Public Trauma

Symposium (train) — Grand Salon VI, 3 (GB)

Roger Simpson, Dart Center for Journalism and Trauma, University of Washington

Picture editors make choices each day that determine how traumatic events are presented to the public. Reactions and interpretations from readers raise vital issues concerning visual exposure to tragedy — issues especially impor-

tant after September 11. This symposium will explore editorial decisions, exposure to tragedy through imagery, and resulting psychological effects on survivors of trauma.

Choosing Graphic Visuals: How Photography Editors Make Choices

April Peterson, University of Washington

Though photography editors play a key role in selecting images of trauma for publication, the decision-making processes of this group of journalists has been largely ignored in previous communications research. In this groundbreaking study, April Peterson conducts a series of in-depth interviews with newspaper picture editors from across the United States. Using concepts from communication theory, journalism ethics, and political economy, she explores industry policies and individual selection processes that influence choices made by newspaper picture editors as they decide which graphic or dramatic images to publish, and which to withhold from public view. At the core of this study is a single crucial question about media trauma coverage: How do picture editors make choices regarding the publication of graphic and potentially disturbing images? Preliminary findings indicate that editors draw from their own cognitive and emotional reactions to images, their individual senses of ethics and journalistic responsibility, and from publication policies. Especially in this era of national and international upheaval, photo editors tell stories of their own intense emotional reactions to tragic and graphic visual images coming, for instance, from Columbine, or Oklahoma City, or Ground Zero.

Making Choices: An Editor's View of Selecting Images of Trauma

Steve Proctor, The Baltimore Sun

Steve Proctor, deputy managing editor of the Baltimore Sun, will address issues of covering trauma from a journalistic view, speaking of his own experiences facing difficult editorial decisions, and his concerns about responsibly exposing the public to visual images of tragedy. Proctor edited the 2001 Dart Award winning feature series, "The Joseph Palczynski Story." The two-part series told the story of six women serially victimized by one man's extremes of physical and psychological abuse. Proctor will speak about selecting images for local stories such as this, as well as serious professional and ethical issues involved in presenting national tragedy, particularly the devastation of September 11, in visual form to the public.

Interpreting Tragedy Through News Images: An Interactive Process

Margaret Spratt, University of Washington

Psychological studies in visual perception have yielded rich information about the mechanics of seeing (see, for instance, Wade and Swanson, Visual Perception, 1991), and anecdotal evidence from the field of communications suggests that news photographs have greater power than words to wound and influence readers (Goldberg, The Power of Photography, 1991). Yet rarely have concepts from these two fields been combined to systematically study the psychological effects of photojournalism. Drawing from social and cognitive psychology, Meg Spratt bridges this gap in the literature. She will present research on how photographs depicting or implying trauma are interpreted by individuals, and how resulting emotions and opinions may influence subsequent evaluations of crime and violence in American culture. Her findings are based on a survey of young adults and an experiment examining how the presence of a dramatic photograph accompanying a news article influences emotions. In both cases, she examines how pre-existing mental schema interact with an image's content to trigger both emotional and cognitive reactions to a media message. Preliminary findings indicate that subjects draw from a variety of their own experiences as well as very individual interpretations of details, such as facial expressions, as they make sense of a visual image. Furthermore, pre-existing mental schema can interact with the media message to trigger intense emotions and influence evaluations of vital social issues.

Second Injury Through Violent Imagery: Psychological Effects of Photos

Edward Rynearson, Separation and Loss Services, Virginia Mason Medical Center

Dramatic news photographs and footage have been credited with prompting public action and unity during times of crises and tragedy, yet they also have the potential to deeply wound individuals, especially survivors of trauma. Psychiatrist Edward Rynearson, medical director of Separation and Loss Services at the Virginia Mason Medical Center in Seattle, will discuss the damage that graphic news visuals may inflict on individuals who have experienced trauma. Rynearson, who has worked closely with people who have suffered violent deaths in their families, will address the vital issue of second injury through exposure to graphic and visual news coverage, and discuss what journalists and audience members can do to mitigate such injury.

Planning a Multidisciplinary Community Response to Mass Disaster

Workshop (commun) — Grand Salon VII, 3 (GB)

Jonathan Bisson, Cardiff and Vale NHS Trust; Neil Kitchiner, University Hospital of Wales; Neil Roberts, Cardiff and Vale NHS Trust

Every community should have a pre-planned, co-ordinated response that would be implemented should a mass disaster occur. For this response to be effective it is vital that it is multidisciplinary and developed in partnership with other agencies. This workshop will involve brief presentations, case illustrations and small group work. The joint working of the Cardiff (UK) Traumatic Stress Service and Emnergency Planning Unit will be discussed. Particpants will consider a series of case scenarios designed to cover the key principles of emergency planning and providing an apropriate response. From these scenarios a comprehensive plan will be developed. Key areas that will be covered include pre-disaster planning, agencies involved, training requirements, the provision of immediate support, database creation, setting up a telephone helpline,the provision of adequate information to those involved,the need for supervision, the detection of individuals who require specific psychological intervention and the provision of evidence-based early psychological interventions. The workshop will conclude with a brief presentation of the guidelines that would be implemented in Cardiff following a mass disaster including information on "Traumapac"—a series of lectures regarding traumatic stress management.

Understanding Dissociation in Trauma-Related Disorders

Workshop (complex) — Grand Salon II, 3 (GB)

Endorsed by the Dissociation Special Interest Group

Ruth Blizard, Independent Practice; Katherine Steele, Metropolitan Clinic

The concept of dissociation has a long history, which has often been misunderstood and confused with other processes. In this workshop we will present a brief history of the concept, illustrate how dissociation can be a consequence of trauma, clarify some of the misconceptions, summarize the emerging developments on the neurobiological substrates of dissociation, and offer guidelines for the treatment of dissociation in clinical practice.

An Introduction to Item Response Theory (IRT) Methods and Applications

Workshop (assess) — Grand Salon VIII, 3 (GB)

Endorsed by the Research Methodology Special Interest Group

Patrick Palmieri, University of Illinois at Urbana-Champaign; Lynda King, National Center for Posttraumatic Stress Disorder, Boston VA Medical Center; Daniel King, National Center for Posttraumatic Stress Disorder, Boston VA Medical Center

This workshop, sponsored by the Research Methodology Special Interest Group, is intended to provide an introduction to item response theory (IRT), highlight its advantages over classical test theory (CTT), identify its potential applications, and demonstrate how to conduct IRT analyses. IRT, or latent trait theory, is a model-based version of test theory that relates a person's standing on a latent construct (e.g., PTSD) to item properties (e.g., discrimi-

nation, difficulty) and the person's item responses (e.g., yes/no, Likert scales). IRT assumptions, specific models, and parameter estimation procedures will be discussed. IRT methods, known as the new "rules of measurement", offer several advantages over classical test theory (CTT). For example, IRT item parameters are sample invariant, whereas CTT parameters are sample dependent. Despite its advantages over CTT, IRT is seldom used in psychological research outside of large-scale educational testing. Thus, another aim of this workshop is to illustrate the potential research applications of IRT. Such applications include scale development, construct validation (especially across groups like gender or race), and computerized adaptive testing. A final goal of this workshop is to provide a step-by-step demonstration of how to conduct IRT analyses using actual traumatic stress data.

A Phased Clinical Intervention for Refugees in the UK

Workshop (complex) **Grand Salon X, 3 (GB)**

Stuart Turner, The Traumatic Stress Clinic, London; Mary Robertson, The Traumatic Stress Clinic, London; Kristina Dionisio, The Traumatic Stress Clinic, London; Pennie Blackburn, The Traumatic Stress Clinic

In this workshop, we will draw from experience of work with other complex trauma reactions and present a phased intervention model–a pathway that refugees have to negotiate in order to heal and integrate their experiences. This often starts with war and flight, followed by arrival in a new country, with a sense of cultural dislocation and uncertainty. Resolving an asylum application may take years and even then, there may still be family separations to deal with. Interventions at this stage (phase I) are primarily focused on practical needs, symptom control and finding a safe place for support. Phase II involves the work of rebuilding a personal identity a new world. This is the point at which active therapy is appropriate. It should be needs-based. It may involve grieving for losses, therapy for trauma symptoms, reclaiming a sense of agency, dealing with changing political and religious realities. Phase III has a focus on adjustment, adaptation and establishing a reconnection between future hopes and past experiences. A phased model helps to focus interventions appropriately and to counteract potentially significant (negative) therapist reactions (for example feeling overwhelmed). This also helps with self-care in this work with refugees.

Similarities and Differences in the Use of PE for Trauma or Grief

Workshop (practice) **Grand Salon IX, 3 (GB)**

Katherine Shear, University of Pittsburgh School of Medicine; Edna Foa, Center for the Treatment and Study of Anxiety, University of Pennsylvania; Ellen Frank, University of Pittsburgh; Alan Zuckoff, University of Pittsburgh

This workshop will review the similarities and differences in the clinical features of PTSD and complicated grief and their treatment with Prolonged Exposure (PE). PE is a core technique for the treatment of PTSD. Multiple studies have documented efficacy of this approach, which often produces excellent results. More recently PE has been adapted for the treatment of Complicated Grief (CG). We will first provide a brief description of a prolonged exposure (PE) program for PTSD. The goals and technique of administration of PE will be outlined. Recent data from empirical studies will be presented. PE-based treatment will be compared to other forms of PTSD treatment. New data will be presented to document effectiveness of PE in improving the benefits of medication. Prolonged exposure will be demonstrated with a patient videotape. The clinical syndrome of complicated grief will then be described, and the goals, strategies and techniques used in a newly developed treatment for this condition which uses PE as a core technique will be reviewed. Preliminary outcome data will be presented and the treatment will be illustrated with a videotape. Lastly, differences in the use of PE in these two conditions will be addressed.

Complex Trauma in Cultural Context: American Indian Historical Trauma

Workshop (culture) **Dover A, 3 (GB)**

Maria Yellow Horse Brave Heart, The Takini Network; Lemyra DeBruyn, The Takini Network; Josephine Chase, The Takini Network; Susan Yellow Horse Brave Heart, The Takini Network

Standard PTSD criteria and nomenclature fail to adequately represent or describe American Indian trauma experiences that are both intergenerational and cumulative in addition to the immediate and lifetime trauma of American Indian individuals. In several studies, close to two-thirds of American Indian youth affirmed the experience and impact of multiple traumas. However, many of these youth did not meet the diagnostic criteria for PTSD. A number of researchers have raised questions about (1) cultural bias in PTSD criteria and assessment tools, (2) the possibility of a greater threshold for clinical response because of the frequency and pervasiveness of trauma among American Indians, and (3) the influence of culture and history upon symptom presentation. This workshop will define the concepts of historical trauma and unresolved grief as they relate to American Indians, provide examples where standard PTSD criteria and the PTSD paradigm are not complex enough to capture the intergenerational and cumulative aspects of the American Indian trauma experience, describe results of the latest research on historical trauma interventions among American Indians as well as plans for future research, and discuss the application of historical trauma interventions in diverse clinical and research settings.

Sunday Concurrent Sessions
7: 45 a.m.–9:00 a.m.

Cognitive Processing Therapy

Master Clinician Session (practice) Grand Salon VI, 3 (GB)

Patricia Resick, Center for Trauma Recovery and Department of Psychology University of Missouri-St. Louis

This role-play session will illustrate a cognitive intervention that is typical of the style of cognitive processing therapy (CPT) with a client who has a history of loss of a parent in childhood and loss of a close relationship in the attack on the World Trade Center (the same "client" as the other master clinician sessions). In order to demonstrate CPT, we will combine several different therapy sessions across the course of treatment. The beginning of the session will help the "client" delineate the meaning of the traumatic event. I will use Socratic questioning to assist the client in identifying thoughts and consequent emotions regarding the traumatic event and to challenge the evidence for the belief. We will also use one or more of the CPT worksheets in the process of challenging and reconstructing counterproductive beliefs.

Developing Networks in the Field of Traumatic Stress

Panel (misc) Grand Salon I, 3 (GB)

John Fairbank, National Center for Child Traumatic Stress, Duke University Medical Center; Robert Pynoos, National Center for Child Traumatic Stress, University of California Los Angeles; Matthew Friedman, National Center for PTSD; Karen Mallah, The Family Trauma Community Practice Center, Mental Health Corporation of Denver; Angela Diaz, E. Harlem Adolescent Traumatic Services, Mount Sinai Hospital

This panel will discuss the challenges involved in developing networks in the field of traumatic stress based on experiences of two such networks—the National Child Traumatic Stress Network (NCTSN) and National Center for Posttraumatic Stress Disorder (NC-PTSD). In September 2001, The Substance Abuse and Mental Health Services Administration (SAMHSA) launched NCTSN by funding a coordinating national center and a network of intervention development centers and community treatment and service centers. The mission of NCTSN is to create a national network dedicated to improving access to services and raising the standard of care for traumatized children and their families throughout the United States. The NC-PTSD was created in 1990 within the Department of Veterans Affairs (VA) to address the needs of veterans with military-related PTSD. Over the past decade, NC-PTSD has broadened its focus to include research, education, and consultation to the active-duty military of today. The panel will provide an overview of the development of the NC-PTSD and the challenges it has met. This session will involve participatory discussion focusing on these networks, particularly on issues related to advancing treatment and service innovations and providing a sustained bridge between science and practice in community settings.

Early Interventions: New Contributions to Outcome Research

Symposium (disaster) Grand Salon III, 3 (GB)

Miranda Olff, Academical Medical Center/De Meren, Department of Psychiatry, University of Amsterdam; Richard Bryant, University of New South Wales

In the acute phase after trauma, early psychotrauma interventions are frequently offered to victims in order to prevent unwanted psychological consequences. However, they are not always beneficial. The goal of this symposium is to focus on the content, structure and effectiveness of brief early psychotrauma interventions. Moreover, the effect of promising new preventive modules will be discussed.

Early Psychological Prevention of PTSD: An Evidence-based Approach

Jonathan Bisson, University Hospital of Wales

There have now been a number of randomised controlled trials that have considered one-off psychological interventions and more complex early psychological interventions shortly after a traumatic event. The evidence base in this area is becoming more robust. A Cochrane systematic review of one-off early interventions within one month of the traumatic event has now identified eleven randomised controlled trials with a total of 1,759 individuals. The results are neutral when analysed overall and strongly suggest that one-off interventions should not be offered routinely. Five studies of more complesx early interventions have been published. Most have focused on brief (1-6 sessions) cognitive behavioural therapy. A total of 574 individuals have been included and overall there appears to be a positive effect especially for those presenting with early traumatic stress symptoms. The presentation will provide up to date results of ongoing systematic literature reviews of all early interventions provided within one month of the traumatic event. These results will be used to justify an evidence based model of early intervention following traumatic events.

A Closer Look at Debriefing: Emotional Ventilation vs. Psychoeducation

Marit Sijbrandij, Academical Medical Center/De Meren, Department of Psychiatry, University of Amsterdam; Miranda Olff, Academical Medical Center/De Meren, Department of Psychiatry, University of Amsterdam; Berthold Gersons, Academical Medical Center/De Meren, Department of Psychiatry, University of Amsterdam; Ingrid Carlier, Stichting Verenigde Universitaire Huisartsen Opleidingen (SVUH)

Although psychological debriefing is a widely applied early psychotrauma intervention, the results of recent randomized controlled trials have raised doubt about its usefulness in preventing posttraumatic stress disorder (PTSD). Some results even indicate that debriefing may worsen psychological outcomes in some participants. The core elements of debriefing are ventilation of emotions and psychoeducation. The present study will provide answers to the question which elements may be (in)effective. Therefore, two adapted protocols of debriefing were compared: debriefing without the educational phase (emotional debriefing) and debriefing without the emotional phase (educational debriefing). 236 participants were randomly assigned at 14 days (sd=2,00) posttrauma to three conditions: emotional debriefing (N=77), educational debriefing (N=79) and control (N=80). Assessments were at one week posttrauma, one month posttrauma, two months posttrauma and six months posttrauma. Participants experienced an assault (44%), a road traffic accident (30%), other type of accidental injury (8%), a fire (6%), a sexual assault (4%) or other type of trauma (11%). There were no significant differences between conditions in age, sex or type of trauma. Data on the efficacy of debriefing will be presented at the meeting. Practical implications for future debriefing interventions will be discussed.

Comparing Brief CBT and Writing Assignments in Preventing Chronic PTSD

Arnold van Emmerik, Department of Clinical Psychology, University of Amsterdam; Paul Emmelkamp, Department of Clinical Psychology, University of Amsterdam

Several studies have provided evidence for the efficacy of brief CBT in preventing chronic PTSD. As an alternative intervention, structured writing assignments have been shown to beneficially influence existing PTSD symptoms. To date, structured writing assignments have been administered exclusively as separate manipulations and have not been combined to form a comprehensive manualized intervention. Also, their potential as a preventive intervention is currently unclear. To fill this gap, the present randomized controlled trial (RCT) directly compares brief CBT with manualized structured writing assignments in the secondary prevention of chronic PTSD. Participants were recent victims of miscellaneous trauma and referred by GPs, company medical officers, victim assistance services, and emergency room personnel. Following a comprehensive assessment, participants were randomly assigned to either five weekly individual one hour sessions of CBT, structured writing assignments, or the waiting list control condition. Participants were subsequently reassessed two weeks and six months following their treatment. Groups did not differ at pretest on demographic or personality characteristics, nor on symptom severity. Data will be presented on the relative efficacy of the interventions.

Trauma and Dissociation

Symposium (clin res) **Grand Salon II, 3 (GB)**

Reginald Nixon, Center for Trauma Recovery, University of Missouri-St. Louis; Charles Marmar, San Francisco VA Medical Center

This sympsoium will address a range of experimental approaches to understanding dissociative responses from biological, cognitive, and clinical perspectives. Peritraumatic and ongoing dissociation will be investigated in various paradigms that converge on attempting to understand the specific mechanisms that mediate dissociative responses in pathological and non-pathological ways. These studies will be presented in reference to clinical manifestations of dissociation commonly reported following trauma.

Factor Structure of Peritraumatic Dissociation

Pallavi Nishith, Department of Psychology, University of Missouri-St. Louis; James Gillaspy Jr., Department of Psychology, University of Arkansas; Debra Kaysen, Department of Psychology, University of Missouri-St. Louis; Julie Mastnak, Department of Psychology, University of Missouri-St. Louis; Michael Griffin Department of Psychology, University of Missouri-St. Louis; Patricia Resick, Department of Psychology, University of Missouri-St. Louis

The Peritraumatic Dissociation Experiences Questionnaire was modified in that 2-items (#7 and #8) which were not face valid for battered women were dropped. The revised 8-item PDEQ was administered to a sample (N=369) of battered women. Exploratory factor analyses with the PDEQ yielded a 2-factor oblique solution: The first factor was a 3-item factor ("Numbing") which was comprised of "blanking out (#1)", "automatic pilot (#2)", and "felt disoriented (#10)". The second factor was a 5-item factor ("Cognitive") which was comprised of "sense of time change (#3)", "feelings of unreality (#4)", "felt like a spectator (#5)", "sense of body distortion (#6)", and "confusion (#9)". The relationships of the two factors with trauma characteristics showed that the "Numbing" factor was significantly related to childhood rape and physical abuse. In addition it was also related to adult sexual and physical aggression within the current battering relationship. In contrast, the "Cognitive" factor was not related to any physical aspects of childhood or adult prior trauma history. Further, multiple regression analyses showed that the "Numbing" factor mediated between childhood and current physical victimization and current PTSD symptom severity. The results suggest that peritraumatic dissociation might be a multi faceted construct. The "Numbing" factor might be related to the physiological analgesia response that accompanies severe physical trauma. Future research should explore these relationships using physiological correlates of these constructs.

Peritraumatic Dissociation in Domestic Violence Victims

Michael Griffin, University of Missouri—St. Louis; Pallavi Nishith, University of Missouri—St. Louis; Patricia Resick, University of Missouri—St. Louis

The importance of peritraumatic dissociation as a factor in the development and maintenance of PTSD has garnered increasing support in the past few years. Recent studies have noted the relationship between within-trauma dissociation and the later development of PTSD. Marmar et al. (1994) studied both peritraumatic dissociation and current dissociation as measured with the Dissociative Experiences Scale (DES) in predicting PTSD in combat survivors. They found that both types of dissociation improved the prediction of PTSD beyond that accounted for by level of war zone stress exposure. The present study is an examination of a sample of domestic violence victims. We collected psychophysiological data including heartrate and skin conductance. In addition to the laboratory assessment, subjects were interviewed to assess PTSD status and several indices of dissociation were measured including the level of peritraumatic dissociation, current dissociation with the Trauma Symptom Inventory and trait dissociation with the DES. At this point we have laboratory and clinical data on 70 subjects. Findings from this sample of domestic violence victims will be presented in terms of the ability of these different measures of dissociation to predict PTSD symptoms and physiological arousal.

Dissociation and Psychophysiological Arousal in Acute Trauma Victims.

Reginald Nixon, Center for Trauma Recovery, University of Missouri-St. Louis; Richard Bryant, School of Psychology, The University of New South Wales, Australia; Michelle Moulds, School of Psychology, The University of New South Wales, Australia; Kim Felmingham, School of Psychology, The University of New South Wales, Australia; Julie Mastrodomenico, School of Psychology, The University of New South Wales, Australia

The current study presents preliminary findings from an ongoing investigation of acute response to trauma. Dissociation is a critical component of the DSM-IV diagnosis of Acute Stress Disorder (ASD). Although it has been proposed to serve as a compensatory strategy to significant physiological arousal in the short term, the continued use of dissociative strategies appears to interfere with trauma recovery. The mechanisms behind such dissociation are poorly understood. Although there is some evidence to suggest that physiological activity may be suppressed in highly dissociative trauma victims when recalling their trauma, this has only been investigated with acutely traumatized rape victims. Whether this response is specific to sexual assault victims is unclear, as is its relationship to persistent posttraumatic dissociation. In the present study, participants (N = 30) who had experienced a motor vehicle accident or physical assault within the past four weeks were asked to describe the events of their trauma during which skin conductance and heart rate activity was recorded. Subjective mood states were measured via self-report during participants' trauma narrative. Participants with acute stress disorder (ASD) showed a suppressed skin conductance response compared with non-ASD participants. Conversely, individuals with ASD demonstrated elevated heart rate during the task compared with participants without ASD. The findings are discussed in the context of the relationship between dissociative tendencies and psychophysiological arousal in acutely traumatized individuals.

Complex PTSD in Youth: Developmental-Cross Sectional Comparisons

Symposium (child) **Grand Salon VII, 3 (GB)**

Featured Session

Ned Rodriguez, Private Practice and Hathaway Children's Clinical Research Institute; David Pelcovitz, North Shore University Hospital-New York University School of Medicine

Although adult studies report a relationship between child abuse and Complex PTSD (CP), this symposium features among the first available empirical studies of CP in children/adolescents. Researchers compare CP rates and CP-PTSD relationships in community and clinical samples of pre-schoolers, school-age children, and adolescent survivors of different trauma types.

Predictors of PTSD/Complex PTSD Children: Multivariate Relationships

William Friedrich, Mayo Medical School

This study will investigate the relationships between life stressors and diagnoses of PTSD and Complex PTSD in a sample of school-age children. Findings are among the first available empirical data reporting on Complex PTSD in young children. The sample consisted of 315 predominantly Caucasian children with ages ranging from 5-15. Children and Parents completed a psychometrically-standardized assessment battery. Independent variables included: number of traumatic life events, total life stress, quality of parent-child relationship, parent-child discipline tactics, and maternal history of depression. Dependent variables included: psychiatric diagnoses, and trauma-related symptoms. Preliminary results establish that 12-15% of the sample met criteria for Complex PTSD. Multivariate analyses and structural equation modeling will be used to examine the relationships between independent and dependent variables. Discussion will examine which maternal maltreatment experience is the best predictor of PTSD and Complex PTSD. Discussion will explore the predisposing factors for PTSD and Complex PTSD.

Child Sexual Abuse Frequency and PTSD Type II Symptoms

Vicky Wolfe, Children's Hospital of Western Ontario; Jo-Ann Birt, Children's Hospital of Western Ontario

Terr (1991) proposed that children exposed to repeated traumas are likely to adapt to their circumstances in ways that would be considered maladaptive outside of the trauma situation. From a cognitive-behavioral perspective, those adaptations might include depressive symptoms and learned helplessness, dissociative processes, maladaptive anger management, and ineffective coping. This concept was examined with a sample that included 230 child sexual abuse victims, ages 8 to 16. From that sample, those with a singular sexual abuse episode were compared with those who experienced 10 or more episodes of abuse. High and Low Frequency cases did not differ significantly on any demographic variable. Measures included the Child Depression Inventory, Children's Attributional Style Questionnaire, Child Dissociation Checklist (child report format), Children's Inventory of Anger, Anger Response Inventory; and Self Report Coping Scale—for "bad grade" and "abuse-related issues"). Preliminary results support Terr's conceptualization. High Frequency participants reported more Forgetful/Confused dissociative symptoms, more maladaptive cognitions when angry, and decreased tendencies to seek social support to cope with problems related to their sexual abuse and other types of problems (in this case, getting a bad grade at school). However, frequency was not related to depressive symptoms or to attributional style.

Complex PTSD in Multiply-Traumatized Adolescents

Clara Lajonchere, Hathaway Children's Clinical Research Institute; Jeff Sugar, Hathaway Children's Clinical Research Institute; Angela Hunt, Hathaway Children's Clinical Research Institute; Ned Rodriguez, Private Practice and Hathaway Children's Clinical Research Institute

This study will examine the diagnostic formulation of complex PTSD (CP) in a sample of multiply traumatized youth in residential treatment. Some researchers have hypothesized that in adults, the three components of CP—dissociation, somatization, and affect dysregulation—are best conceptualized as associated features of PTSD rather than as a discrete but often comorbid post-traumatic syndrome. Further, the CP symptom domains have been linked to chronic interpersonal childhood trauma. This study is among the first to test the construct of CP in a sample of adolescents with a high prevalence of severe trauma exposure. Researchers administered a comprehensive assessment battery of standardized self-report and interview measures of trauma exposure, PTSD, and the symptom clusters of CP as outlined by Pelcovitz et al. (1992). Data will be presented for a sample of 50 adolescents in residential treatment. Preliminary findings indicate that 14.3 % met criteria for PTSD only, 3.6% met criteria for CP only, and 25% met criteria for both diagnoses. These data are consistent with the associated features model of CP. Multivariate analyses will examine the relationship between severe trauma exposure and the domains of CP. Discussion will focus on the applicability of the CP domains to adolescent developmental psychopathology.

Trauma and Emotional Responding: New Directions for Research

Symposium (clin res) — Dover B/C, 3 (GB)

Lizabeth Roemer, University of Massachusetts at Boston; Marylene Cloitre, Weill Medical College of Cornell University

Although it is generally accepted that exposure to potentially traumatic events can lead to a range of clinically relevant emotional responses, we have much left to learn about the nature of these responses and optimal interventions. Studies assessing emotional discordance, dysregulation, avoidance, and numbing will be reviewed and discussed.

Peri- and Posttraumatic Responses: Emotional Numbing and Dysregulation

Lizabeth Roemer, University of Massachusetts at Boston; Matthew Tull, University of Massachusetts at Boston; Kim Gratz, University of Massachusetts at Boston; Elaine McMillan, University of Massachusetts at Boston; Jane Luterek, Temple University; Susan Orsillo, Boston VA Health Care System and Boston University School of Medicine

Although extensive attention has been paid to reports of intense emotional responding both during and following exposure to potentially traumatic events, reports of disrupted emotional responses (and their associated consequences) have been less well studied to date. However, recent research has indicated that disrupted emotional responses (such as emotional numbing and dissociation) immediately following an event may be the best predictor of subsequent outcomes (e.g., Harvey and Bryant, 1998; Feeny, Zoellner, Fitzgibbons, and Foa, 2000). Similarly, clinical accounts suggest that trauma-related difficulties are perhaps best conceptualized as consisting of both the over- and under-regulation of emotional responses, rather than merely intense emotional responding. For the current study, two hundred participants completed a series of measures assessing exposure to a range of potentially traumatic events, initial emotional responses (both intense and disrupted responding), and current emotional functioning. The latter was assessed with two newly developed multidimensional measures of emotional responding (assessing emotional numbing and emotion dysregulation respectively), both thought to more comprehensively assess their respective constructs than have previous research efforts. Findings highlight the importance of utilizing multidimensional assessments of emotional responding and regulation in capturing the complexity of post-traumatic responding. Clinical implications and directions for future research will be discussed.

Impact of Childhood Maltreatment on Emotional Regulation and Avoidance

Kim Gratz, University of Massachusetts Boston

The consequences of childhood maltreatment on emotional functioning in adulthood have not been adequately researched. One mechanism by which childhood maltreatment may have a lasting impact on emotional functioning is through its interference with the development of effective emotion regulation strategies. In the absence of effective emotion regulation strategies, maltreated individuals may be more apt to avoid their emotions entirely (a strategy that is likely effective in the short-term but maladaptive and dysregulating in the long-term). This study examined the role of childhood maltreatment (in the form of sexual and physical abuse and emotional neglect) in the failure to develop effective emotion regulation strategies and the consequent reliance on emotional avoidance (testing a mediational model among these variables). Three hundred fifty-nine college students completed measures assessing childhood physical and sexual abuse, emotional neglect, emotion regulation, and emotional avoidance. Whereas emotional neglect was associated with emotional avoidance among women and men, this relationship was mediated by a lack of effective emotion regulation strategies among women (but was only partially mediated by this among men). Also, physical abuse had a direct association with experiential avoidance among men. Results suggest different emotional consequences of different types of maltreatment, also dependent on gender.

Emotion Suppression and Discordant Responses: Emotions in PTSD

Kristalyn Salters, University of Massachusetts Boston; Matthew Tull, University of Massachusetts Boston; Lizabeth Roemer, University of Massachusetts Boston

Emotion theories highlight multiple components of emotional responding (e.g., behavioral, subjective, and physiological). Recent research (Litz et al., 2000; Wagner et al., in press) has indicated that PTSD may be characterized by discordance among these components. The current pilot study explores whether an emotionally avoidant response to a distressing stimulus might lead to similar types of discordant responding. Twenty female participants were randomly assigned to an emotion suppression or control group and exposed to a distressing film clip depicting a sexual assault. Participants in the suppression group tended to exhibit less physiological responding both during and after the film clip, but reported more intense negative affect than the

control participants. Interestingly, the physiological and subjective responses of the control participants tended to correlate, while these responses were either uncorrelated among suppression participants or inversely correlated in the case of reported subjective distress and galvanic skin response. The relationships among these variables and facial expressivity, currently being coded, will also be reviewed. These findings suggest that suppression of emotion may be implicated in the relationship seen between PTSD and discordance of responding across different domains of emotion. Implications for future research and clinical applications for individuals with PTSD will be discussed.

The Phenomenology and Biology of the Acute Stress Response in PTSD

Symposium (biomed) **Grand Salon IV, 3 (GB)**

Alexander McFarlane, The University of Adelaide

This symposium will examine the relationship between the acute stress response and the onset of subsequent PTSD. This relationship is of theoretical importance because of the presumed role of the acute reaction to an event as a determinant of the long-term psychological and neurobiological responses to an event.

The Nature of the Dynamics of the Acute Stress Response in PTSD

Alexander McFarlane, The University of Adelaide; Rachel Yehuda, Mt Sinai Medical School; Garry Wittert, The University of Adelaide

The nature of the response pattern of the HPA axis at the time of traumatic events is of interest to the aetiology of PTSD. It has been hypothesised that the finding of decreased hippocampal volume is due to the neurotoxic effects of cortisol. This would presume an excess of cortisol at the time of the traumatic event. In this study of 48 accident victims, the dynamics of the HPA axis were examined in the first 24 hours after the accident and at one month. In the group who developed PTSD, the cortisol at 8 a.m. was lower than in the individuals who did not develop PTSD. There were no differences in the 24 hour urinary cortisol. In general there was a significant negative correlation between the level of symptoms on the CAPS at one and six months and the levels of cortisol on the day after the accident. These data suggest that relationship between PTSD and the acute cortisol response is the inverse of that originally hypothesised. The interaction of the HPA axis and other modulators of the acute stress response demand further investigation.

ASD and PTSD in a Random Sample of Accident Victims

Ulrich Schnyder, Zurich University; Hanspeter Moergeli, University Hospital

This study aimed to assess the incidence of ASD in a representative sample of accidentally injured patients, to study associations with somatic and psychosocial characteristics, and to specify the predictive value of ASD for the later delevlopment of PTSD. We collected a randomized sample of 323 accident victims (all types of accidents, 65% males, mean age 41 years) who were hospitalized at the department of trauma surgery of the University Hospital Zurich. Measures included pretrauma variables, PDEQ, CAPS, accident—and recovery-related cognitions, and the Sense of Coherence. Initial interviews were conducted 5 days (SD 3.9) after the traumatic event; follow-up assessments took place 6 months later. 4% of patients had ASD shortly after the accident (10% subsyndromal ASD). 4% had PTSD at six-month follow-up (9% subsyndromal PTSD). ASD symptom severity was associated with variables that later predicted PTSD symptoms (e.g., stay at ICU, subjective appraisal of accident severity, pain, SOC). But early symptoms of reexperiencing, avoidance, and arousal were much better predictors of PTSD than dissociative symptoms (PDEQ). In conclsion, in this random sample of accident victims the incidence of ASD and PTSD was lower than expected. Dissociation was not a strong predictor for PTSD. Supporting Citations: Schnyder U, Mörgeli H, Nigg C, Klaghofer R, Renner N, Trentz O, Buddeberg C (2000), Early psychological reactions to severe injuries. Crit Care Med, 28:86-92 Schnyder U, Moergeli H, Klaghofer R, Buddeberg C (2001) Incidence and prediction of PTSD symptoms in severely injured accident victims. Am J Psychiatry, 158 158: 594-599 Schnyder U, Moergeli H, Trentz O, Klaghofer R, Buddeberg C Prediction of psychiatric morbidity in severely injured accident victims at one-year follow-up. Am J Resp Crit Care Med, 164: 653-656 Schnyder U, Moergeli H: A German version of the Clinician-Administered PTSD Scale. J Trauma Stress, (in press) Fuglsang A, Moergeli H, Hepp-Beg S, Schnyder U (2002): Who develops acute stress disorder after accidental injuries? Psychotherapy and Psychosomatics (in press)

HPA and Adrenergic Responses to Recent Trauma

Arieh Shalev, Hadassa University Hospital, Israel; Omer Bonne, Hadassah University Hospital, Israel

Both HPA and adrenergic "stress axes" affect memory formation during stressful event. The interaction between the two, however, has not been studied in humans exposed to traumatic stress. This presentation includes data from prospective studies of recent trauma survivors, in which discordant results were obtained regarding HPA axis and adrenergic activity in PTSD. The reasons for such discrepancies are discussed. It is proposed that peripheral measurements of "stress hormones" are subject to intense homeostatic control and therefore might not be obvoiusly disturbed under continuous threat.

Complex PTSD as an Allostatic Psychobiological Process

Symposium (complex) **Harborside A, 4 (HB)**

John Wilson, Department of Psychology, Cleveland State University; John Somer, Jr., The American Legion

Wilson, Friedman and Lindy (2001) developed an organismic model of complex PTSD, which contains 5 symptom clusters with 65 symptoms and 80 target objectives for treatment. The symposia describe complex PTSD as holistic phenomena with applications for treatment and research for different trauma populations.

An Organismic, Holistic Model of Complex PTSD

John Wilson, Department of Psychology, Cleveland State University

Understanding the complexity of PTSD as an organismic, psychobiological process requires a holistic, dynamic model. Wilson, Friedman and Lindy (2001) developed models which permit integration of research findings which reformulate diagnostic criteria and treatment goals to reflect complex ways that trauma disrupts lives. Using a tetrahedral psychobiological framework, complex PTSD is analyzed into five symptom clusters: (1) traumatic memory; (2) avoidance, numbing, denial, coping; (3) psychobiological alterations; (4) self-structure, ego states and identity; and (5) interpersonal relations, attachment, bonding. The five symptom clusters allow specification of 65 PTSD symptoms and 80 specific target objectives for treatment by eleven (11) therapeutic approaches.

Treatment Approaches for Complex PTSD

Christine Courtois, Post Traumatic Disorders Program

This presentation will provide an overview of treatment modalities that are now available and recommended for different types of post-traumatic reactions and disorders. The presenter will draw from the authoritative literature and research and from a review of the available consensus guidelines in support of the various types of interventions. The underlying philosophy of this presentation, in keeping with the available literature and research findings, is that most treatment for post-trauma adaptations should be tailored to the needs of the individual and should be multimodal. Since post-trauma adaptations are highly variable and constitute a complex biopsychosocial stress response, so too should interventions be variable and biopsychosocial in order to provide holistic and comprehensive treatment.

Listening to the Language of Survivors: Lessons About Extreme Stress

Mary Beth Williams, Private Practice

When diagnosing clients, it is important to listen to their language as they describe their traumatic experiences, their symptoms, and their pain. The language of persons who have experienced years of traumatic events is different than the language of persons who have experienced one or only a few adult

onset catastrophic situations. What does this language say? This presentation looks at the language of trauma as survivors themselves describe their pain. In this language are the symptom clusters of DESNOS. Markers for diagnosis and the suggestions and recommendations for treatment made by these survivors can help clinicians and researchers alike. In addition, the presenter will offer a tool for identifying DESNOS and discuss research possibilities for its use.

Biology and Clinical Psychopathology of Trauma, Stress, and Dissociation

Symposium (complex) **Harborside B, 4 (HB)**

Eric Vermetten, University Medical Center, The Netherlands

This symposium will provide a summary of research findings relating to the biology and clinical psychopathology of trauma, stress, and dissociation, a review of research on the biology and clinical psychopathology of dissociation as it occurs in depersonalization disorder, and findings from new research on the neurobiology of patients with dissociative identity disorder.

Neurobiology and Treatment of PTSD

J. Douglas Bremner, Department of Psychiatry and Radiology, Emory University School of Medicine

Studies in animals have demonstrated that a network of brain regions play a critical role in the stress response. Several studies have shown that the hippocampus, a brain structure involved in learning and memory, is particularly sensitive to stress, while other studies have shown that the prefrontal cortex plays an important role in the stress response. Our group has used neuroimaging in PTSD, to show hippocampal volume reduction with MRI and hippocampal-based deficits in verbal declarative memory in PTSD. Studies measuring brain function with PET showed dysfunction in medial prefrontal cortex and hippocampus in PTSD during exposure to reminders of trauma using a variety of tasks. Neuroreceptor imaging studies showed reduced benzodiazepine receptor binding in the frontal cortex in PTSD. Long-term dysregulation of stress responsive systems, including cortisol and norepinephrine, are also associated with PTSD. Studies are beginning to examine the effects of medication treatment on these brain circuits and systems.

Depersonalization: Emerging Insights into the Biology of Dissociation

Daphne Simeon, Mount Sinai School of Medicine

Depersonalization disorder is characterized by prominent depersonalization and often derealization, without clinically notable memory or identity disturbances. It is associated with less extreme forms of trauma than the more severe dissociative disorders like DID, and as such is rarely comorbid with PTSD. It thus offers a unique opportunity to study the biology of dissociation not confounded by biological processes associated with PTSD. Neurochemical findings have suggested possible involvement of serotonergic, endogenous opioid, and NMDA pathways. In contrast to PTSD, depersonalization is associated with autonomic blunting. There is also evidence of HPA axis dysregulation differing from that seen in PTSD. Brain imaging studies in depersonalization disorder reveal widespread alterations in metabolic activity in the sensory association cortex. Aversive stimuli provoke prefrontal hyperactivation and limbic inhibition, possibly a reverse pattern from PTSD. Implications and future research directions will be discussed.

Overlapping Neurobiological Profiles of PTSD and DID

Eric Vermetten, University Medical Center, School of Medicine, The Netherlands; R. Loewenstein, Richard Loewenstein, Sheppard Pratt; Kristen Wilson, Sheppard Pratt; J. Douglas Bremer, Department of Psychiatry and Radiology, Emory University School of Medicine

Posttraumatic Stress Disorder (PTSD) and dissociative disorders are frequently seen in the same individuals. There is a strong overlap in symptomatology of dissociative and posttraumatic stress disorders. Surveys have demonstrated that the vast majority of patients with dissociative identity disorder have given accounts of overwhelming and traumatic childhood. The purpose of this study was to examine neurobiological correlates of Dissociative Identity Disorder (DID). It involved the assessment of neurobiological stress related systems, psychometric assessment and structural imaging of the brain by MRI in a female population of DID patients (n=16), and compare them to a female PTSD population (n=15). DID subjects were not significantly different from non-DID PTSD subjects on their CAPS score, memory performance, hippocampal volume and urinary 24h cortisol. The slope of their diurnal cortisol was different from PTSD, with slower drop after the early morning rise. On DST both resistance to suppression as well as super suppression was observed in DID patients. DID patients scored significantly higher on dissociation compared to PTSD. Preliminary conclusion from these data is that though the phenomenology is different, from a neurobiological perspective DID and PTSD show strong overlap.

Serving as a Media Source

Workshop (train) **Dover A, 3 (GB)**

Frank Ochberg, The Dart Foundation; Bruce Shapiro, The Nation; Mark Brayne, BBC; Cratis Hippocrates, The Fairfax Group

This workshop is intended for therapists who intend to speak on the record to print, radio and television reporters. Panelists include the European editor of BBC World Service, the Vice President for professional training of the largest newspaper chain in Australia, and two Dart Fellows with extensive print and television reporting experience. All have covered crime and tragedy. All have interviewed clinicians in the course of reporting news. The workshop will emphasize role-play based upon these journalists' experience. Workshop participants should be prepared to get honest, critical feedback about their style and content of response to journalistic interview questions. Issues will, time permitting, include: going off the record; commenting on victims and perpetrators; giving effective explanations of PTSD; sounding self-serving; meeting reporters' practical needs -including deadlines; dealing with unsatisfactory quotes and context; international differences in use of pundits.

Complex Management of Complex Trauma in Children and Adolescents

Workshop (child) **Grand Salon X, 3 (GB)**

Joyanna Silberg, Sheppard Pratt Hospital; Lisa Ferentz, University of Maryland, School of Social Work

This workshop will cover practical principles in the management of the severe emotional and behavioral disturbances often found in children and adolescents who have survived long-term chronic abuse and neglect. The workshop will begin with a short overview of of the ways in which chronic trauma interferes with achievement of normal developmental tasks in the area of emotional regulation, self-development, attachment, and memory. The deficits of chronically traumatized children will be understood from this developmental framework with an emphasis on the inherent resilience of children. Creative approaches will be emphasized that harness the child and adolescent's resources for self-management and encourage self-integration. Dissociation will be understood as the failure of this normal integrative process, and techniques for defeating overlearned dissociative strategies will be emphasized. Particular attention will be paid to self-injurious behavior, a developmental framework for understanding it will be presented, and a variety of practical strategies discussed. The contexts in which the traumatized child lives and learns provide key therapeutic opportunities as well, thus family and school strategies will be addressed. The purpose of this therapeutic approach is to help the child develop mastery and success experiences in normal developmental achievements, while defeating the cognitive, behavioral, and emotional habits originally learned as adaptations to a traumatic environment.

How to Use and Calculate Likelihood Ratios for Diagnostic Tests

Workshop (assess) Grand Salon VIII, 3 (GB)

Endorsed by the Research Methodology Special Interest Group

Jeffrey Sonis, University of North Carolina at Chapel Hill; Daniel King, National Center for PTSD, Boston VA Medical Center

Likelihood ratios are a method of characterizing the validity of diagnostic and screening tests. They offer important advantages compared to traditional methods such as sensitivity and specificity. Most diagnostic/screening tests are measured on continuous or ordinal scales, but dichotomizing the results to calculate sensitivity and specificity wastes valuable information, because results that are markedly abnormal are lumped together with results that are only mildly abnormal. Likelihood ratios assign a specific value to each level of abnormality, and this value can be used to calculate the probability of disorder (e.g., PTSD, depression) for a given level of a test. The purpose of this workshop is to describe the use and interpretation of likelihood ratios. The workshop will cover: 1) the definition and calculation of likelihood ratios; 2) the use of likelihood ratios to calculate probabilities of PTSD; 3) advantages of likelihood ratios compared to sensitivity and specificity; 4) the link between likelihood ratios and receiver operating characteristic (ROC) curves. The presentation is appropriate for clinicians who use diagnostic tests and for researchers who develop and assess new diagnostic tests. All material will be presented at a basic statistical level. .

Psychosis, Dissociation, Complex PTSD and Severe Mental Illness

Workshop (complex) Grand Salon IX, 3 (GB)

Kristina Muenzenmaier, Albert Einstein College of Medicine/Bronx Psychiatric Center; A. Nazlim Hagmann, Albert Einstein College of Medicine/Bronx Psychiatric Center; Ann-Marie Shelley, Albert Einstein College of Medicine/Bronx Psychiatric Center; Medeline Abrams, Albert Einstein College of Medicine/Bronx Psychiatric Center

Prevalence rates of traumatic experiences among people diagnosed with serious mental illness using public mental health services are high. Clinical experience shows that especially this subgroup is poorly responding to traditional treatment approaches. In this panel discussion we will focus on aspects of psychosis, dissociation and complex PTSD as seen in a tertiary care facility. We will present different aspects in how to work with people exhibiting this complex and overlapping symptomatology. First, we will illustrate the difficulties in assessment and diagnostic classification using clinical case vignettes and results from focus groups. Then, interventions will be discussed including cognitive behavior therapy (CBT) using symptom specific coping scripts from our trauma manual. This addresses both dissociative, psychotic as well as PTSD related symptoms, using techniques such as disputing irrational beliefs, stress reduction and relaxation skills and rescripting nightmares. Another approach discussed will be the interaction of traumatized people in the context of the family system. We also will address how to ease the burden carried by traumatized families. Interventions for this population are long-term and need to be comprehensive taking into account psychopharmacology, psychotherapy, cognitions and behavior, systems and family issues.

This work is supported in part by the NYS Office of Mental Health Bronx Psyhchiatric Center and by the Center for the Study of Issues in Public Mental Health, NIMH grant #P50 MH51359-09.

9:15 a.m.–10:30 a.m.

Do We Debrief?

Panel (disaster) Grand Salon III, 3 (GB)

Harold Kudler, Department of Veterans Affairs, Duke University Medical Center; Jonathan Bisson, Cardiff and Vale NHS Trust; Josef Ruzek, National Center for PTSD, VA Palo Alto Health Care System; Claude Chemtob, National Center for PTSD

Psychological debriefing is the most widely practiced, best-recognized intervention in the immediate aftermath of psychological trauma yet the evidence for its use is largely anecdotal. Although it is generally well received by survivors, emergency workers, and clinicians, there is little evidence that debriefing prevents PTSD. Further, debriefing may harm some people more than it helps them. It has been suggested that debriefing is more a social movement than a therapeutic method; more a countertransferential response than a clinical requirement. The events of September 11, 2001 have called the question in pressing and practical terms: in the face of disaster, do we debrief? In this panel discussion, four clinician/researchers will engage the audience in an effort to reach a practical, evidence-based consensus on debriefing.

Autonomic Dysfunction in Recent PTSD

Symposium (biomed) Grand Salon IV, 3 (GB)

Arieh Shalev, Hadassah University Hospital; Roger Pitman, Massachusetts General Hospital and Harvard Medical School

Autonomic arousal regularly accompanies exposure to stressful events. The degree to which excessive or unrelenting arousal is a risk factor for PTSD has been debated. This presentation will illustrate how some autonomic abnormalities precede the onset of PTSD whereas others follow the development of the disorder. In this developmental model, bot "vulneraility" and "sensitization" have complementary roles in the etiology of PTSD.

Attentional Bias and Autonomic Reactivity in PTSD

Richard Bryant, University of New South Wales

Attentional bias and physiological reactivity towards threatening stimuli are core features of posttraumatic stress disorder (PTSD). Attentional bias and physiological reactivity in response to trauma-related and neutral words were examined with concurrent recordings of eye fixations, pupil area, and skin conductance response (SCR). Eleven PTSD patients and ten trauma-exposed controls were presented with four words in parafoveal range. PTSD patients, but not controls, revealed significantly more initial fixations and SCRs to threat words. PTSD patients had larger pupil area to all stimuli. Trauma controls avoided trauma words in subsequent fixations, but PTSD patients did not differ from chance. These results suggest individuals with PTSD orient towards threatening stimuli, and that this attentional bias is associated with autonomic reactivity. In addition, control participants tended to orient attention away from trauma stimuli. These findings are discussed in terms of network models of PTSD.

A Psychophysiological Study of Acute Stress Disorder in Firefighters

Rachel Guthrie, University of New South Wales; Richard Bryant, University of New South Wales

Recent innovations have turned to biological markers to improve our ability to identify people who are at risk of chronic posttraumatic stress disorder (PTSD). Psychophysiological studies have revealed heightened heart rate (HR), skin conductance (SC) and eyeblink electromyogram (EMG) responses in individuals with PTSD. However, there has been no systematic prospective study of biological mechanisms of acute stress disorder (ASD) and their relationship with longer-term PTSD. This project aims to identify the biological markers evident prior to exposure to a traumatic event, as well as identifying reactions that occur immediately after a trauma, that are predictive of subsequent development of PTSD. Eyeblink, skin conductance and heart rate responses to 15, 100dB acoustic startle stimuli have been assessed in 82 firefighters prior to a traumatic event. Twenty-seven firefighters have been re-

assessed within 3 weeks of exposure to a traumatic event. Pre-trauma acoustic startle responses (SC and eyeblink EMG) were strongly associated with (a) post-trauma startle responses, and (b) post-traumatic stress severity. These findings will be discussed in terms of the potential biological mechanisms underlying acute and chronic posttraumatic stress.

Auditory ERP Abnormalities in Female vs. Male War Veterans

Linda Metzger, Manchester VA Research Service, Department of Psychiatry, Harvard Medical School; Stephen Paige, Department of Psychology, University of Nebraska at Omaha; Roger Pitman, Department of Psychiatry, Harvard Medical School, Massachusetts General Hospital; Scott Orr, Manchester VA Research Service, Department of Psychiatry, Harvard Medical School

Female Vietnam nurse veterans with post-traumatic stress disorder (PTSD) have been previously found to show heightened autonomic responses during war-related imagery and elevated heart rate responding to startling tones. These results are consistent with findings from other trauma populations and suggest that female nurse veterans with PTSD suffer from the same autonomically responsive PTSD. However, electrophysiologic findings have shown a different pattern in the female nurse veterans. Opposite to previously published reports, female nurse veterans with PTSD produced larger event-related brain potential (ERP) P2 amplitude/intensity slopes and P3b amplitudes compared to veterans without PTSD. These ERP measures are presumed to reflect the properties of a gating mechanism that regulates sensory input to the cortex and the amount of attention/concentration allocated to stimulus processing, respectively. This presentation will compare and contrast the physiologic similarities and differences between female nurse veterans and other PTSD trauma populations. The possibility that the dramatically opposite ERP findings represent biologically-based sex differences in PTSD will be raised, as well as potential theoretical interpretations for these differences, including sex differences in the nature of 5-HT dysregulation in PTSD, and motivational or cognitive differences inherent in the PTSD trauma populations under study.

Complex Trauma and Survivors' Bodies: Physical Health and Self-Harm

Symposium (complex) — Harborside A, 4 (HB)

Endorsed by the Complex Trauma Task Force

Laurie Pearlman, Traumatic Stress Institute/Center for Adult and Adolescent Psychotherapy

Childhood abuse and neglect directly affect children's bodies. This symposium will present three perspectives on trauma and the body. Bonnie Green will review research on the physical health consequences of trauma and discuss the implications for mental health care and collaborations with medical personnel. Terri Haven will provide a relational perspective on physical health and dissociation in psychotherapies with survivors. Jean Goodwin will present case material on self-harming behaviors.

Physical Health Effects of Trauma: Working in Primary Care

Bonnie Green, Department of Psychiatry, Georgetown University Medical School

Although not usually a research and treatment focus, the effects of trauma exposure on physical health and functioning has been an ongoing interest in the trauma field, one which seems to be increasing. Public events like the September 11 terror attacks have brought more general attention to the effects of trauma, and may provide an opportunity to teach non-psychiatric caregivers about a full range of trauma-related outcomes, including physical health impairment. This presentation provides evidence for the link between trauma and physical health, and between PTSD and health. The implications of these links for screening for trauma and PTSD in medical settings are described, along with their implications for mental health care and medical practice. Although trauma and its consequences are presently under-detected in medical settings, possibilities for increasing quality of care for trauma survivors in medical settings are described, including education of caregivers about trauma and its effects, training for trauma-specific and mental health interventions, patient education, and models of collaboration between medical and mental health providers and systems. Implications of the physical health effects of trauma for mental health professionals are also described.

Physical Health and Dissociation in Relational Trauma Psychotherapies

Terri Haven, private practice

Child maltreatment often includes abuse of and long-term damage to children's bodies. Despite this reality and the fact that client and therapist sit together for many hours discussing intimate topics, it is uncommon for psychotherapies to include discussion of physical health. Many therapy paradigms, including those developed specifically to treat trauma survivors, address only issues that are part of the classic trauma symptom picture of PTSD, that is, avoidance of reminders of traumatic experiences, intrusion of elements of those experiences, and physiological hyperarousal. The purpose of this presentation is to expand the frame of psychotherapy with survivors of childhood maltreatment to include attention to physical health. The focus is (1) to provide a theoretical framework for understanding the role of dissociation in both client's and therapist's disconnection from awareness and discussion of physical health issues, and (2) to offer a relational approach to responding to dissociative processes and reenactments as they relate to the client's physical health and relationship with her body. Understanding the process of dissociation is central to including the client's (and the therapist's) body in trauma work successfully, which, in turn, will allow the healing process to be more fully restorative for our trauma survivor clients.

Mutiny on the Body: Trauma-Based Treatment of Chronic Self-Mutilation

Jean Goodwin, Clinical Psychiatry, University of Texas Medical Branch

The body can become a battleground in trauma-dissociative disorders as the traumatized self struggles with fight, flight, freeze and automatic compliance while the apparently normal self attempts to wall off affects and pursue pre-trauma competitive and relational aims. The self may experience the body in bits and pieces only parts of which are inhabitable, or may see it as an enemy, as poisoned forever or as already dead. Both trauma survivors and therapists find these bodily experiences difficult to articulate and almost beyond language. This single case report describes time-limited psychotherapy with a middle-aged professional woman who had been self-multilating secretly for seven years. Careful analysis of her self-harm sequence led to analysis of the role of each involved body part. In this case her self-critical eye acted as the punitive abuser, the chest her invulnerable apparently normal self, her hands the fight for survival, her muscle tension and sleeplessness an effort at flight and her numb skin the freeze response. The symptom was controlled by the twelfth and last session and vanished during follow-up.

Emerging Findings on Psychotherapies for PTSD in Community Settings

Symposium (commun) — Dover A, 3 (GB)

Featured Session

Nancy Talbot, University Rochester School of Medicine

This symposium presents psychotherapy research with women who have PTSD, depression, and comorbid disorders, in community clinics. Dr. Talbot will discuss the emerging research agenda with patients reporting childhood abuse histories. Drs. Feske and Krupnick will present new findings on exposure therapy and interpersonal therapy among low-income and ethnic-minority women.

Psychotherapy Research with Women Reporting Childhood Abuse Histories

Nancy Talbot, University of Rochester School of Medicine

This presentation will focus on psychotherapy research with women who have childhood sexual abuse histories and comorbid psychiatric disorders. Childhood sexual abuse amplifies risk for psychiatric disorders that are often

characterized by greater severity, chronicity, and comorbidity, making them more difficult to treat. Individual psychotherapies with proven efficacy are just beginning to be investigated among women with childhood abuse histories. Comorbid illness and suicidality have historically caused these patients to be excluded from controlled clinical trials. I will discuss an emerging research agenda exemplified by Drs. Feske's and Krupnick's work. Five points will be emphasized: 1) the question of whether abuse-focused therapies have additional benefits beyond generic disorder-specific treatments, 2) the timely expansion of study eligibility criteria to include women with comorbid disorders, especially personality pathology, and 3) the evaluation of therapies in ethnic minority and low-income populations. Researchers must 4) evaluate outcomes across multiple behavioral domains, including interpersonal functioning, high-risk sexual behavior, parenting, and physical health, in an effort to identify 5) single and combined established therapies, as well as novel treatments, that are culturally sensitive and responsive to psychosocial and diagnostic complexities.

Treating Low-Income African-American Women with PTSD

Ulrike Feske, Western Psychiatric Institute and Clinic, University of Pittsburgh Medical Center

Although there is ample evidence that low socioeconomic status increases the risk for psychological disorders, and that minorities are over represented in low-income populations, the U.S. mental health care system continues to struggle to meet the services needs of these populations. Difficulties in reaching out to disadvantaged and minority populations are particularly evident in the field of psychotherapy research, where, with a few noteworthy exceptions, interventions have been tested with predominantly middle-class and white persons. I will first present preliminary outcome data comparing prolonged exposure to treatment as usual for low-income African-American women with chronic PTSD (N = 12 completers). Treatment was administered by community clinicians without prior training in behavior therapy. Potential strategies for enhancing the benefits of prolonged exposure for use with disadvantaged populations with extensive trauma histories will be discussed. Second, I will present data on trauma histories, DSM-IV diagnoses, and psychological symptoms of low-income African-American female outpatients with and without current PTSD (N = 75). Both our clinical work and assessment data underscore the need for more comprehensive treatment interventions aimed at addressing trauma-related consequences in this population characterized by high rates of chronic and severe childhood abuse, repeated re-victimization in adulthood, and high levels of DSM Axis I and II co-morbidity.

Interpersonal Psychotherapy Groups with Low-Income Women with PTSD

Janice Krupnick, Georgetown University Medical Center

This presentation will describe preliminary results of a treatment development grant aimed at adapting an existing treatment, i.e., Interpersonal Psychotherapy for Depression, to a group modality for the treatment of current posttraumatic stress disorder following histories of multiple interpersonal trauma. Subjects were low-income, predominantly minority, women recruited from public sector family planning and WIC clinics. Following a structured diagnostic interview to determine the PTSD diagnosis, subjects were randomly assigned to an IPT group or a wait-list control condition. Preliminary results suggest that IPT treatment led to a greater decline in severity of PTSD symptoms for the treatment versus the control subjects. Treatment subjects also experienced decreased levels of depression, decreased difficulty with sociability and a marked decline in symptoms of borderline personality disorder. Rates of completion (three-fourths of those randomized to the treatment condition completed the 16-week intervention) were high for this population, indicating that this method is both acceptable and promising for these difficult to recruit and retain patients.

Peritraumatic Dissociation and Posttraumatic Stress Disorder in Youth

Symposium (child) — Grand Salon II, 3 (GB)

Ned Rodriguez, Private Practice and Hathaway Children's Clinical Research Institute; Frank Putnam, Children's Hospital Medical Center Mayerson Center for Safe and Healthy Children

While the adult literature has established that peritraumatic dissociation (PD) plays a role in PTSD development, this symposium features among the first available empirical studies to investigate the PD-PTSD link in youth. Presentations compare findings across community and clinical samples of child and adolescent survivors of acute and chronic traumatic events.

Child Dissociative Symptoms: Relationship to Peritraumatic Experiences

Vicky Wolfe, Children's Hospital of Western Ontario; Jo-Ann Birt, Children's Hospital of Western Ontario

The parent-report Child Dissociative Checklist and a similar child-report version were administered to 176 sexually abused, 63 agency-referred (but not sexually abused), and 73 community boys and girls, ages 8 to 16. Principal component analysis yielded two child-report scales: Forgetful/Confused and Vivid Imaginary Life, and three parent-report scales: Forgetful/Confused, Vivid Imaginary Life, and Unstable Personality. Psychometric analyses supported the scales' internal consistency and concurrent and discriminant validity. Regression analyses examined the relative contributions of abuse characteristics (e.g., severity, frequency, number of and relationship to perpetrator) and recollections of peritraumatic experiences at the time of the abuse (Children's Peritraumatic Experiences Questionnaire: Extreme Reactions, Fear/Anxiety, Anger, Dissociation, and Guilt). Child reported dissociative symptoms were predicted by peritraumatic dissociation and abuse frequency. Parent reported dissociation was predicted peritraumatic Extreme Reactions (feared dying or being killed, felt like killing person, felt like fainting, etc.), as well as having been sexually abused by more than one offender and having experienced physical abuse in addition to sexual abuse. Results are similar to findings with other trauma populations.

Trauma Exposure/PTSD in Youth: Peritraumatic Dissociation Mediation

Grete Dyb, Institute of Psychiatry/Behavioral Medicine, Norwegian University of Science and Technology; Ned Rodriguez, Private Practice and Hathaway Children's Clinical Research Institute; Melissa Brymer, UCLA Trauma Psychiatry Program, National Center for Child Traumatic Stress; William Saltzman, California State University; Alan Steinberg, UCLA Trauma Psychiatry Program, National Center for Child Traumatic Stress; Robert Pynoos, UCLA Trauma Psychiatry Program, National Center for Child Traumatic Stress

This study is among the first to investigate the relationships between the objective and subjective features of trauma exposure (A1 and A2, respectively), peritraumatic dissociation (PD), and subsequent PTSD severity in an outpatient sample of youth exposed to multiple acute traumatic events. The sample consisted of 51, multi-ethnic youth clients of a school-based trauma clinic serving a low-SES urban community. Boys and girls were equally represented in the sample. Researchers interviewed youth to assess trauma history and used a standardized self-report measure to evaluate the following trauma-related variables: severity of A1, A2, PD, and current PTSD (all in reference to the traumatic event that youths' rated as currently most distressing). These traumatic events fell into the following 3 categories of trauma types: traumatic bereavement (n=16), witness of community/domestic violence (n=22), direct victim of community/domestic violence (n=13). Results included significant correlations between: A1, A2 and PD; A2 and PTSD; and PD and PTSD. Multivariate analysis showed that PD fully mediated the relationship between A2 and current PTSD. Discussion will explore the clinical and theoretical implications of these findings in the developmental psychopathology of PTSD, including PD screening in traumatized youth.

Peritraumatic Dissociation and PTSD in Youth in Residential Treatment

Jeff Sugar, Hathaway Children's Clinical Research Institute; Clara Lajonchere, Hathaway Children's Clinical Research Institute; Angela Hunt, Hathaway Children's Clinical Research Institute; Ned Rodriguez, Private Practice and Hathaway Children's Clinical Research Institute

The relationship between the objective and subjective features of trauma exposure (A1 and A2), peritraumatic dissociation (PD) and PTSD is investigated in a sample of chronically traumatized youth. The literature supports a link between PD and the subsequent development of PTSD-after controlling for exposure-in diverse adult populations. This study will be among the first to report on PD and PTSD in chronically traumatized adolescents in residential treatment. Researchers used a battery of psychometrically standardized interview and self-report instruments to assess trauma history, A1 and A2, PD, PTSD, trait dissociation, and other trauma-related symptoms. The sample will consist of the majority of the youth in a residential treatment center, where social service agencies have placed them, often due to severe abuse and neglect. Data collection is ongoing with an anticipated N of 50 low-SES, multi-ethnic, urban adolescents. Preliminary analyses reveal highly significant correlations both between: A1/A2 and PD; and PD and PTSD. PD will be evaluated as a mediator of the effects of A1/A2 on PTSD. Discussion will focus on the role of PD in the developmental psychopathology of PTSD, including exploration of possible relationships to trait-dissociation and depression.

Post-Disaster School-based Mental Health Programs

Symposium (disaster) — Grand Salon VII, 3 (GB)

Melissa Brymer, National Center for Child Traumatic Stress, University of California-Los Angeles; Robert Pynoos, National Center for Child Traumatic Stress, University of California-Los Angeles

This symposium will describe the role of post-disaster school-based mental health programs in the recovery of children and school personnel. Presentations include four disasters: the Oklahoma City Bombing, the war Bosnia-Herzegovina, the shooting at Santana High School, and the terrorist attacks on the World Trade Center on 9/11.

School-Based Intervention with War-Exposed Bosnian Adolescents

Christopher Layne, Brigham Young University; William Saltzman, California State University; Robert Davies, Brigham Young University; Gary Burlingame, Brigham Young University; Berina Arslanagic UNICEF Bosnia-Herzegovina; Robert Pynoos, National Center for Child Traumatic Stress, University of California-Los Angeles

The results of an effectiveness evaluation of the UNICEF School-Based Psychosocial Program for War-Exposed Adolescents will be presented. This program was implemented between 1997 and 2001 in selected secondary schools throughout Bosnia and Hercegovina using a network of trained school counselors under the supervision of local mental health professionals. The effectiveness and impacts of the program during its 2000-2001 school year implementation were evaluated using a combination of qualitative (focus groups) and quantitative measures, the latter of which relied on pre-treatment, mid-treatment, and post-treatment follow-up self-report measures. Participation in trauma/grief-focused group psychotherapy was associated with significant reductions in posttraumatic stress, depression, and grief symptoms between pre- and post-treatment. Reductions in distress symptoms were associated with higher levels of psychosocial adaptation. In particular, reductions in posttraumatic stress scores were positively correlated with classroom rule compliance and school interest, and negatively correlated with school anxiety/withdrawal. Moreover, reductions in depression scores were positively correlated with classroom rule compliance and school interest, and negatively correlated with school anxiety/withdrawal. Last, group satisfaction was not correlated with any change score, but was positively correlated with classroom rule compliance, positive peer relationships, and school interest.

Oklahoma City Bombing: Posttraumatic Reactions in Teachers

Mark Chilingar, Pepperdine University; David Foy, Pepperdine University; Betty Pfefferbaum, University of Oklahoma Health Sciences Center; Robin Gurwitch, University of Oklahoma Health Sciences Center; Robert Pynoos, National Center for Child Traumatic Stress, University of California-Los Angeles

The data collected for this study were part of a larger research project assessing the clinical needs of adolescents and adults approximately seven weeks following the 1995 Oklahoma City bombing. This study focused on the relationship between providing assistance to students during a community disaster and peritraumatic reactions and posttraumatic stress, among Oklahoma City schoolteachers who were working at school during the bombing. Findings indicated that there was a statistically significant difference between those schoolteachers who assisted students and schoolteachers who did not assist anyone during the bombing, whereby those who assisted students suffered significantly higher levels of peritraumatic reactions and posttraumatic-stress symptoms. These findings are consistent with previous studies suggesting a relationship between providing assistance to others in distress following exposure to a traumatic event, and significant elevations in peritraumatic reactions and posttraumatic stress symptoms.

Santana High School Shooting: A Public Mental Health Response

Melissa Brymer, National Center for Child Traumatic Stress, University of California-Los Angeles; Alan Steinberg, National Center for Child Traumatic Stress, University of California-Los Angeles; Robert McGlenn, Santana Recovery Project; Robert Pynoos, National Center for Child Traumatic Stress, University of California-Los Angeles

This presentation will focus on the mental health consequences of catastrophic school violence at Santana High School on March 5, 2001, where two students were killed and 11 injured by a student who opened fire on the school grounds. Findings will be presented from a school-wide screening among 1,510 students, evaluating their traumatic experiences, and their posttraumatic stress, depressive, anxiety, and grief reactions. It will also describe the organization and implementation of a long-term post-shooting school-based mental health recovery program for the most effected students and staff. Results of the survey indicated that a significant number of students endorsed high levels of exposure, including being shot at, witnessing someone being wounded or killed, and giving first aid to someone injured. A significant number of students also reported severe levels of posttraumatic stress symptoms, and endorsed items related to complicated grief and thoughts about hurting themselves. Finally, the presentation will discuss common traumatic reminders, including how the terrorist attacks on the World Trade Center on 9/11 rekindled thoughts about the shooting. Implications of the findings from the school-wide screening for planning post-disaster mental health recovery programs in schools will be discussed.

9/11 School-based Mental Health Screening

Roy Lubit, Saint Vincents Hospital; Wendy Kuppenheimer, Saint Vincents Hospital; Mary Courtney, NYU Child Study Center

Organizing psychological screenings of children after disasters presents a great challenge. Schools are generally very hesitant to permit screenings. Surveys done for research purposes encounter far more obstacles than does research with adults. Obstacles include bureaucratic hurdles, political issues, concern about the morality of using children in research even when there is no real risk of harm, difficulty in getting parental consent, parochial fears of outsiders coming into the schools and finding bad conditions and fear that one may be obligated to treat problems that are uncovered. These obstacles impede our ability to advance our knowledge about helping children after disasters and our ability to appropriately focus services. Understanding and learning how to deal with these obstacles is a major challenge for those interested in children and disasters. Six months after the WTC disaster there have been some screening efforts in some of the most affected schools carried out primarily by counselors working within the schools. A more widespread screening is still being debated. This presentation will discuss the various efforts to screen children after 9/11, the data that has been obtained, and the obstacles to screening that were encountered.

Treatment of Survivors of the September 11th Attacks

Symposium (disaster) Dover B/C, 3 (GB)

Grant Marshall, RAND; John Oldham, New York State Psychiatric Institute, Columbia University

This symposium presents treatment studies of September 11th survivors. The first study is a PTSD medication study of World Trade Center survivors with PTSD. The second presentation uses a collection of case studies of WTC survivors to illustrate central therapeutic issues commons across cases. The third presentation will describe a brief, web-based CBT intervention for Pentagon attack survivors.

Brief Cognitive-Behavioral Treatment for Victims of Mass Violence

Brett Litz, Boston University School of Medicine; Richard Bryant, University of New South Wales; Charles Engel, Walter Reed Army Institute of Research

There is a need for delivering efficient treatments for PTSD to the large number of affected individuals by mass violence. At present, no specific evidence-based procedures can be recommended to meet the special needs of victims of mass violence. Stress Inoculation Training (SIT) a component of CBT has been shown to be effective. The labor-intensive nature of SIT represents a significant obstacle to provision of therapy to thousands of individuals suffering PTSD in the context of mass violence. We will present the design and methods of a study of an abbreviated format of CBT that aims to provide effective self-management skills to individuals with PTSD. The rationale is that with appropriate and intensive therapist input during a single session of therapy, supplemented systematically with subsequent self-directed web-based information and guidance for daily homework activity, patients with PTSD stemming from mass violence can benefit from the strategies that have demonstrated efficacy in reducing PTSD symptoms. Survivors of the Pentagon attack on 9/11 who present after September 2002 at primary care clinics that serve the Pentagon will be randomly assigned to SIT or a supportive counseling control group. Patients' compliance and symptoms will be monitored on the web. Patients will be followed 6 and 12 months post-treatment.

Randomized Controlled Trial of Paroxetine in Adults with Chronic PTSD

Randall Marshall, New York State Psychiatric Institute, Columbia University; Carlos Blanco, New York State Psychiatric Institute, Columbia University; Roberto Lewis-Fernandez, New York State Psychiatric Institute, Columbia University; Blaire Simpson, New York State Psychiatric Institute, Columbia University; Shu-Hsing Lin New York State Psychiatric Institute, Columbia University; Wendy Garcia, New York State Psychiatric Institute, Columbia University; Katherine Beebe; Glaxo Smith Kline; Eric Dube, Glaxo Smith Kline; Michael Liebowitz, New York State Psychiatric Institute, Columbia University

Persons exposed to the WTC attack suffer many times from complicated picture of PTSD, comorbid grief, depression and anxiety disorders. This presentation describes a study to evaluate the efficacy of paroxetine in adults with chronic PTSD. Adult outpatients with a primary DSM-IV diagnosis of chronic PTSD received 1 week of single-blind placebo (N=73). Those not rated as significantly improved were then randomly assigned to placebo (N=27) or paroxetine (N=25) for 10 weeks using a flexible dosage design (maximum 60mg by week 7). Significantly more patients treated with paroxetine were rated as responders (66.7%) compared to patients treated with placebo (6/22, 27.3%) (OR 5.38 vs. 1.67, p=.007). Similar findings using mixed effects models showed greater reductions on CAPS total score in the paroxetine vs. placebo groups (p=.03). Paroxetine also appeared superior in several exploratory analyses using the DES (slope comparison p=.015) and the Inventory of Interpersonal Problems (IIP) (slope comparison p=.06). The presence of Axis II diagnoses affected several response variables. In a 12 week maintenance phase, paroxetine response continued to improve. Conclusions: This is the first controlled study to suggest that dissociation and interpersonal problems can also improve on medication in adults with PTSD, a finding relevant to common clinical presentations after severe trauma such as the WTC attack.

Treatment of WTC-PTSD Survivors: Clinical/Theoretical Considerations

Jaime Carcamo, New York State Psychiatric Institute, Columbia University

Persons who were directly exposed to the horrific events of September 11, 2001 have reported common phenomenological experiences. For many Posttraumatic Stress Disorder-World Trade Center Survivors (PTSD-WTC-S), the collapse of the Twin Towers was experienced within a religious context of an apocalyptic nature (e.g., "doomsday," "the end of the world"). This experience brings new challenges to the therapeutic arena, especially when the therapist is perceived as a "nonbeliever" or "outsider". Given the fact that the Greater New York area is highly ethnically and culturally diverse, it is likely that this issue will arise with great frequency. Since many victims are burdened with a profound sense of personal vulnerability and national, or world, insecurity, therapeutic flexibility is essential to enhance the therapeutic alliance, and facilitate recovery from this large-scale terrorist exposure. A series of case presentations will address some of these common phenomenological experiences, and explore how such pitfalls have been circumvented in persons with PTSD who were also experiencing an amalgam of other adverse psychological effects, including traumatic grief, major depression, and self-destructive behaviors such as alcohol/substance abuse. Cultural aspects of coping with WTC-related trauma will also be discussed in these case presentations.

Current Issues in Dissociation: Reflections and Misconceptions

Symposium (complex) Harborside B, 4 (HB)

Endorsed by the Dissociation Special Interest Group

Kathy Steele, Metropolitan Psychotherapy Associates

This symposium will offer perspectives on selected topics relevant to the current state of the art understanding of dissociation. Issues will include alleged iatrogenesis of dissociation, the cost to society of dissociation, and the prevalence of dissociative amnesia in various trauma populations.

The Iatrogenesis of Dissociative Disorders: A Critical Review

Richard Kluft, Temple University School of Medicine

This presentation will review the history of allegations that dissociative disorders, especially dissociative identity disorder (DID) is or can be produced by iatrogenesis. It will summarize and critique current evidence adduced to support or contradict such allegations. Characteristics and countertransference patterns in those alleged to create such conditions will be discussed, along with characteristics and countertransference patterns in those prone to make iatrogenic false negative diagnoses of dissociative disorders. While it is very easy to make the allegation of iatrogenesis, the step of ruling out alternative hypotheses is usually neglected once such allegations are made. The phenomena produced in experiments designed to demonstrate or support the iatrogenesis hypothesis will be compared to the phenomena described in clinical dissociative disorders, and differences and similarities will be discussed. Relevant findings usually omitted from the literature will be reviewed. Criteria for concluding that a case is iatrogenic will be enumerated.

The High Cost of Dissociative Disorders

Richard Loewenstein, Sheppard Pratt

This report summarizes current data on the dissociative disorders. I will discuss basic definitions of dissociation, prevalence of dissociative disorders in general and clinical populations, the relationship of dissociative disorders to traumatic experiences, particularly early childhood maltreatment, treatment outcome data, and data regarding cost effectiveness of treatment for these conditions. This report will focus on findings documented by clinical research studies relating to dissociation, dissociative disorders and the prevalence of traumatic experiences and trauma disorders in clinical and general population samples.

The Evidence for Dissociative Amnesia

Stephanie Dallam, Leadership Council on Mental Health, Justice, and the Law

Clinical observations reveal that amnesia or partial memory loss is not uncommon following severe stress and emotional trauma. This paper will present an overview of evidence for post-traumatic or dissociative amnesia drawing from a wide variety of sources: including 19th century psychiatry, WW I, WW II, Vietnam War, Cambodian refugees, and Holocaust survivors. By doing so, this paper will demonstrate that dissociative amnesia has a long history that preceded its discovery in victims of childhood sexual abuse. Attention will then be turned to experimental studies which have demonstrated in animals and humans that prolonged and high levels of stress, fear, and arousal commonly induce memory loss ranging from the minimal to the profound. Research shows that as stress and arousal levels increase, learning and memory deteriorate in accordance with the classic inverse U-shaped curve. Risk and predisposing factors will be reviewed, along with an overview of recent research which has begun to clarify some of the neurobiological processes underlying the development of dissociative amnesia.

Prospective Studies of Trauma and Dissociation

Symposium (complex) — Grand Salon IX, 3 (GB)

Eric Vermetten, Department of Psychiatry, University Medical Center, The Netherlands

This symposium will focus on the findings from prospective studies that shed light on the biology and clinical psychopathology of trauma, stress, and dissociation. New research will be presented on biological and psychological markers of dissociation during stress and on the developmental antecedents of pathological dissociation.

Developmental Antecedents of Pathological Dissociation

Frank Putnam, University of Cincinnati School of Medicine

The observations of Cornelia Wilbur and Richard Kluft were important in linking early childhood trauma with adult dissociative disorders. This relationship was subsequently confirmed by multiple retrospective studies. Prospective longitudinal research with high-risk infants identified a second factor, Type D Attachment Disorder, as contributory to increased dissociation in adulthood. Measurement of dissociation in preschoolers through adults now allows us to investigate the role of childhood dissociation in adult psychopathology. Recent research indicates that childhood dissociation plays a critical mediating role in translating early traumatic experiences into negative adult outcomes.

Biological and Psychological Markers of Dissociation During Stress

C. Andrew Morgan, Department of Psychiatry, Yale University School of Medicine/National Center for PTSD

Peritraumatic dissociation has been associated with subsequent development of PTSD but the supporting data have been largely retrospective in natures. We have previously conducted a prospective study of dissociation involving U.S. Military personnel. The data indicated that symptoms of dissociation were extremely common in healthy subjects. In addition, a history of traumatic stress predicted a propensity for increased dissociation during stress in general troop soldiers, but a reduction in stress induced symptoms of dissociation in special operations soldiers. Subsequent investigations have examined the relationship between stress induced alterations of hormones such as cortisol, NE, and NPY and psychological symptoms of dissociation. These studies suggest that the psychological experience of dissociation during stress is linked to the degree of HPA axis activity during and after stress exposure. The data also demonstrate a link between perceived physical health, hormones and dissociation.

Getting Published in the Traumatic Stress Literature

Workshop (misc) — Grand Salon I, 3 (GB)

Paula Schnurr, National Center for PTSD; Dean Kilpatrick, National Crime Victims Research and Treatment Center

Getting published in any discipline requires not just good work, but also requires knowledge about the publication process. This workshop, led by the Editor and Deputy Editor of the Journal of Traumatic Stress, will help participants gain practical information about how to successfully navigate the publication process from manuscript preparation through final acceptance (or rejection, and how to manage it). The material is targeted at beginning authors, but will provide useful information for more senior participants as well. Participants will be encouraged to present actual problems they have encountered, and presenters also will present their own experiences.

Improving VA PTSD Compensation and Pension Reports

Workshop (assess) — Grand Salon VIII, 3 (GB)

Patricia Watson, National Center for PTSD; Jeffrey Knight, National Center for PTSD; Pamela Swales, National Center for PTSD

The purpose of this workshop is to enhance Veterans Affairs practitioners skills for conducting compensation and pension examinations for PTSD, using best practices and guidelines recently developed by experts at the National Center for PTSD, the Mental Illness Research Education and Clinical Center, Seattle, WA, the Department of Veterans Affairs, and the Compensation and Pension Service of the Veterans Benefits Administration. Participants of this workshop should expect to improve outcomes of PTSD examination findings, through increased understanding of the "gold standards" for assessment of PTSD, as well as improved coordination with VBA rating standards and guidelines.

Teaching Parenting Skills to Childhood Trauma Survivors

Workshop (practice) — Grand Salon X, 3 (GB)

Shelley Jordan, Ottawa Anxiety and Trauma Clinic; Ken Welburn, Ottawa Anxiety and Trauma Clinic

Parenting is a complex and difficult task that may be particularly challenging for parents with histories of childhood trauma. Much of the research exploring parenting issues in this population has focused on enduring consequences of trauma, including dissociation, anxiety, and depression. Although long-term treatment approaches can lead to healthier functioning for clients with histories of childhood trauma, these approaches do not directly address more immediate parenting concerns. Based on both qualitative and quantitative research, this workshop explores modifiable factors, including lack of social support, poor problem-solving, and unrealistic expectations of children, that contribute to poor parenting skills in a sample of clients with dissociative and anxiety disorders. The workshop then presents a model for a short-term skills-based group therapy program for parents with histories of childhood trauma.

The ABCs of CBT for Adult Trauma

Workshop (practice) **Grand Salon VI, 3 (GB)**

Patricia Resick, University of Missouri-St. Louis; Pallavi Nishith, University of Missouri-St. Louis

The purpose of this workshop is to review the basic cognitive behavioral techniques that have been demonstrated to be effective for the treatment of posttraumatic stress disorder among adult trauma survivors. The presenters will describe the cognitive behavioral components of the various treatment protocols for treating PTSD that have been subjected to scrutiny. Although treatment protocols across studies vary, they tend to have combinations of the following components: coping skills, exposure, and/or cognitive therapy. Coping skills range from relaxation training or breathing retraining, to full coping packages such as stress inoculation training. Exposure therapy may be conducted as imaginal exposure, behavioral (in vivo) exposures, or through writing and reading. The cognitive component may range from simple cognitive restructuring on current thoughts to more in-depth cognitive therapy regarding the traumatic event or pervasive schemas. After describing the common CBT treatment components, and what is known about their relative treatment effects, there will be discussion regarding optimal implementation and workshop participants will be given a list of treatment manuals that may be helpful for training.

10:45 a.m.–12:00 p.m.

Parallel Plenary Session

The Phenomenology of Dissociation and Its Treatment Implications for Complex Trauma

Plenary (complex) **Grand Salon VI, 3 (GB)**

Endorsed by the Complex Trauma Task Force

Richard Loewenstein, MD, Sheppard Pratt Health Systems; Onno van der Hart, MD, University of Utrecht, Department of Psychology; Richard Bryant, PhD, University of New South Wales; Constance Dalenberg, PhD, Alliant International University

This plenary panel discussion will grapple with diverse ways that dissociation has been conceptualized. The term dissociation has been used to describe a variety of phenomena at diverse distances from empirical observation. Dissociation has been theorized to be a normal characteristic of the psychobiology of human consciousness, an aspect of the hypnotic process, a response of the human mind to overwhelming and traumatic circumstances, an intra-psychic defense, and a psychopathological disturbance that is a central feature of a group of DSM-IV mental disorders (dissociative disorders). Dissociative symptoms also are identified as criterion symptoms for mental disorders in other DSM IV disorder groups. A single dissociative symptom (amnesia) is a criterion for PTSD (an anxiety disorder) and somatization disorder (a somatoform disorder). Dissociative symptoms are a prominent feature of Acute Stress Disorder (another anxiety disorder). The panel will address the following questions: Do these different theoretical constructs refer to the same process? If not, how do the different dissociation processes relate to one another? Are the manifestations of dissociative symptoms in various disorders essentially the same? If not, how can they be distinctly defined, and, in what way are they related to each other? In what way are they related to the various theorized processes? Should this diversity of theoretical stances or symptom definitions lead to different treatment strategies for individuals who have experienced complex?

New Perspectives on Veterans with Complex Trauma

Plenary (complex) **Harborside B, 4 (HB)**

Josef Ruzek, PhD, National Center for PTSD; Fred Gusman, MSW, National Center for PTSD; Roger Pitman, MD, Massachusetts General Hospital and Harvard Medical School; M. Tracie Shea, PhD, Brown University Medical School; Lisa Najavits, PhD, McLean Hospital, Harvard Medical School; Harold Kudler, MD, Duke University Medical Center, Department of Veterans Affairs

Most veterans with chronic PTSD have been exposed to multiple traumatic stressors that include warzone experiences, childhood violence, and community violence. In addition to PTSD symptoms, they present with pervasive cognitive, interpersonal, and emotional problems that have important implications for conceptualizing their difficulties and addressing their treatment needs. This panel presentation will explore concepts of premorbid vulnerability and the role of genetic and environmental influences in development of PTSD, the interaction of personality disorders and PTSD in veterans, and describe ways of addressing the complexities of interpersonal functioning, affect regulation, and cognitive processes in veterans suffering with comorbid PTSD and substance abuse.

POSTER ORGANIZATION **Grand Salon V, 3 (GB)**

Each poster is presented either Friday or Saturday, starting at 8:30 a.m. and concluding at 6:30 p.m. Poster presenters will be available during specific sessions grouped by track to discuss their work. Each day concludes with a poster open house from 5:15 p.m. to 6:30 p.m. Presenter attendance at the open house is encouraged. Please visit the poster during its scheduled presentation time if you would like to discuss the work with the presenter. Poster presentations are categorized by track that best suits the subject matter. Within each track, posters are in order by presenting author's last name. A floor map showing the location of posters will be available in the poster hall.

POSTER PRESENTATION SCHEDULE

Day/Time Presented	Track #	Track Name & Abbreviation	Poster Numbers
Friday 8:30 a.m.–9:45 a.m.	4	Clinical and Interventions Research (clin res)	0401–0464
Friday 1:00 p.m.–2:15 p.m.	9	Disaster, Mass Trauma, Prevention, and Early Intervention (disaster)	0901–0923
Friday 1:00 p.m.–2:15 p.m.	11	Miscellaneous (misc)	1101–1111
Friday 4:00 p.m.–5:15 p.m.	3	Children and Adolescents (child)	0301–0327
Friday 4:00 p.m.–5:15 p.m.	7	Culture, Diversity, Social Issues and Public Policy (culture)	0701–0707
Saturday 8:30 a.m.–9:45 a.m.	1	Assessment, Psychometrics, and Research Methods (assess)	0101–0134
Saturday 1:00 p.m.–2:15 p.m.	6	Complex Trauma and Interpersonal Violence (complex)	0601–0646
Saturday 2:30 p.m.–3:45 p.m.	2	Biological and Medical Research (bio med)	0201–0219

Posters in Track 1

Assessment, Psychometrics, and Research Methods (assess)

Presented: **Saturday, 8:30 a.m.–9:45 a.m.**

Posters 0101–0134

0101 **assess**

MMPI "Fake Bad" Sets, Combat Exposure, and PTSD in Vietnam Veterans

Ben Adams, Columbia University; J. Blake Turner, Columbia University; Bruce Dohrenwend, Columbia University

The National Vietnam Veterans Readjustment Study (NVVRS) includes a subsample of 259 U.S. male veterans who completed the Minnesota Multiphasic Personality Inventory (MMPI), from which validity scales are computed to assess "fake bad" response sets (e.g., F-K, Ds, and the Subtle and Obvious Scales). We investigate the relation of scores on these profiles to military and historical measures (MHMs) of probable combat exposure severity that are not subject to reporting bias, as well as measures of war-zone stressors based on detailed self-reports by the veterans, which we call narrative rating measures (NRMs). Our purpose is to investigate whether a "fake bad" MMPI profile will be validated as an indicator of the tendency to inflated reporting of adversity and symptom levels-1) to the extent that it is associated with disjunctions between MHMs and NRMs; 2) to the extent that it explains the relationship between NRMs and PTSD symptoms assessed by both clinicians' diagnoses and the self-report Mississippi Scale, net of the MHMs; and 3) to the extent that it is related to the probability of seeking VA compensation, net of the MHMs.

0102 **assess**

Assessing Mental Health and Coping Resources of War-Affected Populations

Alastair Ager, Center for International Health Studies, Queen Margaret University College

Assessing mental heath needs of war-affected populations is a complex task, but represents just one element of the broader appraisal required for effective planning of psychosocial programs for war-affected populations. Assessment of local coping resources—and means enhancing such resources through the course of intervention—is another key element, as are means of negotiating with local stakeholders regarding priorities for external support. These principles are illustrated with data from Angola, Ethiopia and Sri Lanka. In particular, attention is drawn to the importance of assessing function within affected communities, rather than symptom reportage alone. Protocols for identifying and strengthening local coping resources are presented, along with a heuristic guiding processes of negotiation with affected communities regarding intervention.

0103 **assess**

Evaluation of the Mississippi and the CAPS Scales

Elizabeth Betemps, University of Cincinnati; Mohamed Aziz, Cincinnati VAMC and University of Cincinnati; Dewleen Baker, Cincinnati VAMC and University of Cincinnati

Rasch measurement, a one-parameter model of Item Response Theory, can place both the subject and item on a linear scale of "symptom severity" if the data fit the model. These estimates are test-independent and can be isolated if they are group dependent. A large sample size is not required to validate the results. The functioning of the rating categories and the individual items in the Mississippi Scale and the CAPS Scale were evaluated. The SCID-DSM-IV was used as the gold standard for the diagnosis of PTSD. Test data were obtained from 117 veterans with a primary diagnosis of PTSD, of whom 54 had a secondary diagnosis of major depressive disorder. For a best fit, it was necessary to collapse the five original categories in each scale to three. Upon recalibration, nine items in the Mississippi functioned well with little error. These nine items remained invariant when veterans with a secondary diagnosis of depression were removed from the analysis. The separation index in the Mississippi was 7.82. Seven items in the CAPS remained invariant when the depressed PTSD veterans were removed. The CAPS separation index is less then optimal at 3.1.

0104 **Withdrawn**

0105 **assess**

The Development of the Mississippi Trauma Disclosure Scale

Rodney Bragdon, University of Mississippi; Brenda Benson, University of Mississippi; Amanda Hines, University of Mississippi; Thomas Lombardo, University of Mississippi

Trauma disclosure (TD), describing one's traumatic experiences, takes many forms, such as writing a diary, telling friends, or engaging in exposure-based PTSD treatments. If conceptualized as the opposite of avoidance of traumatic thoughts and feelings, disclosure may be one mechanism that reduces post-traumatic stress. Individual differences in TD may help explain why relatively few trauma-exposed individuals develop PTSD. Unfortunately, no measures of TD with reported psychometric characteristics exist. We developed the Mississippi Trauma Disclosure Scale (MTDS), 14 items measuring disclosure of facts and emotions, the two domains we assumed comprised disclosure

content, by repeated expert review of a much larger item pool. A PCA of MTDS data from 177 trauma-exposed undergraduates produced a two-component solution, which accounted for 61.0% of the variance and which represented the factual and emotional domains we predicted reasonably well. MTDS internal consistency was .89 and 2-week test-retest reliability was .82. Significant correlations between PTSD symptom severity (MPSS-SR) and MTDS total and factual disclosure scores supported validity. However, MTDS emotion disclosure scores were unexpectedly unrelated to PTSD symptom severity. The MTDS is the first trauma disclosure measure with demonstrated reliability. Future research should further examine its factor structure and validity in other populations.

0106 **assess**

Childhood Maltreatment, Self Capacities, and Trauma Symptoms: The IEQ

Kathleen Brock, Polytechnic University; Laurie Pearlman, Traumatic Stress Institute/Center for Adult and Adolescent Psychotherapy LLC; Edward Varra, University of Nevada, Reno

The repetitive nature of childhood maltreatment (including physical, sexual, and emotional abuse and physical and emotional neglect) renders survivors vulnerable to complex trauma responses beyond the symptoms of PTSD. Constructivist self development theory (CSDT) provides a framework for understanding the impact of childhood maltreatment on the developing self and self-regulation abilities. CSDT suggests that childhood maltreatment impedes development of self capacities (affect tolerance, inner connection, and self worth) and suggests that many trauma symptoms are manifestations of underdeveloped self capacities. This study explored the relations among childhood maltreatment, self capacities, and trauma symptoms and gathered psychometric data on the Inner Experience Questionnaire (IEQ), a new measure of self capacities. Data from two clinical and two non-clinical archival samples were used. Results indicated that respondents who experienced childhood maltreatment reported more severely disrupted self capacities than those without childhood maltreatment. Self capacity disruptions were correlated with trauma symptoms in both clinical and non-clinical samples. In all four samples, participants with more severely disrupted self capacities reported more trauma symptoms than those with less disrupted self capacities. The results provide theoretical support for CSDT and provide evidence for the reliability and validity of the IEQ. Implications for treatment are discussed.

0107 **assess**

The PDEQ Self-Report Version in French-Speaking Traumatized Subjects

Alain Brunet, Douglas Hospital Research Center, Psychosocial Research Division; Philippe Birmes, Douglas Hospital Research Center, Psychosocial Research Division; Maryse Benoit, Douglas Hospital Research Center, Psychosocial Research Division; Sabine Defer, Douglas Hospital Research Center, Psychosocial Research Division; Leah Hatton, Douglas Hospital Research Center, Psychosocial Research Division; Henri Sztulman, UFR de Psychologie, University de Toulouse II; Laurent Schmitt, Service Universitaire de Psychiatrie, CHU de Toulouse

Background: Based on previous studies, peritraumatic dissociation is a risk factor for PTSD. The Peritraumatic Dissociative Experience Questionnaire (PDEQ) is a short inventory used to assess immediate dissociation at the time of a traumatic event. The aim of this study is the validation of the French version of the PDEQ self-report in two samples of traumatized subjects. Methods: Eighty-seven victims recruited in a French Emergency Department, and 46 other victims recruited in two Canadian Emergency Rooms, were administered the PDEQ within 5 days after exposure. Forty-eight of the French victims were administered the Stanford Acute Stress Reaction Questionnaire and the Impact of Event Scale (IES), respectively, two weeks and one month posttrauma. The 46 Canadian victims were administered the Peritraumatic Distress Inventory within 5 days after exposure, and the PDEQ and IES-Revised one month posttrauma. Results: Factor analyses suggested a simple factor solution in the two groups. Convergent validity revealed significant correlations with peritraumatic distress, acute dissociation, and post-traumatic stress levels. The PDEQ showed satisfactory test-retest reliability and internal consistency. Conclusions: These results indicate the unity of the concept of peritraumatic dissociation. The PDEQ can be a useful tool for assessing immediate response in French-speaking subjects at risk for PTSD.

0108 **Withdrawn**

0109 **assess**

Fptsd: An MMPI-2 Infrequency Scale for Combat Veterans with PTSD

Jon Elhai, VA Medical Center; Kenneth Ruggiero, National Crime Victims Research and Treatment Center; B. Christopher Frueh, VAMC, Charleston, and Medical University of South Carolina; Jean Beckham, VAMC, Durham, North Carolina and Duke University Medical Center; Paul Gold, Medical University of South Carolina; Michelle Feldman, VAMC, Durham, North Carolina

A number of difficulties exist in using traditional Minnesota Multiphasic Personality Inventory-2 (MMPI-2) validity scales with victims of traumatic events. High MMPI-2 validity scale elevations may be accounted for by: exposure to extreme forms of traumatic events, poor family-of-origin environments, and symptoms of posttraumatic stress disorder (PTSD), depression, and dissociation. An empirical study is presented, which marked the development of a new MMPI-2 validity scale, the Infrequency-Posttraumatic Stress Disorder scale (Fptsd), to be used with trauma victims presenting with PTSD. Fptsd was created from MMPI-2 items that were infrequently endorsed by 940 male combat veterans presenting for treatment at the PTSD clinics of two VA Medical Centers. A variety of statistical methods were implemented, preliminarily establishing Fptsd's validity with a validation sample of 323 additional PTSD-diagnosed combat veterans. Results indicate that, relative to previously established MMPI-2 validity and overreporting scales (F, Fb, and Fp), Fptsd was significantly less related to psychopathology and distress and better at discriminating simulated from genuinely reported PTSD. Clinical implications are discussed concerning the use of Fptsd to assess disability-seeking veterans suspected of overreporting PTSD symptoms.

0110 **assess**

Assessing LOSS: Late-Onset Stress Symptomatology in Aging Veterans

Clifford Evans, National Center for PTSD, VA Boston Healthcare System; Lynda King, National Center for PTSD, VA Boston Healthcare System, Boston University; Daniel King, National Center for PTSD, VA Boston Healthcare System, Boston University; Molly Keehn, National Center for PTSD, VA Boston Healthcare System; Peter Bachrach, Pathfinder Associates; Eve Davison, National Center for PTSD, VA Boston Healthcare System; Avron Spiro III, Massachusetts Veterans Epidemiology Research and Information Center, Boston University

We have conducted a series of studies to provide evidence for, and to explore potential antecedents and correlates of, late-onset stress symptomatology (LOSS) in aging combat veterans. By LOSS, we mean a condition among older veterans who: (a) were exposed to highly stressful war-zone events in their early adult years; (b) have functioned successfully with no long-term history of chronic stress-related disorders; but (c) begin to register combat-related mental health complaints commensurate with the changes and challenges of the aging process. In the work reported here, we developed a survey questionnaire assessing LOSS and potentially associated variables and administered it to a sample of 223 older male combat veterans, largely drawn from World War II and Korea, but including some older Vietnam veterans (mean age=77). Analyses revealed high reliability for the 34-item LOSS measure (alpha= .96). As evidence for concurrent validity, LOSS scores were significantly correlated with two indicators of contemporary life stress (Elders Life Stress Inventory scores, .41, and concerns about retirement, .49), with social support (-.22), with life satisfaction (-.21), and with Pearlin's Sense of Mastery Scale (-.48). In addition, scores on LOSS were relatively strongly correlated with scores on the Brief Symptom Inventory (.47).

0111 **assess**

Disability Compensation-Seeking among Veterans Evaluated for PTSD

Christopher Frueh, VAMC, Charleston, and Medical University of South Carolina; Jon Elhai, VAMC, Charleston, and Medical University of South Carolina; Paul Gold, VAMC, Charleston, and Medical University of South Carolina; Jeannine Monnier, VAMC, Charleston, and Medical University of South Carolina; Kathryn Magruder, VAMC, Charleston, and Medical University of South Carolina; Terence Keane, National Center for PTSD, VAMC, Boston; George Arana, VAMC, Charleston, and Medical University of South Carolina

To examine further the relationship between compensation-seeking status and symptom reporting among combat veterans evaluated for PTSD. Archival data were drawn from 320 consecutive adult male combat veterans, evaluated at a VA PTSD outpatient clinic from 1995 to 1999. Subjects were compared on variables from their clinical evaluation, including diagnostic status and self-report measures such as the Minnesota Multiphasic Personality Inventory-2, which includes scales designed to detect feigned or exaggerated psychopathology. Compensation-seeking veterans reported significantly more distress across domains of psychopathology, even after controlling for the effects of income, and despite no differences in PTSD diagnoses between groups. However, they also were much more likely to overreport or exaggerate symptom reports than non-compensation-seeking veterans. This study provides further evidence that VA disability compensation incentives influence the way some veterans report their symptoms when evaluated for PTSD. These data suggest that current VA disability policies have problematic implications for delivery of clinical care, evaluation of treatment outcome, and rehabilitation efforts within the VA.

0112 **assess**

Psychometrics of the CROPS and PROPS in Multiple Cultures/Translations

Ricky Greenwald, Mount Sinai School of Medicine; Allen Rubin, University of Texas at Austin; Jan Weidemann, Technische University St. Berlin; Gregory Jurkovic, Georgia State University; Alison Russell, Clackmannanshire Psychological Services; Michael O'Connor, Clackmannanshire Psychological Services; Carlijn de Roos, Mediant, Enschede, Holland; Nasrin Jaberghaderi, Allame Tabatabaee University

Brief, convenient, and sensitive assessment of children's and adolescents' post-traumatic stress symptoms is called for in a number of settings. The Child Report of Post-traumatic Symptoms (CROPS) and the Parent Report of Post-traumatic Symptoms (PROPS) are brief paper-and-pencil instruments covering a broad spectrum of child/adolescent post-traumatic stress symptoms. Preliminary studies with urban and rural community samples in the USA were promising, and a recent treatment outcome study in a Tamil translation of the CROPS showed good sensitivity to change in post-traumatic status. Here we present validation data on the updated version of the CROPS and PROPS, from 7 studies in 6 countries, including the original English as well as translations in Dutch, German, Bosnian, and Persian. Internal consistency, factor structure, re-test reliability, convergent and discriminant validity and criterion validity support the use of these instruments across settings and cultures.

0113 **assess**

Brief Assessment of Children's and Adolescents' Trauma/Loss Exposure

Ricky Greenwald, Mount Sinai School of Medicine; Allen Rubin, University of Texas at Austin; Jan Weidemann, Technische University St. Berlin; Alison Russell, Clackmannanshire Psychological Services; Michael O'Connor, Clackmannanshire Psychological Services

Relatively few trauma exposure instruments have been studied and validated. The Lifetime Incidence of Traumatic Events (LITE) scale is a 1-page paper-and-pencil instrument for brief assessment of children's and adolescents' exposure to a range of adverse life events, and of their past and current levels of distress regarding endorsed items. There are self-report and parent report versions. We will describe the development of these instruments as well as a series of studies with community and clinical samples in the USA, Germany, and Scotland. Results include good to excellent test-re-test reliability and criterion validity (against a structured interview) and a modest correlation with level of post-traumatic stress symptoms. Also, number of early adverse events endorsed on the LITE had a small correlation with number of self-reported antisocial behaviors endorsed by incarcerated juveniles.

0114 **assess**

Medical Center Patients' Reactions to Participating in a PTSD Research

Brandy Henson, Washington State University; Paige Ouimette, Washington State University; Ruth Cronkite, VA Palo Alto Health Care System and Stanford University Medical School; Rudolf Moos, VA Palo Alto Health Care System and Stanford University Medical School

Due to a lack of systematic empirical inquiry, researchers and institutional review boards have relied upon subjective judgments to evaluate ethical concerns surrounding trauma-focused research. Little is known about participants' reactions to research utilizing PTSD interviews. This study examines participants' reactions to PTSD focused research interviews. As part of a larger study of PTSD and health, 134 patients from primary care clinics completed the Clinician Administered PTSD interview and self-administered questionnaires assessing trauma. Participant reactions were assessed with the Reactions to Research Participation Questionnaire (Newman et al., in press). Results indicated that on average, participants agreed with statements on the positive participation, personal benefit, and global evaluation subscales. On average, participants agreed with statements indicating emotional reactions to the research interview and disagreed with statements indicating perceived drawbacks. Reports of overall greater trauma history were associated with more personal benefit and increased emotional reactions to participation. Participants' with a PTSD diagnosis reported stronger emotional reactions than those without PTSD; these groups did not differ on ratings of personal benefit, positive participation, or perceived drawbacks. The results of this study suggest that participants' perceived the study as a positive experience despite having emotional reactions during participation.

0115 **assess**

Utility of a Brief PTSD Screen for Use in Primary Care Settings

Daniela Hugelshofer, Washington State University; Paige Ouimette, Washington State University and VAPAHCS, Stanford University School of Medicine; Annabel Prins, San Jose State University

Posttraumatic stress disorder (PTSD) is frequently underdiagnosed in routine clinical practice, particularly when PTSD symptoms are not the presenting complaint. In the era of managed care, physicians are required to diagnose and treat an ever-growing list of illnesses under increasingly stringent time constraints. Failure to recognize and appropriately treat PTSD can lead to high rates of medical utilization and medical costs, and can result in significant psychological distress for the individual. The development of a brief screening measure for use in primary care settings may facilitate the detection and subsequent treatment of PTSD. 186 primary care patients completed the PTSD-Primary Care (PTSD-PC) screen and the Clinician-Administered PTSD Scale (CAPS). The utility of the 4-item PTSD-PC will be evaluated by comparing it with PTSD diagnoses derived from the CAPS using signal detection analysis.

0116 **assess**

Effects of Trauma Research on Domestic Violence Survivors

Lesley Johnson, University of Colorado at Colorado Springs; Charles Benight, University of Colorado at Colorado Springs

The present study investigated the impact of trauma research on domestic violence survivors. At the end of an hour-long survey assessing variables including distress, abuse severity, and cognitions, three questionnaire items

were utilized to assess participants' levels of perceived benefit, unexpected upset, and regret of participation. Participants included 61 women who had recently experienced physical or sexual abuse by a partner. The mean age of participants was 33; 67% were Caucasian, and 33% were ethnic minorities. The majority of women were abused as children (69%) and in prior adult relationships (62%). Forty-four percent of the women reported that they gained something positive from participation. Twenty-five percent reported they were more upset than they had anticipated; this percentage is twice that of participants in similar studies with adult victims of childhood abuse and hospitalized accident victims. A minority of women (10%) expressed regret for participation. Results indicated that women who were more upset than expected scored significantly higher on depression ($t(42) = 2.56$, $p < .05$), PTSD ($t(42) = 3.89$, $p < .01$), and number of lifetime traumas ($t(42) = -3.36$, $p < .01$). Implications for enhancement of consent form documents as well as debriefing procedures will be addressed.

0117 **Withdrawn**

0118 **assess**

Integrating Screening for PTSD Risk in the Emergency Medical Setting

Nancy Kassam-Adams, Children's Hospital of Philadelphia; Flaura Winston, Children's Hospital of Philadelphia, University of Pennsylvania; Chiara Baxt, Children's Hospital of Philadelphia, Fordham University; Joel Fein, Children's Hospital of Philadelphia, University of Pennsylvania; Richard Ittenbach, Children's Hospital of Philadelphia; Avital Cnaan, Children's Hospital of Philadelphia, University of Pennsylvania

The emergency medical setting provides a unique opportunity to identify children who might be at risk for persistent post-traumatic stress symptoms after an acute traumatic event. This presentation will report on a series of prospective studies designed to refine and validate a brief screening measure and to evaluate the feasibility of integrating systematic screening into acute medical care protocols for children. In the first phase of the project, a pilot 51-item Screener was administered to a development sample of children (8–17) injured in traffic crashes, and a core set of 12 items was identified that best predicted PTSD severity assessed via CAPS-CA interview 4 to 8 months post-injury. This revised Screener was administered to a validation sample of 100 injured children. In the third phase, now underway, the Screener is administered by health care personnel in the Emergency Department to assess its feasibility and validity under normal clinical conditions with a broad range of injured children. Results indicate that a brief screening measure can be useful in predicting severity of later post-traumatic stress symptoms, accounting for approximately 40% of the variance in CAPS-CA severity scores. Implications for integrating empirically sound brief screening methods into pediatric care will be discussed.

0119 **assess**

Exposure and Gender Differences for Persian Gulf War-Related Stressors

Jeffrey Knight, National Center for PTSD-Boston; Molly Keehn, National Center for PTSD-Boston; Dawne Vogt, National Center for PTSD-Boston; Clifford Evans, National Center for PTSD-Boston; Daniel King, National Center for PTSD-Boston; Lynda King, National Center for PTSD-Boston; David Foy, Pepperdine University

Telephone survey data on 17 pre and post-deployment stressors were collected from two national samples of PGW veterans (n= 357each) during development and cross-validation of a self-report measure of psychosocial risk and resilience factors. Content-validated stressor categories included traumatic and non-traumatic stressors derived from the published literature and pilot-study focus groups of PGW veterans. The two national samples included all service branches,Active Duty, Reserves and National Guard troops, both genders, and a range of racial groups although 78% were caucasians. Differences in pre-to-post deployment exposure, and absolute frequencies of reported exposure, varied across stressors, and by gender in the cross-validation sample. Relative percent decreases during the post-deployment period were reported for most stressors (average=37%); a relative increase of 50% was reported for life-threatening illness or mental illness of someone close. Significant gender differences were found for being emotionally mistreated, being physically assaulted, divorced, witnessing violent assault, losing a job, extended period of unemployment, family member with substance abuse problems, toxic exposure, and combat exposure. Patterns within and across the two samples will be contrasted with data on the same categories from the NVVRS sample and a large non-treatment-seeking, community sample.

0120 **assess**

Psychological, Physical, and Neurocognitive Problems in PGW Veterans

Jeffrey Knight, National Center for PTSD-Boston; Molly Keehn, National Center for PTSD–Boston; Clifford Evans, National Center for PTSD–Boston; Dawne Vogt, National Center for PTSD–Boston; Lynda King, National Center for PTSD–Boston; Daniel King, National Center for PTSD–Boston; David Foy, Pepperdine University

The relationships between PTSD, depression, and general anxiety symptoms, current physical problems, and neurocognitive problems (NC) in everyday life were examined using telephone survey data systematically collected from a large national sample of PGW veterans (n=357)during the cross-validation of a self-report measure of psychosocial risk and resilience factors. Multiple items assessing each symptom category were summarized into scales. The neurocognitive domain was subdivided into items representing attention-concentration, executive functions, and memory skills. Internal consistency of scales was high (.89-.93). Self-reported PTSD symptoms were significantly correlated with NC, Anxiety, Depression and current Physical Symptoms (.72, .71, .60, .49, respectively). Anxiety, and Depression symptoms correlated with NC (. 62, .52). Demographic characteristics, combat exposure, toxin exposure, branch of military service, and pre-deployment stressor exposure were not correlated with symptom outcome variables. Correlations were much higher between the NC and the psychological outcome variables, than between the NC and current physical problems. The data do not support a generalized symptom reporting bias, and alternatively suggest that anxiety and PTSD have a stronger relationship than depression to the attention, concentration, organizational, and memory problems reported by the PGW veterans. Additional patterns among these variables will be discussed.

0121 **assess**

Mental Illness Among Karenni Refugees from Burma in Camps in Thailand

Barbara Lopes Cardozo, Centers for Disease Control and Prevention/ NCEH/IERHB; Leisel Talley, Centers for Disease Control and Prevention/NCEH/IERHB; Ann Burton, International Rescue Committee (IRC); Carol Gotway Crawford, Centers for Disease Control and Prevention/NCEH

Significant morbidity related to mental illness was suspected among 19,177 Karenni refugees from Burma living in three camps in Mae Hong Son province in Thailand. We conducted a community-based assessment of major mental health problems to determine the prevalence of mental illness related to traumatic experiences, to identify risk and mitigating factors, and to help develop a culturally appropriate intervention program that addresses these mental health issues. A systematic random sample design was used with stratification for the three camps. A total of 495 people aged 15 years or older from 317 households participated in the survey. We conducted a separate survey among 58 Karenni refugees who were injured by landmines in the same three camps. A questionnaire was constructed from a qualitative assessment and included demographics, questions regarding culture-specific symptoms of mental illness, the General Health Questionnaire-28, the Hopkins symptoms checklist-25, the Harvard Trauma Questionnaire, and selected questions from the SF-36. Results of the assessment revealed a high prevalence of trauma events. Mental health outcome scores indicated elevated levels of depression and anxiety symptoms; however, posttraumatic stress disorder (PTSD) scores were comparable to non-traumatized communities. The subset of respondents who were injured by landmines showed higher prevalence rates for non-specific psychiatric morbidity, depression, and PTSD.

0122 **assess**

Physical Reactions Scale in Predicting PTSD

Julie Mastnak, Center for Trauma Recovery, University of Missouri at St. Louis; Michael Griffin, Center for Trauma Recovery, University of Missouri at St. Louis

While previous literature has examined the relationship between concurrent panic symptoms and posttraumatic stress disorder, little of the research has examined the potential ability of acute panic symptoms to predict subsequent PTSD. Specifically, the Physical Reactions Scale has never been used to predict subsequent PTSD. Information about the ability of acute syptoms to predict PTSD is of utmost importance in the early identification of individuals likely to require services. Standardized interviews and symptom questionnaires were administered to a community sample of 89 female victims of sexual or physical assault. Initial assessments were conducted within 2 weeks of the assault and follow-up assessments were conducted 3 months after the assault. Assessment measures for this presentation include the Physical Reactions Scale (PRS) and the Clinician Administered Posttraumatic Stress Disorder Scale (CAPS). Results from regression analyses suggest that acute panic reactions as assessed by the PRS are highly predictive of subsequent re-experiencing, avoidance, and hyperarousal symptoms ($p<.01$). The acute symptoms predicted PTSD in both victims of sexual and physical assault. In addition to these findings, implications for the clinician will be discussed.

0123 **assess**

A Comparison of the MMPI-2 and the PAI for the Assessment of PTSD

Meghan McDevitt-Murphy, Auburn University; Frank Weathers, Department of Psychology, Auburn University; Amanda Olson, Department of Psychology, Auburn University; David Eakin, Department of Psychology, Auburn University; Trisha Benson, Department of Psychology, Auburn University

The MMPI-2 and the PAI were compared with regard to discriminating PTSD from depression and social phobia. Participants were 90 undergraduates with mixed civilian trauma exposure. They were administered the SCID-I, CAPS, MMPI-2, and PAI, and were assigned to one of four diagnostic groups (PTSD, depression, social phobia, no diagnosis). On both the MMPI-2 and the PAI a general pattern emerged, such that the PTSD group (n=22) produced the highest mean scores, followed by the depression (n=16), social phobia (n=13), and no diagnosis (n=39) groups. The PTSD and depression group differed from the no diagnosis group on most MMPI-2 and PAI scales, and from the social phobia group on several scales. However, the PTSD group did not differ from the depression group on any MMPI-2 basic clinical or validity scales, nor on the PAI clinical, validity, treatment or interpersonal scales. In discriminant function analyses the PAI demonstrated better correct classification rates than did the MMPI-2 for discriminating PTSD and depression (76.3% vs. 65.8%), PTSD and social phobia (77.1% vs. 74.3%), and PTSD and no diagnosis (83.3% vs. 80.3%). The PAI demonstrated lower interscale correlations than did the MMPI-2, which may account in part for the differences in correct classification.

0124 **assess**

Use of the MMPI-2 and the PAI in the Evaluation of Chronic PTSD

Susannah Mozley, Durham, North Carolina VA Medical Center; Jean Beckham, Durham, North Carolina VA Medical Center and Duke University Medical Center; Frank Weathers, Auburn University; Michelle Feldman, Durham, North Carolina VA Medical Center

The MMPI-2 is frequently included in the assessment of PTSD to address complications in diagnosis that include comorbidity and response validity. The Personality Assessment Inventory (PAI) is a relatively new multiscale inventory that may be a useful alternative to the MMPI-2, but very little is known about its use in PTSD assessment. The present study examined and compared these two instruments in the same sample of veterans evaluated for chronic, combat-related PTSD in a VA PTSD clinic. Archival data from 79 veterans was analyzed. PTSD diagnosis was determined from scores on the Clinician Administered PTSD Scale (CAPS). Results replicated findings of previous studies, which have called into question the utility of the MMPI-2 F validity scale and the MMPI-2 PK PTSD scale in PTSD evaluation. Use of newer MMPI-2 F validity scales (the F(p) and the Fptsd) were supported. The PAI trauma subscale appeared to be a useful measure of trauma exposure and re-experiencing. There was significant heterogeneity of codetypes for the PTSD group on both measures, suggesting that neither measure provides a "PTSD profile." Group comparisons indicated significant differences for several MMPI-2 and PAI scales. Results suggest that the PAI is a viable alternative to the MMPI-2 in PTSD assessment batteries.

0125 **assess**

The Impact of Stressful Life Events on Symptoms of Chronic PTSD

Barbara Niles, National Center for PTSD, VA Boston Healthcare System; Erika Wolf, National Center for PTSD, VA Boston Healthcare System; Heidi Behr, National Center for PTSD, VA Boston Healthcare System

Although clinical anecdote suggests that current stressors can exacerbate existing symptoms of chronic PTSD, there is little empirical support for this observation. It has been widely suggested that stress symptoms increased substantially for various groups following the 9/11/01 terrorist attacks. The current study provides evidence that these events had a negative impact on symptoms of PTSD in a group of Vietnam veterans. This presentation examines the course of chronic PTSD in Vietnam veterans who have been enrolled in an investigation in which PTSD symptoms, life stressors, and social support are assessed every two weeks via telephone interviews. Preliminary evidence suggests that PTSD symptoms fluctuate substantially, but show no general upward or downward trend over time. As clinical anecdote would predict, for those study participants who were enrolled in the study prior to 9/11/01, PTSD symptoms did increase significantly during the following weeks. However, no association was detected between self-reported stressors and PTSD symptom fluctuation in general. Thus, although that the impact of an event of the magnitude of 9/11/01 is evident, the impact of less extreme stressors on PTSD fluctuation is not detectable. Possible reasons for the lack of association between symptoms and stressors will be discussed.

0126 **assess**

Assessment of Fabricated Combat-Related PTSD with Self-Report Measures

Stephen Perconte, VA Pittsburgh Health Care System-Highland Drive; Melissa Cross, VA Pittsburgh Health Care System-Highland Drive; Martha Schmitz, VA Pittsburgh Health Care System-Highland Drive

There are few studies available examining the utility of self-report instruments, such as the Mississippi Scale, in distinguishing true combat related PTSD from fabricated presentations of PTSD. Of these, most rely on feigned presentations by educated subjects, such as college students. There are obvious differences between healthy feigning and clinical symptom fabrication, with markedly different diagnostic considerations. The present study attempts to address these shortcomings by administering 3 commonly used screening instruments, the MSC, the Beck Depression Inventory and the SCL-90-R, to four groups of Vietnam combat veterans: 20 veterans diagnosed with PTSD, 20 veterans diagnosed as Malingering, 20 veterans diagnosed with Factitious Disorder, and 20 control non-PTSD veterans with various other psychiatric disorders, for a total of 80 subjects. It was hypothesized that scores for the PTSD, Factitious and Malingering groups would be elevated across instruments, but with the highest reported symptom levels in the latter two. Results show significantly higher scores for all 3 groups compared to the non-PTSD controls, with the Factitious and Malingering groups reporting significantly higher scores than the PTSD group on all measures. The findings suggest that elevated scores on such screening instruments may be useful in alerting clinicians to clinically fabricated PTSD.

0127 **Withdrawn**

0128 **assess**

Assessing Overreporting in Compensation-Seeking Veterans with PTSD

Stephanie Repasky, New Orleans VAMC; Laurel Franklin, Brown University; Karin Thompson, New Orleans VAMC and Tulane University School of Medicine; Madeline Uddo, New Orleans VAMC and Tulane University School of Medicine

This presentation discusses the findings from two studies of compensation-seeking veterans diagnosed with PTSD (N = 127). Veterans were administered the MMPI-2 and measures of PTSD, depression, and combat exposure during a VA hospital compensation and pension exam (C&P). First, veterans were divided into two groups by their MMPI-2 F scale scores (F > 80 and F < 80) and then compared on MMPI-2 validity indicators (F, F(p), F-K), clinical scales, measures of combat exposure, PTSD, and depression. Sixty-two percent of veterans' F scores were elevated over a T-score of 80. Using F(p) and F-K, a much smaller proportion of profiles were deemed as invalid. Group differences on measures of depression, PTSD, and combat exposure are discussed. The second study used the Infrequency-Psychopathology [F(p)] scale to examine response styles in veterans with MMPI-2 F score over 80. Based on this scale, only 29 profiles were elevated due to overreporting. Veterans found to be overreporting were compared to veterans elevating profiles due to extreme distress on measures of combat exposure, PTSD, and depression. Use of the MMPI-2 for assessing response style and the clinical implications of our findings are discussed.

0129 **Withdrawn**

0130 **assess**

Real Words are Really Hard: Early Trauma and the Struggle to Disclose

Lynn Sorsoli, Harvard Graduate School of Education

Designed to bring depth to the current understanding of the healing nature of disclosure, the purpose of this study was to explore the range of traumatic experiences women feel reluctant to share, the ways they convey these experiences, and the ways they have come to understand relationships and the potential for disclosure. Data collection involved a semi-structured interview (the Multidimensional Trauma Recovery and Resiliency interview) followed by an open-ended interview with twenty women, including four survivors of childhood sexual abuse. Transcripts were analyzed through a variety of narrative methods (including holistic and categorical content analyses) to explore themes in life history, traumatic symptoms, and personal understandings of disclosure. This analysis revealed that life themes, general relational difficulties and complications with regard to the disclosure of painful or frightening events are similar across those who had experienced childhood sexual abuse and those who had experienced emotional abuse; while bodily symptoms and their influences on telling and relationships differs between the groups. These narratives also highlight the ways disclosure can exacerbate trauma symptoms by interrupting or negating the comfort that can be obtained through relationships and provide new understandings of difficulties trauma survivors experience both in and out of the therapy situation.

0131 **assess**

Screening for PTSD in Primary Care: The PRIME-MD

Avron Spiro III, VA Boston Healthcare System; Cheryl Hankin, McNeil Consumer Healthcare; Lewis Kazis, Center for Health Quality, Outcomes, and Economic Research, Bedford VAMC

The prevalence of mental disorders among primary care patients is well documented. Because these disorders often can be treated successfully, we should improve their detection in primary care. Our objective here is to determine whether a commonly used screening tool, the PRIME-MD Patient Questionnaire (PQ), can accurately identify patients with PTSD. We interviewed 474 VA ambulatory care patients (selected from a larger study) with the PRIME and administered a clinical assessment of current PTSD (CAPS). We used receiver operating characteristic analysis to identify a cutoff score on the PRIME-MD PQ that best identified current PTSD. The prevalence of current PTSD per CAPS was 9.8%. A cutoff score of 5 on the PRIME-MD PQ had excellent sensitivity (.91) and acceptable specificity (.54) for current PTSD. Of the 44 patients with current PTSD, 39 (89%) were identified by the PRIME. Although as prevalent as depression, PTSD is not routinely screened. The PRIME is as effective in screening for PTSD as for other mental disorders. Rapid and accurate screening of mental disorders can lead to improved detection, and then to diagnosis and treatment which can enhance health and quality of life. Supported by VA HSR&D SDR 91-006S, IIR 96-030.

0132 **assess**

Assessment, Treatment and Research in a Women's Therapy Centre

Noreen Stuckless, Women's College ACC, Sunnybrook and Women's, University of Toronto; Brenda Toner, Centre for Addiction and Mental Health, University of Toronto; Ruth Gallop, Faculty of Nursing, University of Toronto; Alisha Ali, Centre for Addiction and Mental Health, University of Toronto; Donna Akman, Centre for Addiction and Mental Health, Univerity of Toronto; Cheryl Rolin-Gilman, Centre for Addiction and Mental Health; Tracey Tully, Women's College ACC, Sunnybrook, and Women's; Diane Whitney, Centre for Addiction and Mental Health, University of Toronto; Lori Haskell, Centre for Addiction and Mental Health

Purpose and Method: A multi-disciplinary team of clinicians/researchers developed a clinical/research database for a woman-focussed therapy center where patients' presenting problems included depression, self-esteem, self-silencing, and physical, sexual and emotional abuse. The team was formed to develop a set of clinical measures suitable for a women's mental health setting that was grounded in a feminist position. Main objectives of developing the database were to improve the client's quality of care and to provide a well-designed basis for clinical research. Information was collected regarding presenting problems, demographics, clinical diagnoses, symptom change, and clients' pre-therapy expectations and post therapy satisfaction. The database has been used in a variety of clinical and empirical ways: first, to identify clients' concerns; second, to promote clinical practice that is relevant to these concerns; third, to develop and assess interventions that address these concerns; and fourth, to assess outcomes of these interventions. Findings and Conclusion: Data collected on 485 clients has been evaluated and integrated into clinical practice and research project development. Selected pre/post quantitative and qualitative measures indicated lower depression and self-silencing and higher self-esteem reported by the Centre's clients. The impact of this database on the women's therapy center and its clients will be discussed.

0133 **assess**

Psychophysiology and Psychometrics of PTSD in Russian Combat Veterans

Nadya Tarabrina, The Russian Academy of Sciences, Institute of Psychology; Natasha Lasko, Manchester VA Research Service, Massachusetts General Hospital, Harvard Medical School; Elena Misko, Russian Academy of Sciences, Institute of Psychology; Roger Pitman, Massachusetts General Hospital, Harvard Medical School; Scott Orr, Manchester VA Research Service, Mass. General Hospital, Harvard Medical School

Russian veterans of the Afghanistan War were assessed using a validated, script-driven imagery technique, and Russian translations of standardized psychometric instruments, and structured clinical interview. Participants were classified into current PTSD (n=15) and non-PTSD, (n=37) groups using the Clinician Administered PTSD Scale (CAPS). As a group, veterans with, compared to without, PTSD did not show elevated physiologic responses during imagery of their personal combat experiences, as previously observed across a variety of PTSD populations. However, when the PTSD group was limited to veterans with a CAPS-Total score =>65 (n=5), there was clear evidence of increased skin conductance reactivity during trauma-related imagery. Consistent with other PTSD populations, the Russian PTSD group

produced substantially higher scores on the MMPI-2 and other measures of general psychopathology. Factor analysis was used to examine relationships amongst the psychophysiologic, psychometric, and self-reported emotion measures. Measures of psychophysiologic reactivity during trauma-related imagery loaded primarily on a "stress-reaction" factor that included loadings from the Combat Exposure Scale, Impact of Event Scale, and CAPS-Total score. MMPI-2 clinical scale scores and measures of general psychiatric symptoms loaded on a "psychopathology" factor, on which the CAPS-Total score also loaded. Two additional factors appeared to represent symptom minimization and negative self-reported emotions.

0134 **assess**

R3: A Psychosocial Model of Traumatic Stress After Physical Injury

David Victorson, University of Miami; Kent Burnett, University of Miami; Kelly Travis, University of Miami; Marielena Palomino, University of Miami; Karen Macaluso, University of Miami; Kristen Bauer, University of Miami; Rebecca Delgado, University of Miami; Lorie Farmer, University of Miami; Victoria Hernandez, University of Miami; Destiny St. John, University of Miami

A conceptual psychosocial model was developed to reflect three important domains, Reaction, Resilience-Recovery and Risk (R3), which are believed to mediate the development and maintenance of posttraumatic stress reactions following traumatic physical injuries. "Reaction" is characterized by the presence or absence of pre, peri and posttraumatic psychophysiological stress reactions, such as acute/posttraumatic stress, depression/anxiety, substance use, and pain. "Reaction" is mediated by "Resilience-Recovery" and "Risk", which together make up a multidimensional bipolar construct. On one pole, "Resilience-Recovery" refers to factors involved in the: (a) resistance to the development/maintenance of psychophysiological stress and (b) promotion of the development/maintenance of adaptive post-injury thoughts, feelings and behaviors. On the other pole, "Risk" is characterized by factors that: (a) render an individual vulnerable to the development/maintenance of psychophysiological stress reactions and (b) promote the development/maintenance of maladaptive post-injury thoughts, feelings and behaviors. This continuum can be broken down into environmental, cognitive, personality, psychiatric and demographic domains, which can be further expanded into: coping, appraisal and attributional processes; social support, optimism, hardiness and self-efficacy; prior trauma and peritraumatic exposure, injury severity, and premorbid psychopathology. This model will be depicted graphically and empirical evidence will be provided to support the importance of these conceptual factors.

Posters in Track 2

Biological and Medical Research (bio med)

Presented: **Saturday, 2:30 p.m.–3:45 p.m.**

Poster Numbers 0201–0219

0201 **bio med**

A Structural Model of Trauma, PTSD and Perceived Health

M. Lori Conrad, Georgia State University; Sarah Cook, Georgia State University; Fran Norris, Georgia State University

In addition to the impairment associated with symptoms of PTSD, recent studies suggest that those who have experienced trauma, including victims of sexual assault and combat veterans, report higher levels of physical problems and utilize services more often than their non traumatized (or less traumatized) counterparts. The relation between traumatic events and physical health is not well studied but some studies available suggest the presence of PTSD as a factor. Although theories have been proposed to explain this relation, few have been adequately tested. This study sought to replicate and extend previous findings in a sample of 375 incarcerated women randomly selected and interviewed in a state prison in Atlanta and in a sample of 200 randomly selected women presenting to three clinics in a large inner city hospital. Using the Traumatic Life Events Questionnaire, the Posttraumatic Stress Symptom Scale, and the SF-36 Health Survey, the relation of trauma to perceived physical health was examined via a structural model with PTSD symptom clusters as mediators. Results and implications will be discussed in terms of treatment, policy, and future research.

0202 **bio med**

Salivary Cortisol, PTSD Symptoms, and CD4 Counts in HIV+ Individuals

Douglas Delahanty, Kent State University; Laura Bogart, Kent State University; Michael Baker, Kent State University; Jackie Figler, Violet's Cupboard

Research examining the biology of PTSD has consistently demonstrated alterations of the hypothalamic-pituitary-adrenal (HPA) axis in patients with PTSD, most often decreased levels of circulating cortisol. The effects of cortisol-mediated changes in immune activity in healthy individuals is unknown; however, small changes may have implications for immunosuppressed individuals such as HIV patients. The present study examined the relationship between PTSD symptoms stemming from diagnosis with HIV, waking salivary cortisol levels, and CD4 counts in 56 males and 13 females with HIV (38% African-American: average age = 40.8 + 8.8). Participants were recruited from an AIDS service organization where they completed questionnaires concerning disease variables as well as the Impact of Event Scale (IES). Participants also provided a saliva sample (for cortisol analysis) collected 45 minutes after waking. Results revealed that levels of intrusive thoughts and avoidant behaviors were negatively correlated with waking cortisol ($r=-.28$, $p=.02$) and positively correlated with CD4 counts ($r=.39$, $p<.01$). Correlations were similar for the intrusion and avoidance subscales of the IES. Results support prior findings of low cortisol in patients with PTSD and suggest that PTSD-related hormonal alterations may be related to disease course.

0203 **bio med**

Monitoring Health Status of Rescue Workers Following a Major Explosion

Anja Dirkzwager, NIVEL; Joris Yzermans, NIVEL

In May 2000, a firework factory exploded in a residential area in the Netherlands, resulting in 22 deaths, 947 wounded people, 500 destroyed houses, and 1,500 severely damaged houses. A large number of rescue workers was involved in the aftermath of this explosion; four of them died and dozens of them were wounded. Following the explosion, a large-scale monitoring study was implemented to investigate disaster-related health consequences of both the inhabitants of the area and the rescue workers. This poster presentation focuses on three groups of rescue workers involved in the explosion: firefighters, policemen, and ambulance personnel. The aim of the study was to monitor longitudinally disaster-related health problems, absenteeism, and use of medication of these rescue workers, through their contacts with the company doctors. These doctors register their contacts with the rescue workers involved in a computerized format. As data could be retrieved one year prior to the disaster, it is possible to compare the health status of the rescue workers with their health status prior to the explosion, and to compare the health status with a control group of rescue workers. This poster presents preliminary results on the number and type of health problems related to the explosion among these rescue workers.

0204 **bio med**

Sense of Coherence Predicts Support and PTSD after Pregnancy Loss

Iris Engelhard, Maastricht University

Antonovsky (1987) defined the sense of coherence (SOC) as the ability to perceive a stressor as comprehensible, manageable, and meaningful. In this prospective study of pregnant women, the relationships were tested between the SOC in early pregnancy and crisis support and symptoms of psychological trauma after pregnancy loss. One thousand three hundred and seventy-two

women completed questionnaires in early pregnancy, including measures for the SOC and depressive symptoms, and were followed for every 2 months thereafter until 1 month after the due-date of birth. Of them, 126 women had a pregnancy loss, and 118 completed measures for crisis support and symptoms of posttraumatic stress disorder (PTSD) and depression about one month later. The results showed that a stronger SOC in early pregnancy significantly, but modestly, predicted less PTSD symptoms after pregnancy loss. The SOC also predicted less depressive symptoms after pregnancy loss, over and above depressive symptoms in early pregnancy. Crisis support partly mediated the relation between the SOC and PTSD symptoms. The findings suggest that a stronger SOC renders women somewhat resilient to psychological trauma after pregnancy loss, which appears partly due to the mobilization of crisis support.

0205 **bio med**

Physical Health Functioning and PTSD Symptoms in Adults with Severe MI

Debra Fournier, University of Connecticut Health Center and Yale School of Nursing; Laura Thompson, Yale School of Nursing; Julian Ford, University of Connecticut Health Center

The literature regarding the link between PTSD and physical health outcomes continues to grow, with an expanding body of evidence suggesting that PTSD is associated with health perceptions, service utilization and documented physical ailments. The present study extends this research by examining the relationship between current PTSD symptom clusters and physical health (complaints of physical symptoms, general health-related functioning and perceptions, and physical health problems reported by a physician) in a sample of adult men and women in treatment for severe mental illness an urban community mental health clinic. The role of avoidance, emotional numbing, and psychogenic amnesia are highlighted, based on evidence from prior studies of an association between somatization and avoidance, alexithymia, and dissociation.

0206 **bio med**

Memory for the Traumatic Event Increases the Risk for PTSD

Sharon Gil, Department of Nursing, University of Haifa; Irit Zilberman, Division of Psychiatry, Rambam Medical Center; Danny Koren, Department of Psychology, University of Hiafa; Yael Caspi, Division of Psychiatry, Rambam Medical Center; Ehud Klein, Division of Psychiatry, Rambam Medical Center

The present study focused on memory for the traumatic event and its association to PTSD among victims of head trauma. 120 participants, recruited from the surgical unit at rambam medical center, were prospectively evaluated over six months following minor head trauma. All participants underwent psychiatric, personality, and cognitive evaluation and assessment of memory for details of the traumatic event. Overall, 17 (14%) of the participants met full criteria for PTSD six months after the trauma. Participants who remembered the trauma were significantly more likely to develop PTSD compared to those with no memory (OR=4.7; CI=1.0-9.9). Specifically, 13 (23%) out of 55 participants with memory developed PTSD, whereas only 4 (6%) out of the 65 participants without memory developed PTSD ($X2=21.3$; $p<.001$). Logistic regression analysis revealed that, accounting for other PTSD predictors (such as history of psychiatric disorder, acute stress reaction, etc), memory for details of the traumatic event was strongly associated with PTSD (OR=3.9; CI=1.0-7.0), second in order of magnitude to acute stress reaction (OR=5.1; CI=2.0-12.3). The findings of the present study highlight the importance of memory for details of the traumatic event as a positive predictor in the development of PTSD.

0207 **bio med**

Health Indices in Primary Care Patients With and Without Trauma and PTSD

Karen Gillock, Dartmouth Medical School; Claudia Zayfert, Dartmouth Medical School

Increasing interest has been directed towards the association between PTSD and physical health in primary care populations. This study assessed the effect of potentially traumatic experiences and PTSD on physical health in a primary care sample. PTSD diagnosis was determined by applying DSM-IV criteria to the "most distressing" event reported via the Life Events Checklist and the PTSD Checklist. Potentially traumatic and Criterion A events will be described. Of 232 participants, 9% met full PTSD criteria, 25% met partial PTSD criteria, 43% reported an event meeting Criterion A but did not meet PTSD criteria, and 24% did not report a Criterion A event. Health indices assessed included self-reported physical symptoms (Wahler Physical Symptoms Inventory), health functioning (Medical Outcomes Survey-Short Form 36), physician-diagnosed medical conditions, and medical utilization rates. Generally, ANOVAs revealed significant differences between the groups, with means reflecting poorer health and higher utilization for full PTSD patients, followed in order by patients with partial PTSD, no PTSD-trauma, and no PTSD-no trauma. Data on medical conditions are being coded and will also be presented. Findings will be discussed as respects the possibility that early PTSD screening/intervention can affect the health of a significant number of primary care patients.

0208 **bio med**

Prevalence and Presentation of Pain in a Clinical PTSD Sample

Karen Gillock, Dartmouth Medical School; Claudia Zayfert, Dartmouth Medical School; Daniel Almeida, Dartmouth College

Although increasing attention has been directed towards the role of trauma exposure and PTSD in pain populations, few studies have investigated pain in PTSD populations. This study attempts to address that gap by 1) providing descriptive data from a sample of treatment-seeking PTSD patients, and 2) comparing PTSD patients with and without pain on measures of PTSD, physical injury, health functioning, disability, and psychological distress. Of 93 PTSD patients who completed a pain questionnaire, 68 (73%) reported distress due to persistent/recurrent pain in the prior month. Reported pain duration ranged from 25-44 years (M=10.0, SD=11.7). Twenty-nine percent reported that the pain was due to accident or illness while 28% reported that "the pain just began" (the remaining 43% endorsed 'other' or provided no details). Full comparison data will be presented in this poster. Briefly, PTSD patients reporting pain generally evidenced significant differences from no-pain PTSD patients on physical symptom and disability measures, but not on psychological distress measures. The results will be discussed in terms of potential treatment considerations for PTSD patients with pain.

0209 **bio med**

Combat-Related Injury and PTSD: An Event-Based Injured-Control Study

Danny Koren, Psychology Department, University of Haifa; Ariela Tzarfati, Psychology Department, University of Haifa; Orit Sheli-Vacnin, Psychology Department, University of Haifa; Dana Mor, Psychology Department, University of Haifa; Yael Goshen-Kita, Psychology Department, University of Haifa; Liat Ziv, Psychology Department, University of Haifa; Ehud Klein, Psychiatry Division, Rambam Medical Center

Recent studies have found high rates of PTSD among injured trauma survivors. However, there are very few if any studies in the literature that attempted to isolate the unique contribution of physical injury to the development of PTSD by directly comparing injured and non-injured survivors in an event-based matched injured-control design. Participants in this study were 60 soldiers who were injured during combat in Lebanon between 1998 to 2001, and 40 one-to-one matched soldiers who participated in the same events but were not injured. PTSD and other Axis I disorders were assessed using structured

interviews like the Structured Clinical Interview for DSM-IV (SCID) and the Clinician Administrated Posttraumatic Scale (CAPS), as well as various self-report rating scales. Ten of the 60 injured soldiers (16.7%) but only one (2.5%) of the 40 non-injured soldiers met diagnostic criteria for current PTSD (Odds Ratio=7.60). Injured soldiers scored significantly higher on all the self-report scales of PTSD as well as depression and anxiety symptoms. These results suggest that physical injury increases rather than decreases the risk for PTSD. Furthermore, the low incidence of PTSD in the non-injured group, suggests that the injury might play a key role in the development of PTSD.

0210 **bio med**

The Relationship Between Cigarette Use, PTSD, Depression and Panic

Dean Lauterbach, Eastern Michigan University; Gregory Leskin, National Center for PTSD, VA Palo Alto Healthcare System; Claudia Baker, National Center for PTSD, VA Palo Alto Healthcare System

Figures from the CDC indicate that tobacco kills more than 430,000 U.S. citizens each year-more than alcohol, cocaine, heroin, homicide, suicide, car accidents, fire, and AIDS combined. Very vew studies have examined the relationship between PTSD and cigarette use. A search of the PILOTS database using the search terms 'tobacco,' 'nicotine,' and 'cigarette(s)' uncovered only 45 unique citations, 20 of which address the relationship between cigarette use and PTSD/trauma exposure. The extant studies have focused primarily on children and women and suggest that exposure to trauma (e.g., Bensley et al., 1999; Kaplan et al., 1998) and development of PTSD (e.g., Acierno et al., 1996; Lipschitz et al., 2000) are each associated with elevated risk for nicotine use/abuse. This paper utilized data from the National Comorbidity Survey (NCS) to better understand cigarette use in the following groups: 1. PTSD, 2. PTSD + alcohol/drug use/dependence, 3. PTSD + depression, and 4. PTSD + Panic. 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. Preliminary analyses indicate that comorbidity does not increase the likelihood of using cigarettes (nicotine abuse). However, persons in the PTSD + alcohol dependent group were elevated in their use of cigarettes and reported greater difficulty quitting. Additional data on the relationship between nicotine use/abuse, PTSD, and various comorbid disorders will be presented.

0211 **bio med**

Trauma Exposure and PTSD Symptoms in HIV-Seropositive Adults

Erin Morgan, Boston Medical Center; Carlos Cuevas, Boston Medical Center; Melanie Vielhauer, Boston Medical Center; Andreas Bollinger, VA Boston Healthcare System, Boston University School of Medicine; Jori Berger, VA Boston Healthcare System, Boston University School of Medicine; Terence Keane, VA Boston Healthcare System, Boston University School of Medicine

To date, few published studies have examined trauma exposure in an HIV population, depite high rates of substance abuse that have been documented in people living with HIV an the high rate of comorbidity between substance abuse and PTSD in the general population. The current study examines trauma exposure and PTSD in HIV-seropositive adults with substance abuse disorders who were recruited at an inner-city, urban medical center. As part of a larger, ongoing study of HIV/AIDS treatment adherence, health outcomes, and health costs, participants were interviewed with the Life Events Checklist and the Clinician-Administered PTSD Scale. In addition to demographic information, preliminary data will be presented on the frequency of exposure to different categories of traumatic events and the prevalence of PTSD symptoms.

0212 **bio med**

Domestic Violence and PTSD: Examination of Pregnancy Outcomes

Leslie Morland, National Center for PTSD; Greg Leskin, National Center for PTSD; Carolyn Rebecca Block, Illinois Criminal Justice Information Authority; Mathew Friedman, National Center for PTSD

Traumatic stress may impact a woman's reproductive health. During pregnancy, for example, physical and sexual assault can result in miscarriage. The biological and behavioral alterations associated with PTSD may also indirectly lead to adverse pregnancy outcomes (Seng et al., 2001). Despite the proliferation of research documentin the high rates of intimate partner violence (IPV) during pregnancy (Gazmararian, Lazaorick, and Spitz, 1996), few studies have examined the relationship between IPV, PTSD, and adverse pregnancy outcomes. Examination of archival data allowed us to explore the independent relationships between physical and psychological abuse, PTSD, and pregnancy outcomes in a population of primarily ethnic minority women. Data were examined from a population of women over 18 years of age who sought treatment at one of three medical sites as part of the Chicago's Women's Health Risk Study (CWHRS) (Block, 2000). After controlling for substance abuse, depression, and social support, both psychological and physical abuse were found to significantly predict higher rates of miscarriage. These findings suggest that women who have not only experienced physical abuse but have also experienced psychological abuse during pregnancy may be at increased risk for miscarriage. Prospective studies are needed to confirm findings and determine potential mechanism underlying these relationships. Routine assessment and treatment of trauma and PTSD in Ob-gyn clinics may reduce adverse pregnancy complications.

0213 **bio med**

Cognitive Functioning and Hippocampal Volume in Combat-Related PTSD

Rebecca Prestel, National Center for PTSD, Boston VAMC; Catherine Kutter, National Center for PTSD, Boston VAMC; Wendy Stegman, National Center for PTSD, Palo Alto VAMC; Lorraine Stewart, National Center for PTSD, Palo Alto VAMC; Danny Kaloupek, National Center for PTSD, Boston VAMC; Steven Woodward, National Center for PTSD, Palo Alto VAMC

Previous research on humans and animals has shown that the hippocampus plays a central role in declarative memory function and that psychological trauma exposure is related to smaller hippocampal volume. In a sample of 60 combat veterans, we used magnetic resonance imaging to assess hippocampal white matter volume, and we correlated white matter volume with measures of cognitive functioning. We assessed performance on a serial 7s subtraction task and on tasks of visual (Rey Osterreith Complex Figure Test, Rey Visual Design Learning Test) and verbal (Wechsler Memory Scale—Logical Memory, Hopkins Verbal Learning Test) memory. Hippocampal white matter volumes correlated positively with performance on the verbal memory tasks and on the subtraction task but not with visual memory performance. Further analyses suggested that the specific relationships between hippocampal volume and memory differed across Vietnam and Gulf War cohorts. Additionally, the results of linear regression analyses indicated that levels of psychological symptoms accounted for more variance in some performance measures than did hippocampal volume. Additional data are being collected. Implications of these findings will be discussed.

0214 **Withdrawn**

0215 **bio med**

Trauma-Related Somatoform Symptoms in Psychotherapeutic Outpatients

Martin Sack, Hannover Medical School, Department of Psychotherapy and Psychosomatic Medicine; Peter Henningsen, University of Heidelberg, Department of Psychosomatic Medicine and Psychotherapy; Friedhelm Lamprecht, Hannover Medical School, Department of Psychotherapy and Psychosomatic Medicine

The purpose of our study was to extend the knowledge about the relation of traumatizations and somatoform symptoms in an outpatient population. 613 consecutive patients were evaluated with clinical interviews and a standardised test battery including symptoms in general (SCL-90-R), somatoform symptoms (SOMS-7), history of traumatizations (PDS), and traumatic childhood experiences (CTQ). 73% percent of the total sample reported at least one significant lifetime trauma. The prevalence of somatoform symptoms was significantly higher in traumatized subjects (mean number of somatoform symptoms 16.8 ±9.8 vs. 12.1 ±8.9). Accordingly, these patients also fulfilled the diagnostic criteria of somatization disorder more frequently. These differences were more marked in patients with sexual traumatizations. Pseudoneurological symptoms and sexual symptoms which have a very low base rate in non-traumatized clinical populations were much more frequent in sexually traumatized patients (odds ratio up to 6,8). Nevertheless, some other symptoms with generally higher base rate like abdominal pain or fatigue were also relatively more frequent (odds ratio 2-3). This leads us to the conclusion that the conceptualisation of somatoform disorders as a primarily chronic polysymptomatic form of hysteria with rare but typical pseudoneurological and sexual symptoms in the 1960s might have been influencedby a high proportion of somatizing (female) subjects with (possibly unrecognised) traumatizations.

0216 **bio med**

Declarative Memory Performance and Hippocampal Volume in PTSD

Wendy Stegman, National Center for PTSD-Menlo Park VA; Lorraine Stewart, National Center for PTSD-Menlo Park VA; Rebecca Prestel, National Center for PTSD-Boston VA; Catherine Kutter, National Center for PTSD-Boston VA; Ned Arsenault, National Center for PTSD-Menlo Park VA; Danny Kaloupek, National Center for PTSD-Boston VA; Steven Woodward, National Center for PTSD-Menlo Park VA

Large amounts of data collected from humans and animals indicate that the hippocampus plays a central role in declarative memory function. To study this relationship in PTSD, we acquired hippocampal gray matter volumes via magnetic resonance imaging and correlated these data with delayed recall performances on visual and verbal declarative memory tasks. We were surprised to find few significant correlations in a group of 74 combat veterans, with and without PTSD. Only performances on the Rey-Osterreith Complex Figure Test (ROCFT) were related to hippocampal gray matter volumes (r's in the range of 0.26 to 0.30). Performances on the Wechsler Logical Memory Scale and Hopkins Verbal Learning Test were not related to hippocampal gray matter volumes. Some results suggested that the pattern of correlations between hippocampal volume and memory performance differed in the Vietnam and PGW cohorts. Based on earlier findings, we regressed memory performances on Beck Depression Inventory (BDI) scores and hippocampal gray matter volumes. In these analyses, the BDI accounted for more variance in memory performances than did hippocampal volumes. Similarly, when memory complaints were regressed on hippocampal volumes, BDI, and CAPS severity scores, hippocampal volumes accounted for essentially no variance in complaints. Implications of these findings will be discussed.

0217 **bio med**

Structural and Functional Estimates of Hippocampal Status in PTSD

Lorraine Stewart, National Center for PTSD, VA Palo Alto Healthcare System; Wendy Stegman, National Center for PTSD, VA Palo Alto Healthcare System; Rebecca Prestel, National Center for PTSD, Boston Veterans Affairs Medical Center; Catherine Kutter, National Center for PTSD, Boston Veterans Affairs Medical Center; Ned Arsenault, National Center for PTSD, VA Palo Alto Healthcare System; Matthew Kimble, National Center for PTSD, Boston Veterans Affairs Medical Center; Steven Woodward, National Center for PTSD, VA Palo Alto Healthcare System; Danny Kaloupek, National Center for PTSD, Boston Veterans Affairs Medical Center

A number of studies have suggested that hippocampal structure and function are compromised in PTSD. Knight (1996), studying persons with hippocampal lesions, found evidence that an event-related potential (ERP), the novelty P3, indexes hippocampal functional status. The novelty P3 is an auditory event-related potential elicited from subjects listening passively to novel sounds. The EEG time-locked to novel sounds typically exhibits a large fronto-central positivity. In patients with hippocampal lesions the novelty P3 was eliminated. Extrapolating from Knight's finding, we expected to observe that MRI-based hippocampal volumes would covary directly with the amplitude of the novelty P3. Subjects in this study were 68 Persian Gulf and Vietnam combat veterans with and without PTSD. Hippocampal volumes were estimated blind to diagnosis and electrophysiologic data. MR quantification also included Talairach-based estimates of frontal gray matter volumes. Not withstanding Knight's findings, we observed in this large sample absolutely no covariance between novelty P3 amplitudes and hippocampal or frontal cortical gray matter volumes. More precise quantification of the novelty P3 and other ERP components are ongoing using spatio-temporal principal components analysis. Implications of these findings will be discussed.

0218 **bio med**

Memory Functioning and PTSD: Impact on Treatment Outcome

Jennifer Wild, Institute of Psychiatry, University of London

Approximately one half of clients with PTSD still meet diagnostic criteria for the disorder after a standard course of cognitive-behavioural therapy (CBT, the current psychological treatment of choice). Recent research has highlighted impaired learning and memory processes in adults with PTSD. In addition, neuroimaging studies have identified altered brain morphology in regions associated with memory functioning, specifically the hippocampus. Memory difficulties appear to adversely affect the ability of clients with PTSD to respond to CBT. This presentation will review the current neuropsychological findings associated with PTSD. Data will be presented of PTSD sufferers, with and without memory deficits, who were followed through a standard course of CBT for PTSD. Clients who did not improve with treatment had significantly poorer performance on intake measures of verbal memory. In particular, a measure of encoding meaningful verbal material was found to independently predict outcome. Good treatment planning requires the prior identification of clients unlikely to respond to a specific therapy. Screening for memory problems will inform initial psychological assessment and treatment planning for PTSD. The presentation will propose specific screening procedures for memory deficits in PTSD. The use of these will optimize treatment planning and raise therapeutic response rates for sufferers of PTSD.

0219 **bio med**

Health Status of Rescue Workers After the Bijlmermeer Plane Crash

Anke Witteveen, VU University Medical Center; Inge Bramsen, VU University Medical Center; Anja Huizink, VU University Medical Center; Pauline Slottje, VU University Medical Center; Danielle Brunsting, VU University Medical Center; Jos Twisk, VU University Medical Center; Willem van Mechelen, VU University Medical Center; Tjabe Smid, VU University Medical Center and KLM Arbo Services; Henk van der Ploeg, VU University Medical Center

On October 4, 1992, an El Al Boeing crashed into two apartment buildings in the Amsterdam suburb "Bijlmermeer." In the aftermath residents and rescue workers expressed health concerns. They were particularly concerned about possible exposure to hazardous materials. In 2000 a historical cohort study was started to assess the health status of police officers (N=806) and fire-fighters (N=398) who have been professionally involved at the scene of the crash. The health status of workers (N=305) of the KLM Royal Dutch Airlines, who have been exposed to the wreckage of the plane was also assessed. The aforementioned groups of subjects will be compared to similar groups of controls derived from the police (N=683), fire-department (N=161) and KLM workforce (N=214) who were not involved with the Bijlmermeer plane crash. Self-report questionnaires are used to assess prevalence of (1) (partial) PTSD and (2) other psychological symptoms like depression, anxiety and somatic symptoms. In addition to self-report questionnaires (3) salivary cortisol is measured. Professional involvement at the scene of the plane crash or exposure to the remains of the plane are the main independent variables, whereas the prevalence of PTSD and other psychological symptoms are the main dependent variables.

Posters in Track 3

Children and Adolescents (child)

Presented: **Friday, 4:00 p.m.–5:15 p.m.**

Poster Numbers 0301–0327

0301 **child**

Correlates of Acute Stress Symptoms in Children After Traffic Injury

Chiara Baxt, The Children's Hospital of Philadelphia and Fordham University; Nancy Kassam-Adams, The Children's Hospital of Philadelphia; Flaura Winston, The Children's Hospital of Philadelphia

PTSD in children has been associated with the child's prior trauma exposure and his/her exposure to traumatic factors associated with an index event. However, predictors of acute reactions (including ASD) in children are not well understood. This study examined the relative contributions of demographic factors, trauma history, event-related exposure (e.g., frightening sights and sounds), and acute pain to children's self-reported ASD symptoms. 311 children, ages 5 to 17, injured in a traffic crash (as a passenger, pedestrian, or bicyclist) were assessed within one month of injury. ASD symptom severity was associated with age, race, trauma history, event-related exposure and pain (bi-variate correlations), but not with gender or with time between injury and assessment. Multiple linear regression analysis was conducted to investigate the unique and combined contribution of these factors in predicting ASD severity. The resultant model accounted for a small, but significant amount of the variability in children's reports of ASD symptoms. Younger age, African-American ethnicity, more prior trauma, and greater event-related exposure were each independently associated with greater severity of ASD symptoms. These findings are consistent with current literature regarding child PTSD, but also suggest the need to include additional phenomena in prediction of children's stress reactions.

0302 **child**

Coping with Trauma Reminders: Gender Specificity in Bosnian Youth

Molly Benson, University of Vermont; Bruce Compas, University of Vermont; Christopher Layne, Brigham Young University

Exposure to external reminders of traumatic war-related events, coping responses to these reminders, and psychological symptoms were examined in youth living in post-war Bosnia. Participants (N= 136) completed the Youth Self-Report (YSR) and the Responses to Stress Questionnaire (RSQ). Confirmatory Factor Analysis confirmed the 3-factor model of coping measured by the RSQ of Primary Control, Secondary Control and Disengagement coping. For girls, exposure to trauma reminders was significantly ($R2 = 0.11$, $p < .01$) and positively related to internalizing, but not externalizing symptoms, and this relationship was fully mediated by coping responses (Total $R2 = 0.20$, $p < .01$). Specifically, higher use of Secondary Control coping strategies (cognitive restructuring, positive thinking, acceptance, distraction) significantly ($p < .05$) predicted lower internalizing symptoms. For boys, exposure to trauma reminders was significantly ($R2 = 0.07$, $p < .05$) and positively related to symptoms of externalizing, but not internalizing symptoms. This relationship was also fully mediated by coping responses (Total $R2 = 0.22$, $p < .01$). Use of Disengagement coping strategies (avoidance, denial, wishful thinking) significantly ($p < .05$) predicted lower externalizing symptoms. Results suggest specificity related to gender, type of coping, and symptom outcomes in Bosnian youth exposed to post-war trauma reminders.

0303 **child**

Changes of PTSD in Adolescents Two Years Post the Taiwan Earthquake

Sue-Huei Chen, National Taiwan University., Dept. of Psychology; Yin-Chang Wu, National Taiwan Univ., Dept. of Psychology; Chia-Chen Chao, Chang Gung Univ., Dept. of Occupational Therapy; Po-Chun Chiang, National Taiwan Univ., Dept. of Psychology; Hsu-Min Tseng, Chang Gung Univ., Dept. of Healthcare Management

This study aims to report the changes of prevalence of PTSD rates and symptoms in adolescents over two years post the Taiwan 921 Earthquake. The devastating earthquake, measuring 7.3 on the Richter Scale, occurred in central Taiwan at the midnight of September 21, 1999 and killed about twenty-five hundred people. Since the earthquake, we have conducted two waves of data collection, one at the time right after the first and the other one the second anniversary, assessing on 2084 and 2080 adolescents from 4th to 9th grade living in two most severely damaged towns near the epicenter, respectively. Exposure Index for Youths and UCLA PTSD Index for DSM-IV (Taiwanese version) were administered. Preliminary analyses showed that variations of prevalence of PTSD rates and symptoms of each cluster were found over time and across grade groups. More younger adolescents met PTSD diagnosis in each year and endorsed more on the cluster B (reexperiencing) and D (hypervigilance). Although the prevalence decreased over time, substantial percentage of adolescents in heavily impacted areas still experience chronic PTSD symptoms two years after the Earthquake. The limitations of this study and needs for implementation of school-based programs for earthquake recovery will be discussed.

0304 **child**

Use of Childrens' Narratives to Inform Study of Post-Flood Symptoms

Lane Geddie, Department of Psychology, University of Dayton; Susan McCammon, Department of Psychology, East Carolina University; Angela Smith, Department of Child Development and Family Relations, East Carolina University; Nicole Childs, Department of Child Development and Family Relations, East Carolina University; Jennifer Harkness, Department of Child Development and Family Relations, East Carolina University; David Dosser, Jr., Department of Child Development and Family Relations, East Carolina University

Post-trauma evaluations have largely used closed-ended symptom reports which do not provide the clinician with an awareness of trauma aspects which most impacted the child. The purpose of this study was to compare the information obtained from childrens' open-ended descriptions of their experiences during Hurricane Floyd with their trauma symptoms and post-disaster adjustment. Ninety-seven third through sixth grade children provided narrative summaries of their hurricane/flood experiences on the Child PTSD Inventory. Four hundred seventy-seven statements were reduced into 23 meaning statements, which were condensed into 12 thematic clusters. The children also completed the Child Depression Inventory-Short Form, the Child's Reaction to Traumatic Events Scale, the diagnostic portion of the Child PTSD Inventory, and the Behavioral Assessment Scales for Children. Mann-Whitney U analyses were conducted to compare post-disaster adjustment in children who mentioned each of the cluster factors with those who did not. Results indicated that children who focused on positive aspects of the experience showed better adjustment on the BASC Emotional Symptoms Index and fewer PTSD symptoms. Children for whom experiences of evacuation, destruction, and power outages were salient displayed more PTSD symptoms. Combining qualitative and quantitative data offers a richer clinical picture, and can more specifically direct intervention efforts.

0305 **child**

Destructive Parentification in Child Victims of Sexual Abuse

Michelle Green, Georgia State University; Gregory Jurkovic, Georgia State University

The present study examined whether destructive parentification mediates the relation between family functioning and trauma symptomatology in a sample of 96 female preadolescent and adolescent victims of intrafamilial sexual abuse. Destructive parentification refers to extensive instrumental and emotional caretaking by children of family members in the absence of reciprocity and acknowledgment. Although this variable has long been viewed clinically as an important aspect of the family context of childhood sexual abuse, it has received surprisingly little empirical attention in the maltreatment literature. Although family stress did not covary with either destructive parentification or trauma symptomatology, family coping resources significantly related to destructive parentification, anxiety, anger, and posttraumatic stress in the child victim. Destructive parentification also significantly covaried with anxiety, depression, anger, posttraumatic stress, and sexual concerns. Further, as hypothesized, destructive parentification mediated the relation of family coping to anxiety and posttraumatic stress and partially mediated the relation of family coping to anger. The results suggest that destructive parentification serves as one mechanism through which poor family coping skills lead to problematic outcomes following childhood sexual abuse.

0306 **child**

Child Abuse at Japanese Schools

Yuichi Hattori, Sayama Psychological Services

In Japan in the early 1970s, many schools began to discipline fanatically children and adolescents for the total obedience to school authorities and tight regulations. Minor transgressions of school rules became sinful, and many students were subject to corporal punishment, emotional abuse, forced eating, and ostracism at schools. This educational totalism, called Kanri Kyoiku (controlled education), peaked in the 1980s and 1990s during which Japanese parents passively accepted many cases of physical and psychological violence at schools. Based on the translations of articles of newspapers and popular magazines, this poster session will present the gruesome reality of child abuse at Japanese schools, which Japanese majorities have avoided to face and have remained unattended by foreign countries. Representative cases include cases of child injuries resulting from disobedience to the commands of teachers, two cases of students killed by teachers, bullying and ostracism by peers who vent anger toward classmates, children and adolescents refusing oppressive school life, and the education boards of local cities that protect abusive teachers from legal prosecutions. The presenter will address to Japanese tendencies of not protecting their own children, blaming victims, avoiding confrontations with people at power, concealing problems under the lag, and being indifferent to justice and human rights.

0307 **child**

Red Flags Idaho: Prevention of Depression, Suicide and Trauma in Teens

Beth Hudnall-Stamm, Institute of Rural Health, Idaho State University; Ann Kirkwood, Institute of Rural Health, Idaho State University, Boise Center

Red Flags Idaho began on September 1, 2000, in an effort to reduce negative attitudes about mental illness (stigma) and increase referrals for mental health care for depression, suicide, and, following September 11, traumatic stress. The anti-stigma intervention centers on educational programs for teachers, administrators, and parents. All participants were asked to complete satisfaction surveys. The results of the surveys point to positive outcomes with regard to participants' attitudes as evidenced by the number who agree that mental illnesses are not the person's "fault". Ninety-five percent of teachers and 84 percent of parents rated the training positively. A significant portion of educators sought more detailed information about depression, traumatic stress, and other mental illnesses. Only 55% felt ready to use Red Flags in their schools, generally because they were concerned that they may not be able to handle youth who disclose their need for mental health care. Participants indicated they wanted more in-depth training, which lead to including licensed mental health professionals to the health education training staff. While Red Flags Idaho reached 1/3 of the state's school districts during the 2000-2001 school year, funding continues to be a barrier, even in the face of requests from school personnel.

0308 **child**

Role of Parental Depression in Bosnian Children's PTSD Symptoms

Gregory Jurkovic, Georgia State University; Deborah Weishaar, Georgia State University; Tamara Sarac, Augusta State University; Richard Morrell, Georgia State University; Samuel Fasulo, Georgia State University

As part of a larger project examining the long-term effects of war on children and their families in Bosnia, the present study explored the mediating role of parental depression in the relation of war exposure to children's posttraumatic stress. It was hypothesized that the parents' war-related distress would diminish the emotional processing of war experiences by family members, thus prolonging the children's posttraumatic stress reactions. Sixth, seventh, and eighth-grade children and their parents (mostly mothers) were recruited through an elementary school in Sarajevo in December 2000 (N = 134). The parents were administered measures of the family's war experiences and their own depression and the children a measure of posttraumatic stress. All of the measures were internally reliable. As expected, war exposure, parental depression, and children's posttraumatic stress symptomatology were significantly interrelated. Furthermore, as determined via hierarchical regression analysis, the association of war exposure to posttraumatic stress significantly diminished when parental depression was entered into the equation supporting its mediating role. Additional focus group data suggested that the

parents' distress, indeed, contributed to their reticence to discuss the war with their children. Importantly, the children's concern for their parents' emotional well being also appeared to contribute to this process.

0309 **child**

Abuse and Harassment by Authority Figures in Japanese Youth Sports

Rika Kawano, National Institute of Mental Health, National Center of Neulogy and Psychiatry; Yoshiharu Kim, Division of Adult Mental Health, National Institute of Mental Health

The majority of children who participate in sport should be situated in a safe and positive atmosphere with the support and encouragement of those involved with the sport. In addition, all individuals involved in sports activities with children and young people have a responsible to safeguard their welfare. However, abuse and sexual harassment by authority figures in youth sports have been existed. Abuse, violence, and sexual harassment were discussed in relation to how young athletes might harm their mental health such as identity, self-esteem, or self-confidence after they exposed. The major incidents on abuse and sexual harassment of sport settings reported in two major newspapers were presented, and the origins of such issues were clustered into five groups based on the processes or reasons of harassment and abuse by authority figures. For abuse and harassment in sports, leaders and educators of sports governing bodies, educational institutions and athletic programs in school should be encouraged to formulate, implement and evaluate a policy on abuse, violence, and sexual harassment between coaches and athletes. This paper must be utilized for the first step to investigate the psychological outcome after traumatic events by such violence in sport arena.

0310 **child**

Cognitive Appraisals in Sexually Abused Children

Leslie Kimball, Children's Advocacy Services of Greater St. Louis; Janelle Vincent O'Boyle, Children's Advocacy Services of Greater St. Louis; Jeffrey Wherry, Children's Advocacy Services of Greater St. Louis

It has been well-established that cognitions are affected by trauma and that recovery from a traumatic event often involves changing cognitions that are inaccurate or unhelpful. However, few assessment tools exist for measuring cognitive appraisals in children. This study presents a new tool, the Beliefs about Trauma (BAT) questionnaire (Wherry, Kimball, and Wise), a 53-item instrument designed to measure the cognitive attributions made about negative events by sexually abused children. It consists of two parts: The BAT-A measures cognitive appraisals of "bad things" in general that can happen to people, while the BAT-T measures cognitive appraisals of sexual abuse specifically. The BAT-T taps, among other concepts, the perceived duration of the abuse, perceived threat, beliefs about positive change due to the abuse, the predictability, consistency, and inescapableness of the abuse, perceptions of control, beliefs about the future, and the affective value of the abuse. This poster will present initial reliability and validity information on the BAT, including comparisons with the Children's Attributions and Perceptions Scale (CAPS; Mannarino, Cohen, and Berman, 1994) and relationships with the Trauma Symptom Checklist for Children (TSCC; Briere, 1995).

0311 **child**

Complex Adaptations to Trauma in a Child Outpatient Sample

Cassandra Kisiel, The Trauma Center; Lissa Duttra, Boston University; Bessel van der Kolk, The Trauma Center

Epidemiological and clinical studies and adult retrospective reports indicate that the majority of traumatized children are exposed to multiple adverse life experiences and exhibit a variety of symptoms that cannot be described simply in terms of PTSD. While research has traditionally focused on the relationship between specific trauma antecedents (e.g., sexual or physical abuse) and particular outcomes or disorders, there is a need to look more carefully at the complex psychosocial adaptation of child trauma survivors in order to better serve these children. The present study consists of a secondary analysis of child assessment data collected at the Boston Trauma Center between 1998-2000. The sample includes 123 children (ages 3-18) that received an outpatient evaluation or treatment during this period. The database contains information on demographics, trauma exposure, treatment history, contextual variables, mental health symptoms, risk behaviors, and formal assessment results. Preliminary results indicate the majority of children in this sample experienced diverse and multiple forms of trauma and exhibited symptom clusters beyond classic PTSD symptoms, including aggression, dissociation, and suicidality. Findings will be discussed in terms of the importance of utilizing and developing comprehensive assessment strategies that assess strengths as well deficits in order to guide child trauma treatment.

0312 **child**

Correlates of Adolescent Dating Violence in Middle School Adolescents

Monique LeBlanc, Medical University of South Carolina; Rochelle Hanson, Medical University of South Carolina

Dating violence occurs at staggering rates and is associated with lasting consequences. However, information regarding dating violence has come mostly from Caucasian colleg and high school samples, limiting the generalization of findings to younger adolescents and ethnic minorities. The purpose of this investigation was to examine ADV (adolescent dating violence) in predominately African-American adolescents attending middle school. First, demographic differences in ADV perpetration and victimization, including psychological, physical, and sexual abuse, were examined. Secondly, the relations among various forms of ADV and mental health outcomes, including depression, self-esteem, and posttraumatic stress symptoms, were explored. Third, correlates of ADV, such as gender stereotyping, domestic violence norms, and conflict management skills, were investigated. Participants were 146 seventh and eighth grade, predominately African-American (66.4%), students (50% boys). Results revealed demographic differences in rates of perpetration and victimization of dating violence. Second, psychological abuse victimization was related to depression, lowered self-esteem, and symptoms of posttraumatic stress, while psychological abuse perpetration was linked with posttraumatic stress. Lastly, regression analyses revealed three main findings. Domestic violence norms were related to psychological and physical abuse perpetration. Destructive responses to anger were linked with psychological, physical, and sexual abuse victimization and psychological abuse perpetration. Gender stereotyping predicted sexual abuse victimization. Implications of these findings are discussed.

0313 **2001 Student Research Award Winner Research Update**

Family Factors in Adolescents Exposed to Community Violence

Monique LeBlanc, Medical University of South Carolina; Shannon Self-Brown, Louisiana State University; Mary Lou Kelley, Louisiana State University

Community violence exposure has been associated with a plethora of adverse aftereffects. Greater understanding of compensatory and potentiating factors associated with community violence exposure is essential for effective clinical intervention and preventative strategies. The purpose of this study was to investigate the relations among community violence exposure, including neighborhood and school violence exposure, and two family factors, family violence exposure and parent-adolescent relationship skills. The moderating effects of family violence exposure and parent/adolescent communication problem solving skills upon the association of community violence exposure and negative and positive outcomes were examined. Participants consisted of 100 adolescents (93% African-American, 79% female), aged 12 to 20 years, and a parent. Results indicated that family violence exposure was related to psychological distress, including depression, anxiety, and social stress. School violence exposure was associated with personal adjustment, such as interpersonal relations and self-esteem, and neighborhood violence exposure with conduct, including health related behaviors and affiliation with positive

peers. Family relationship skills predicted parent rated externalizing problems and adaptive skills, such as social skills. Significant interactions were identified for family, school and neighborhood violence exposure, parent skills and neighborhood and school violence exposure, and adolescent skills and school violence exposure. These results have implications for prevention programs within the community and within the schools.

0314 **child**

A Prospective Study of Children Involved in RTAs and Assaults

Richard Meiser-Stedman, Department of Psychology, Institute of Psychiatry; Patrick Smith, Department of Psychology, Institute of Psychiatry; William Yule, Department of Psychology, Institute of Psychiatry; Tim Dalgleish, MRC Cognition and Brain Sciences Unit, Cambridge

The principal aims of this study are to determine the time-course of PTSD symptoms over the first three-months after a traumatic event, and identify predictors of PTSD symptomatology at 3-months. The predictors considered were derived from cognitive models of PTSD. One-hundred 10-16 year-olds who attended the Accident and Emergency Department of a hospital in South London following a road traffic accident or assault were recruited to participate in this study. Children and their parents were interviewed using an adapted version of the ADIS-C at 2-4 weeks after a traumatic event, and completed questionnaires at both 2-4 weeks and 3 months post-trauma. Potential predictors of PTSD that were investigated at the initial assessment point included the nature of memories of the trauma, thought control strategies, rumination, anxiety sensitivity, attitudes towards emotional expression, and attitudes towards worry. Data concerning the relationship between Acute Stress Disorder (ASD) at initial assessment and PTSD at 3 months will be presented, in addition to regression analyses of variables predicting PTSD at 3 months.

0315 **child**

Teacher-Rated Social Skills of New York Preschoolers Following 9/11

Pamela Mitchell, City University of New York, Graduate School and University Center; Anastasia Yasik, Pace University; Philip Saigh, City University of New York, Graduate School and University Center; Harout Armenian, Johns Hopkins University; Edward Blanchard, SUNY-Albany; A. Reese Abright, St. Vincents Hospital

This study examines the social skills of New York City preschoolers following the events of September 11, 2001. One group of preschoolers was directly exposed to the attack as their schools were approximately 1000 meters from the World Trade Center. These children witnessed burning buildings, some saw an airplane hit the towers, and some saw people jumping out of windows. All were enveloped in smoke and many were displaced from their homes and schools for extended periods of time. A second group of preschoolers who attended preschools in midtown Manhattan and the upper east side were not directly exposed to the attack and were not displaced. The Social Skills Rating System (SSRS) which was completed by the teachers provides data regarding the prosocial (e.g., academic competence, sharing) as well as maladaptive social behaviors (e.g., aggression, social withdrawal). Data analyses will compare the SSRS ratings of preschoolers who were directly exposed to the ratings of preschoolers not directly exposed to the attack. Data analyses will also compare the SSRS ratings of preschoolers with PTSD, traumatized children without PTSD, and non-traumatized children as based on diagnoses derived from a parent completed PTSD checklist.

0316 **child**

Weapons and War, Pears and Peace: Children's Perspectives in Bosnia

Briana Nelson, Kansas State University

High rates of psychological and emotional distress have been described by several authors who have direct experience working with survivors of the 1992-1995 war in Bosnia-Herzegovina (Beslija, 1997; Husain, 1996; Pullis, 1998). Many of the reports from children include descriptions of severe atrocities they directly witnessed. These experiences frequently are seen in the drawings (Green and Kocijan-Hercigonja, 1998; Pullis, 1998) and memories (Povrzanovic, 1995; Povrzanovic, 1997) of Bosnian children. This poster will present qualitative, phenomenological research, including observational research with Bosnian children (infants through 16 years old). The research site, Dom Bjelave Children's Home in Sarajevo, BiH, has approximately 115 children. Approximately 75% of the children are under 5 years of age; thus, they were born after the war. Most of the children know at least one parent, but the parents are unable to provide parental care. The children at Dom Bjelave represent a unique sample of children who experience negative direct (older children and adolescents) and indirect (younger children) effects from the war. The data presented will include primary post-war issues faced by the children and staff in this children's home. In addition, collected drawings of children's perspectives of peace will be presented.

0317 **child**

Resilience and Social Networks of Displaced Youngsters by Political Violence

Jorge Palacio, University del Norte at Colombia; Colette Sabatier, University Paris X—Nanterre

The first results of a research in displaced children and young people in the north of Colombia (98 subjects ; 9–16 years old) shows a high level of PTSD in children exposed to political violence and displacement, especially in their thoughts about the event, and an increased state of alertness, including depressive and anxious behavior. Female subjects proved to be the most psychologically affected in both situations. At the same time, younger people were more affected than the elderly. This research leads us to design the second research that was carried out for observing and focusing the relation between social networks and resilience of 60 displaced young (10 to 16; 33 girls) by political violence (supported by ECOS Nord Program). The instruments were: The Risk and Protective Factors Scale (Looper, 1999), The Social Network Questionnaire (Madariaga et col, 1993), the EPI (Eysenck Questionnaire) and a interview made in the basis of Wollin and Wolin model (1993). The first results don't showing significative relation between resilience levels and the social networks indicators, but a biological risk factors and the "external" personality appear to be close to adapted personal issues.

0318 **child**

Parent Rated Social Skills of New York Preschoolers Following 9/11

Philip Saigh, City University of New York, Graduate School and University Center; Anastasia Yasik, Pace University; Harout Armenian, Johns Hopkins University; Edward Blanchard, SUNY-Albany; Pamela Mitchell, City University of New York, Graduate School and University Center; A. Reese Abright, St. Vincent's Hospital

This study examines the social skills of New York City preschoolers following the events of September 11, 2001. One group of preschoolers was directly exposed to the attack as their schools were approximately 1000 meters from the World Trade Center. These children witnessed burning buildings, some saw an airplane hit the towers, and some saw people jumping out of windows. All were enveloped in smoke and many were displaced from their homes for extended periods of time. A second group of preschoolers who attended preschools in midtown Manhattan and the upper east side were not directly exposed to the attack and were not displaced. The Social Skills Rating System (SSRS) which was completed by the parents provides data regarding

the prosocial (e.g., academic competence, sharing) as well as maladaptive social behaviors (e.g., aggression, social withdrawal). Data analyses will compare the SSRS ratings of preschoolers who were directly exposed to the ratings of preschoolers not directly exposed to the attack. Data analyses will also compare the SSRS ratings of preschoolers with PTSD, traumatized children without PTSD, and non-traumatized children as based on diagnoses derived from a parent completed PTSD checklist.

0319 **child**

Teacher Ratings of Behavioral Functioning in Preschoolers After 9/11

Philip Saigh, City University of New York, Graduate School and University Center; Anastasia Yasik, Pace University; Pamela Mitchell, City University of New York, Graduate School and University Center; Harout Armenian, Johns Hopkins University; Edward Blanchard, SUNY-Albany; A. Reese Abright, St. Vincent's Hospital

This study examines the behavioral functioning of New York City preschoolers following the events of September 11, 2001. One group of preschoolers was directly exposed to the attack as their schools were approximately 1000 meters from the World Trade Center. These children witnessed burning buildings, some saw an airplane hit the towers, and some saw people jumping out of windows. All were enveloped in smoke. Many of these children and their parents were displaced from their homes and schools for extended periods of time. A second group of preschoolers who attended schools in midtown Manhattan and the upper east side were not directly exposed to the attack and were not displaced. The Behavioral Assessment Scale for Children (BASC) which was completed by the teachers provides data regarding internalizing problems, externalizing problems, learning problems, and adaptive skills. Data analyses will compare the teacher completed BASC ratings of preschoolers who were directly exposed to the ratings of preschoolers not directly exposed to the attack. Data analyses will also compare the BASC ratings of preschoolers with PTSD, traumatized children without PTSD, and non-traumatized children as based on diagnoses derived from a parent completed PTSD checklist.

0320 **child**

Psychological Functioning of New York Teachers Following September 11

Philip Saigh, City University of New York, Graduate School and University Center; Anastasia Yasik, Pace University; Edward Blanchard, SUNY-Albany; Pamela Mitchell, City University of New York, Graduate School and University Center; Harout Armenian, Johns Hopkins University; A. Reese Abright, St. Vincent's Hospital

This study examines the psychological functioning of New York City teachers following the events of September 11, 2001. One group of teachers was directly exposed to the attack as their schools were approximately 1000 meters from the World Trade Center. These teachers witnessed burning buildings, some saw an airplane hit the towers, and some saw people jumping out of windows. All were enveloped in smoke. A second group of teachers worked at preschools in midtown Manhattan and the upper east side and were not directly exposed to the attack or displaced. Teachers completed the PTSD Checklist (PCL), Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), and State Trait Anger Expression Scale (STAXI). Data analyses will compare the PCL, BAI, BDI, and STAXI ratings of teachers who were directly exposed to the attack to the ratings of teachers who were not directly exposed. Data analyses will also compare the ratings of teachers with PTSD, traumatized teachers without PTSD, and non-traumatized teachers.

0321 **child**

Predictors of Dissociation in Children Who Have Been Sexually Abused

Megan Schacht, University of Missouri-St. Louis; Jeffrey Wherry, University of Missouri-St. Louis

Dissociative symptomology has primarily been examined in adult survivors of child sexual abuse, but not in children who have been sexually abused. This research evaluated how several factors of child sexual abuse, including child's age at first abuse, duration of the abuse, physical invasiveness, and the relationship of the perpetrator to the child, contribute to the development of dissociation in children. Two conceptualizations of dissociation were evaluated: a taxonomic (pathological) and a continuum view. The taxonomic view conceptualizes dissociation as a discrete abnormal state that is rarely experienced by normal individuals. The continuum view posits that a normal level of dissociation is present in all people. A total of 135 children who were sexually abused were included in this study. Dissociation was assessed using the Child Dissociative Checklist. Twelve children met criteria for pathological dissociation. This study found no relationship between the factors of child sexual abuse and pathological dissociation. The age at first abuse, the duration of the abuse, and the invasiveness of the abuse were all correlated with dissociative symptomology. This study provides a good initial framework for further research to evaluate the factors of child sexual abuse that predict dissociation in children.

0322 **withdrawn**

0323 **child**

Acute Stress and Physiological Responses to Burns in 1-4 Year Olds

Frederick Stoddard, Massachusetts General Hospital; Heidi Ronfeldt, Massachusetts General Hospital; Saxe Glenn, Boston University School of Medicine; Jerome Kagan, Harvard University; Nancy Snidman, Harvard University; Carlos Lopez, Boston University School of Medicine; Neha Chawla, Boston University School of Medicine; Jennifer Burns, Shriners Burns Hospital; Robert Sheridan, Massachusetts General Hospital

Fire and burn injuries are one of the leading causes of accidental deaths and injuries in young children, yet few studies have examined psychological and physiological reactions to burns in this population. This is in part due to researchers' ongoing struggle to develop a reliable and valid procedure to assess acute stress in preschoolers. The current study includes children ages 12-48 months who are admitted to the hospital with an acute burn. Parent interviews are conducted shortly after the child is hospitalized, one month after discharge from the hospital, and one year after discharge from the hospital. Nurses complete questionnaires about the children's acute stress symptoms and record the children's physiological data throughout their hospital stay. At this time, 22 participants have completed the first assessment of the study. Preliminary analyses indicate that children's pain during the first 7 days of hospitalization is positively correlated with parents' and nurses' reports of children's acute stress re-experiencing ($r=.88$, $p<.001$) and avoidance ($r=.92$, $p<.001$) symptoms. Results also indicate that children's heart rate during the first 7 days of hospitalization is positively associated with their re-experiencing ($r=.61$, $p<.05$) and total acute stress ($r=.65$, $p<.05$) symptoms as reported by their parents. All of these correlations remained statistically significant even when controlling for children's total body surface area that was burned. These preliminary analyses suggest that evaluating physiological reactions in addition to psychological reactions to trauma may result in a more accurate assessment of acute stress symptoms exhibited by young children.

0324 **Withdrawn**

0325 **child**

Variations in Patterns of Adjustment to Child Sexual Abuse

Christine Thayer, St. Louis University; Honore Hughes, St. Louis University; Jeffrey Wherry, University of Missouri-St. Louis

To determine whether meaningful subgroups emerge among a sample of sexually abused children, a cluster analysis was conducted. Data were archival and represented a population of child victims of sexual abuse, in which there was a clear disclosure of abuse. This study investigated subtypes of 83 victims of sexual abuse (ages 7-13 years) through a cluster analysis of adjustment variables. Variables included Internalizing and Externalizing from the Child Behavior Checklist (CBCL) and five subscales from the Children's Impact of Traumatic Events (CITES-R). Goals of this study were to explore the heterogeneity in patterns of adjustment within this population and to investigate whether these patterns are related to consistent factors. Using Wards and K-Means methods, results of this study revealed a stable three-cluster solution. A Mild Child-Reported Abuse-Related Distress cluster, a Parent-Reported Child Distress cluster, and a Severely Distressed Multiproblem cluster emerged. Derived clusters were compared on the basis of child-related and situational/contextual factors, as well as coping strategies, to determine if these factors differentiated victims of child sexual abuse. Similarities and differences across clusters and directions for future research are discussed. Findings suggest the need to develop treatment approaches targeting the diverse symptom manifestations of child sexual abuse victims.

0326 **child**

Psychological Functioning of New York Parents Following September 11

Anastasia Yasik, Pace University; Philip Saigh, City University of New York, Graduate School and University Center; Edward Blanchard, SUNY-Albany; Pamela Mitchell, City University of New York, Graduate School and University Center; Harout Armenian, Johns Hopkins University; A. Reese Abright, St. Vincent's Hospital

This study examines the psychological functioning of New York City parents following the events of September 11, 2001. One group of parents had preschoolers who were directly exposed to the attack as their schools were approximately 1000 meters from the World Trade Center. The children and parents witnessed burning buildings, some saw an airplane hit the towers, and some saw people jumping out of windows. All were enveloped in smoke. Many of these children and parents were displaced from their homes for extended periods of time. A second group of parents had preschoolers who attended preschools in midtown Manhattan and the upper east side and were not directly exposed to the attack or displaced. Parents completed the PTSD Checklist (PCL), Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), and State Trait Anger Expression Scale (STAXI). Data analyses will compare the PCL, BAI, BDI, and STAXI ratings of parents who were directly exposed to the attack to the ratings of parents who were not directly exposed. Data analyses will also compare the ratings of parents with PTSD, traumatized parents without PTSD, and non-traumatized parents.

0327 **child**

Parent Ratings of Preschoolers' Behavioral Functioning Following 9/11

Anastasia Yasik, Pace University; Philip Saigh, City University of New York, Graduate School and University Center; Harout Armenian, Johns Hopkins University; Edward Blanchard, SUNY-Albany; Pamela Mitchell, City University of New York, Graduate School and University Center; A. Reese Abright, St. Vincent's Hospital

This study examines the behavioral functioning of New York City preschoolers following the events of September 11, 2001. One group of preschoolers was directly exposed to the attack as their schools were approximately 1000 meters from the World Trade Center. The children witnessed burning buildings, some saw an airplane hit the towers, and some saw people jumping out of windows. All were enveloped in smoke. Many of these children and their parents were displaced from their homes for extended periods of time. A second group of preschoolers who attended preschools in midtown Manhattan and the upper east side were not directly exposed to the attack and were not displaced. The Behavioral Assessment Scale for Children (BASC) which was completed by the parents provides data regarding internalizing problems, externalizing problems, learning problems, and adaptive skills. Data analyses will compare the BASC ratings of preschoolers who were directly exposed to the ratings of preschoolers not directly exposed to the attack. Data analyses will also compare the BASC ratings of preschoolers with PTSD, traumatized children without PTSD, and non-traumatized children as based on diagnoses derived from a parent completed PTSD checklist.

Posters in Track 4

Clinical and Interventions Research (clin res)

Presented: **Friday, 8:30 a.m.–9:45 a.m.**

Poster Numbers 0401–0464

0401 **clin res**

Predicting Adjustment in Short-Term Humanitarian Workers

Elizabeth Adams, Headington Program, Fuller Graduate School of Psychology; Amy Marty, Headington Program, Fuller Graduate School of Psychology; Chris Adams, Headington Program, Fuller Graduate School of Psychology; Bo Cassell, Nazarene Youth in Mission; Heidi Bibler, Nazarene Youth in Mission; Jeffrey Bjorck, Fuller Graduate School of Psychology; Cynthia Eriksson, Headington Program, Fuller Graduate School of Psychology; David Foy, Headington Program, Fuller Graduate School of Psychology

Humanitarian staff are at high risk for exposure to traumatic events. Research indicates that individuals who have previously been exposed to trauma may be vulnerable to psychological distress. Team support serves as a buffer between stressful situations and psychological distress. Therefore, it was hypothesized that in short-term humanitarian aid workers prior trauma exposure would be positively associated with psychological distress, and team cohesion would be negatively associated with psychological distress. In this study, 84 young adults who participated in the Nazarene Youth in Mission short-term humanitarian work experience completed both pre-trip and post-trip questionnaires. Analyses indicated that a significant positive correlation exists between prior trauma exposure and psychological distress. In addition, a significant negative correlation exists between team cohesion and psychological distress. Multiple regression analyses of psychological distress indicated significant variance accounted for by prior sexual abuse. However, team cohesion did not enter as a significant predictor. Exposure to traumatic events and individuals' reactions to them may lead to chronic psychological distress for humanitarian aid workers serving in high risk environments. This study elucidated that prior exposure to traumatic events heightens their distress levels, while team support fosters their positive psychological adjustment.

0402 **clin res**

Generalized Expectations for Harm in an Adolescent Community Sample

Kathy Berenson, New York State Psychiatric Institute; Patricia Cohen, NY State Psychiatric Institute/Columbia University College of Physicians and Surgeons

Family and community violence were examined as predictors of generalized expectations for other forms of future harm, using data from a representative community sample of 751 adolescents longitudinally assessed with multiple informants. Indicators of family violence exposure included official records and self-reports of physical/sexual abuse, and mothers' reports of violence between family members. Community violence assessments, made when the adolescents were 14 on average, included mothers' reports of neighborhood dangerousness as well as self-reports of violence at school. Two years later, the adolescents completed a measure of their expectations

and concerns about future personal harm from nuclear war, accidents, and environmental pollution. Regression analyses controlling for demographic variables and a prior assessment of the adolescent's own antisocial behavior showed that generalized harm expectations were significantly associated with compound violence exposure — in both the family and the community — whereas they were not associated with violence exposure in only one of these domains. In turn, such expectations were predictive of negative shifts in perceptions of the self and others, and increased feelings of helplessness over the next five years. Implications of generalized harm expectations are addressed, highlighting particular risks attached to the pervasiveness of threatening experiences across multiple contexts.

0403 **clin res**

The Effects of Attachment and Trauma Exposure on College Adjustment

Bethany Brand, Towson University; Jonathan Mattanah, Towson University

Studies have found that college students with a history of trauma exposure are likely to have greater difficulty adjusting to college. However, not all students exposed to trauma have difficulty adjusting to college. Researchers are beginning to explore the role of moderating variables, such as style of attachment on trauma exposure and outcome. The current paper explored security of attachment as a potential moderator of the effect of trauma on college adjustment. It is expected that traumatized students who have insecure attachment will have poorer adjustment than securely attached traumatized students as well as non-traumatized students. Data on attachment to parents, trauma exposure, and college adjustment (assessed with a variety of clinical and academic measures) were gathered via self-report from 337 students at a mid-size regional university in the Northeast. Preliminary analyses show a high rate of trauma exposure among college students (over 80%) and a high rate of insecure attachment among traumatized students. Further analyses will focus on the interactive effects of attachment and trauma exposure on social, emotional, and academic adjustment to college. Implications for future research and treatment will be discussed.

0404 **clin res**

Smoking and Psychopathology in a Large Treatment-Seeking Cohort

Todd Buckley, VA Boston Healthcare System and Boston University School of Medicine; Michele Bedard, VA Boston Healthcare System, National Center for Posttraumatic Stress Disorder; Jennifer Greif, VA Boston Healthcare System, National Center for Posttraumatic Stress Disorder

An analysis of smoking behavior on a consecutive series of referrals to a PTSD Clinic in a VA Medical Center was conducted (N = 407). Results revealed that 43% of referrals were smokers. This is nearly double the rate of smoking in the general population. The relationship between smoking, health behaviors (e.g., alcohol intake), and indices of psychopathology were further explored. Individuals diagnosed as both PTSD-positive and nicotine dependent had poorer health habits relative to those who were PTSD-positive but non-smokers. PTSD/smokers had significantly higher scores on measures of alcohol use [M = 12.6 (SE = 1.9)] relative to PTSD/non-smokers ([M = 9.0 (SE = 1.2)], $t = 2.87$, $p < .05$. Likewise, PTSD/smokers reported drinking significantly more cups of caffeine per day [M = 4.2 (SE = .28)] relative to PTSD/non-smokers [M = 3.0 (SE = .24)], $t = 3.22$, $p < .01$. The smokers also showed greater levels of affective distress as measured by the BDI, $t = 1.82$, $p = .06$, and the Psychasthenia scale of the MMPI-2, $t = 2.0$, $p < .05$. This descriptive research builds on previous work which suggests that PTSD is a cardiovascular risk factor, partially as a function of risky health behaviors.

0405 **clin res**

PTSD: Clinical Characteristics of Patients at a Military Health Center

Jose Waldo Camara Filho, Universidade de Federal Pernambuco; Everton Sougey, Universidade Ferderal de Pernambuco

The recognition of Post-Traumatic Stress Disorder (PTSD) as a diagnostic category has been accompanied by a wealth of studies dealing with its various aspects. In Brazil, there is little literature about this subject and the same is true when considering the police force. This study aims to verify the existence of PTSD in a high-risk group connected to the Pernambuco Military Police Health System. It is a descriptive clinical study. The predominant characteristics that were identified in the sample helped to create a profile of this group: male, aged around 34, low ranking officer with a per capita family income lower than two minimum salaries. They were the direct victims of the traumatic event, had previous record of earlier traumas and the median duration of the disorder was 11 months. Psychiatric comorbidity was present in 53% of the sample and was significantly more likely among those who had the disorder lasting more than two years; 40% of the cases had previously sought psychiatric help and this diagnosis had not been considered. The data presented here indicate the necessity of spreading knowledge about PTSD, along with the adoption of specific preventative, therapeutic and rehabilitation measures, which are currently nonexistent.

0406 **clin res**

Depression and Massive Terrorist Attacks

Maria Luisa Cbanas, AVT; Enrique Baca, Universidad Autonoma de Madrid; Juan Antonio Corredor, AVT; Enrique Baca-Garcia, Fundacion Jimenez Diaz

Introduction. In the last forty years Spain has suffered a quasi-continuous and intensive terrorist activity. The estimate number of people involved, directly or indirectly, in attacks are more of ten thousands. In 1981 a significant part of these victims created the AVT (Association of Terrorism Victims). In 1998 the AVT created the "Phoenix Project", a cumulative register contains all significant data about the victim, the attack and its social, psychological and somatic consequences. Actually, the number of members of AVT was approximately 6000. The main hypothesis of this communication is that depressive disorders are common in victims (direct victims) and relatives (indirect victims) after terrorist attacks. The secondary hypothesis is that depressive disorders are more common in massive attacks' victims and relatives. Method. The "Phoenix Project" data are obtained by a two-days standardized interview plus psychopathological questionnaires, conducted by a psychologist-social worker team in the home of the victim. The investigators are identified as personnel of AVT. The psychopathological questionnaires used was HAM-D, STAI (trait and state), GHQ, (28 items), PRIME-MD and EPI. In this presentation two sub-populations was considered by degree of involvement in the attack: direct victims (DV) and indirect victims (IV). These groups were compared in terms of sex, type of attacks, and PRIME-MD, using chi square test. Results. 901 people (681 IV and 220 DV) answer properly the questionnaire. More than half of the sample present depression (475). DV present more risk of depression than IV (Chi-square=6.190, df=1, p=0.013; OR=1.478, OR CI 95% 1.086-2.013). However the type of terrorist attacks (massive or specific) only affects significantly to IV (Chi-square=3.821, df=1, p=0,051). Specific terrorist attacks increase the risk of depression in IV (OR=1.350, OR CI 95% 1.000-1.824). Conclusion. Direct victims are more frequently affected by depression than indirect victims. Specific terrorist attack is more harmful to relatives of the victims.

0407 **clin res**

Acute Posttraumatic Stress and Related Factors after Earthquake

Pakize Cervatoglu Geyran, Psychological Trauma Treatment Center, Bakýrkoy Research and Educational Hospital

In this presentation,189 cases who applied for treatment because of their actual psychological problems after 17/August/1999 earthquake were eavulated.Cases were selected randomly among the applications made to the Psychological Trauma Treatment Center during 1-6 month period after earthquake.The variables such as acute posttraumatic stress symptoms, peritrauma responses (dissociation,fear,physiological response),earthquake severity and childhood trauma history were evaluated.The factors related the acute PTSD diagnosis and severity of the posttraumatic stress were investigated.The results show that peritrauma response variables have a primary importance when compared to earthquake severity and chilhood trauma history.They meaningly predict acute PTSD diagnosis and the severity of posttraumatic stress symptoms.

0408 **clin res**

Related Factors with Chronic Posttraumatic Stress in the Community

Pakize Cervatoglu Geyran, Psychological Trauma Treatment Center, Bakýrkoy Research and Educational Hospital

In this presentation, 82 cases who selected from different sample after 17/August/1999 earthquake were eavulated.Cases were assessed on the community setting and evaluated during 1-6 month period after earthquake.Some of them were living in Istanbul before and after earthquake and during the disaster.(periphery group).Others were living on the prefabricated place after earthquake and they experienced the disaster on the fail-zone directly(central group).The variables such as acute(immediate) posttraumatic stress symptoms during 1 month after earthquake,peritrauma responses (dissociation,fear,physiological response),earthquake severity (objective and subjective) were evaluated.Severity of this variables were similar between groups, earthquake except.Objective severity was higher in the central group.The factors related the chronic PTSD diagnosis and severity of the posttraumatic stress were investigated.Effectiveness of the group type (central-peripfery) and of the PTSD diagnosis on the dependent variables were analyzed collectively and individually. The results show that chronic PTSD has relation with the peritrauma and acute (immediate) response variables rather than the variables connected with the earthquake.

0409 **clin res**

Effectiveness of Assesing Setting on the Predictors

Pakize Cervatoglu Geyran, Pscyhological Trauma Treatment Center, Bakýrkoy Research and Education Hospital

In these presentation, chronic PTSD symptoms and the related factors in 130 cases selected from 2 different sampling groups 6 months after 17/August /1999 eartquake were evaluated. Assesing settings features of cases were differing depending on the type of the sample. Clinical sample was 48 cases, community sample was 82. All of cases had no treatment application before. Firstly, postraumatic stress symptoms were evaluated by PCLC and they compared between groups. It was not found any differences. Secondly, It was assessed severity of peritraumatic dissociation, fear, physiological response; severity of acute (immediate response during 1 month after earthquake) posttraumatic symptoms and earthquake severity (objective and subjective) were asessed retrospectively. All of these variables were similar between groups. Effectiveness of the group type (clinical and community) and effectiveness of PTSD diagnosis on severity of the dependent variables were analyzed by MANOVA, collectively and individually. The results show that the cases selected the different assesing settings were similar to the chronic stress symptoms and related factors. However, severity of the peritrauma responses and severity of the acute posttraumatic stress symptoms were related to the PTSD diagnosis only. In addition to these results, PTSD diagnosis has relation with these variables rather than the variables connected with the earthquake severity.

0410 **clin res**

Quality of Life and PTSD Symptoms Two Years Post the Taiwan Earthquake

Sue-Huei Chen, National Taiwan University, Department of Psychology; Yin-Chang Wu, National Taiwan University, Department of Psychology; Ya-Ping Lee, National Taiwan University, Department of Psychology; Chun-Han Liang, National Taiwan University, Department of Psychology

This study aims to investigate trauma exposure, resource loss, and impacts on quality of life (QOC) and PTSD symptoms of middle-aged adults living near the epicenter two years post the Taiwan 921 Earthquake. Two hundred and sixty nine adults from the most severely damaged county were evaluated by semi-structured interview with self-report measures including the Posttraumatic Stress Reaction Index, WHOQOL-BREF (Taiwan version), Earthquake Exposure Index, and information about changes of financial condition and demographic background. Results of preliminary analyses indicate that: 1) although earthquake survivors reported slightly worse on overall and each aspect of QOL than normal healthy adults, the difference did not reach statistical significant level; 2) changes of financial condition yield significant effects on PTSD symptoms and QOL; and 3) among earthquake survivors, those whose financial condition has changed, i.e., both getting worse and getting better groups, reported significantly more PTSD symptoms, in comparison with the unchanged group; 4) the getting worse group showed significantly worse on overall, and physical, psychological, and environmental aspect of QOL, but not on social aspect. Results will be discussed in terms of the interplay of resource loss, resource gain, and PTSD symptoms along a successful posttraumatic recovery process.

0411 **clin res**

Female Ex-Prisoners of War: Over Fifty Years After Captivity

Joan Cook, University of Pennsylvania and Philadelphia VA Medical Center; Robyn Walser, National Center for PTSD, VA Palo Alto Health Care System; Javaid Sheikh, VA Palo Alto Health Care System and Stanford University

Although there is a large body of research on the effects of the prisoner of war (POW) experience upon male veterans, little is known about the frequency and impact of this experience on females. In a recent cross sectional survey of 619 ex-POWs, only twenty-one respondents were civilian women interned by the Japanese Army during World War II. The purpose of this poster is: 1) to assess the current degree of PTSD in these women, and to 2) explore the effects of demographic and internment-related items on current PTSD. Their mean age was 72.80 years and the majority was Caucasian. Though only four women met diagnostic criteria for PTSD, another five meet criteria for sub-threshold PTSD. Severity of PTSD symptoms was directly related to severity of captivity trauma ($r = .54$), and perception of long-term impact on psychological health ($r =. 50$), working life ($r =. 49$) and marriage ($r = .49$), (all p's $< .05$). Though the number of women captured and imprisoned during wartime is not large, documenting the long-term effects of captivity trauma on the adjustment of available ex-POWs is essential to the provision of appropriate health care to this population and younger females in the future.

0412 **clin res**

Posttraumatic Stress in Earthquake Victims: A Prospective Investigation

Guliz Elal, Bogazici University; Zeynep Armay, Bogazici University; Tanya Lawrence, Bogazici University

A group of 122 adult survivors were evaluated one week (Phase 1) and six months (Phase 2) after an earthquake (magnitude 5.8. on the Richter scale) in Afyon, Turkey. Participants were recruited on a convenience basis. Self-report questionnaires, including measures of dissociation, peritraumatic distress, depression, anxiety, severity of exposure and disruption and past trauma history, as well as a personal information sheet were administered. PTSD at Phase 2 was measured using the Traumatic Stress Symptom Checklist (Basoglu et al., 2001) which is a screening instrument developed for use with earthquake survivors. Gender, level of education and employment status predicted posttraumatic distress at both phases. Dissociation was more strongly associated with acute distress but not with PTSD. Measures taken at Phase 1 that predicted PTSD status at 6 months were level of disruption, peritraumatic distress, depression and IES scores.

0413 **clin res**

Lower Hippocampal Volume as a Risk Factor for Chronic PTSD

Mark Gilbertson, Manchester VA Medical Center, Harvard Medical School; Martha Shenton, Department of Radiology, Brigham and Womens Hospital; Aleksandra Ciszewski, Department of Radiology, Brigham and Womens Hospital; Kiyoto Kasai, Department of Radiology, Brigham and Womens Hospital; Stephanie Williston, Manchester VA Research Service; Lynn Paulus, Manchester VA Research Service; Natasha Lasko, Manchester VA Research Service, Harvard Medical School; Scott Orr, Manchester VA Research Service, Harvard Medical School; Roger Pitman, Massachusetts General Hospital, Harvard Medical School

Animal studies indicate that exposure to severe stress can damage the hippocampus of the brain. Recent human studies have shown smaller hippocampal volume in posttraumatic stress disorder (PTSD). Although this reduction may be due to neurotoxic effects of trauma, there is also the possibility that lower hippocampal volume is a pre-existing vulnerability factor for PTSD. We examined hippocampal volumes via magnetic resonance imaging (MRI) in monozygotic twins discordant for combat exposure during the Vietnam War. The sample comprised 17 twin pairs in which the combat-exposed brother met criteria for chronic PTSD and 23 twin pairs in which the combat-exposed brother had no history of PTSD. A subsample of twelve PTSD pairs contained a combat-exposed twin with severe PTSD, as manifested by a Clinician-Administered PTSD Scale (CAPS) total score > 65. PTSD severity in combat-exposed PTSD twins was negatively correlated with both their own hippocampal volumes, as well as the hippocampal volumes of their combat-unexposed co-twins. Significantly smaller hippocampi were observed in both the combat-exposed and unexposed members of the 12 severe PTSD pairs compared with non-PTSD pairs. These findings provide the first evidence that smaller hippocampi may constitute a pre-existing vulnerability factor for the development of PTSD in trauma-exposed individuals.

0414 **clin res**

A Comparison of CBT and EMDR for Sexually Abused Iranian Girls

Nasrin Jaberghaderi, Allame Tabatabaee University, Tehran; Ricky Greenwald, Mount Sinai School of Medicine; Allen Rubin, University of Texas at Austin; Shiva Dolatabadi, Allame Tabatabaee University, Tehran; Shahin Oliaee Zand, Allame Tabatabaee University

Fourteen randomly assigned Iranian girls ages 12-13 who had been sexually abused received up to 12 sessions of CBT or EMDR treatment. Assessment of post-traumatic stress symptoms and problem behaviors were completed at pre-treatment and 2 weeks post-treatment. Both treatments showed very large effect sizes on the post-traumatic symptom outcomes, and a modest effect size on the behavior outcome, all statistically significant. A non-significant trend on self-reported post-traumatic stress symptoms favored EMDR over CBT. Treatment efficiency was calculated by dividing effect size by number of sessions; EMDR was significantly more efficient. Limitations include small N, single therapist for each treatment condition, and lack of long-term follow-up. These findings suggest that both CBT and EMDR can help girls to recover from the effects of sexual abuse, and that structured trauma treatments can be applied to children in other cultures.

0415 **clin res**

Writing-Based Therapy for Women with a History of Trauma

Angela Heiligenthal, Southern Illinois University; Rebekah Bradley, Southern Illinois University; Maureen O'Connell, Southern Illinois University

A treatment-outcome study design examined the efficacy of a writing-based therapy on symptoms of Complex PTSD in socially and economically marginalized women who have experienced interpersonal violence. The study was specifically designed to provide treatment to women who typically have limited access to and/or involvement in psychotherapy. This individual therapy focused on writing assignments designed to help them increase the level of safety in their lives, improve self esteem and body image, address issues of anger and shame, help the women create less fragmented, more meaningful life narratives and encourage them to reconnect with their communities. Data from three case studies in which symptoms levels decreased over time will be presented. Both quantitative data (scores on domains of functioning assessed by the Multidimensional Trauma Recovery and Resiliency Interview (MTRR), the Trauma Symptom Inventory (TSI), the self report version of the Structured Interview for Disorders of Extreme Stress (SIDES), the Brief Symptom Inventory (BSI), the Clinician-administer Post-traumatic Stress Disorder Scale (CAPS), and qualitative data (analyses of themes in the writings of participants) will be presented. The relationship between Complex PTSD symptoms and themes in the writings will be discussed.

0416 **clin res**

PTSD and Health in Primary Care Patients: Mediating Effects of Coping

Brandy Henson, Washington State University; Paige Ouimette, Washington State University, VAPAHCS and Stanford University Medical School

This study examines the function of coping behavior on the relationship between posttraumatic stress disorder (PTSD) and physical health. Ineffective coping may maintain PTSD symptoms and lead to poorer health outcomes. As part of a larger study of PTSD and health, 134 patients from primary health clinics completed self-report measures on physical health and coping, and completed a structured clinical interview. Preliminary results reveal significant relationships between health, coping, and PTSD. Health and PTSD symptoms were related to measures of coping, specifically cognitive avoidance and emotional discharge coping. Future analysis will investigate the mediating effects of cognitive avoidance and emotional discharge between PTSD and physical health. This study provides an initial investigation into the effects of coping on PTSD and health within primary care patients.

0417 **clin res**

Tailoring a Narrative Writing Group for Veterans with PTSD

Elsa Hernandez, University of Mississippi Medical Center/VA Medical Center; Judith Lyons, VA-South Central MIRECC/University of Mississippi Medical Center; Judith Tandy, VA Medical Center

Narrative writing about traumatic and stressful events has been successfully implemented in various populations (e.g., college students, prison inmates). However, applying this intervention with combat-trauma veterans can be problematic because of characteristics common to this population (e.g., limited education, suspiciousness, disability compensation concerns). The process of introducing a written exposure therapy component within an

existing residential PTSD treatment program is described, including discussion of facilitative strategies and possible obstacles. The residential treatment program is a 7-week program that accepts 12 veterans per cohort. Veterans' attitudes about the writing component of treatment and their self-reported PTSD symptoms are assessed before and after their participation in the writing intervention. Veterans' responses to the intervention varied across the first three cohorts, with each new cohort becoming increasingly accepting of the intervention. As the writing intervention has become better integrated into the overall treatment program structure and better accepted by the veterans, individual differences in veterans' attitudes toward the intervention continue to emerge. By the date of the conference, five cohorts will have completed the assessment and treatment procedures, allowing for exploration of individual factors that explain attitude change and treatment engagement over the course of the program.

0418 **clin res**

Prevalence of Life Events in Veterans and Non-Veterans

Gregory Inman, Georgia State University; Greg Jurkovic, Georgia State University; David Ready, Atlanta VAMC; Fran Norris, Georgia State University; Julia Perilla, Georgia State University

Vietnam veterans are entering late adulthood and may warrant special considerations in the assessment and treatment of PTSD. Previous research on World War II veterans indicates that normal life cycle changes (e.g., retirement) and/or other trauma may lead to exacerbation or delayed onset of PTSD symptoms. Examining precipitating events prompting first time service seeking may contribute to an understanding of how the aging process affects PTSD assessment, treatment, and theory. This study examined precipitating factors leading to first-time treatment seeking in Vietnam veterans at the Atlanta VA Hospital. Seventy veterans seeking initial treatment for PTSD symptoms were interviewed at intake to determine what life events and/or traumatic events occurred in the past year. Life events were measured using a scale designed for adults aged 55 and older. The Traumatic Stress Schedule was used to assess traumatic events. The prevalence of normative and traumatic life events in this sample was compared to a sample of 60 male veterans seeking treatment in the VA Primary Care Clinic and a sample of 60 men from a county jury pool. It was hypothesized that after adjusting for marital status and SES, the mean number of events and event frequencies in the PTSD treatment seeking group would significantly exceed that of the other two groups.

0419 **clin res**

Prevalence of and Reactions to Client Suicide Among Social Workers

Jodi Jacobson, University of Maryland, School of Social Work; Sara Sanders, Elizabethtown College; Laura Ting, University of Maryland, School of Social Work

Research supports that clinical work with suicidal clients can impact therapists professionally and personally. Reactions to client suicide and attempts have been studied among various disciplines; yet the prevalence of and reactions to client suicide and attempts among social workers has been practically ignored by the research community. This lack of research contributes to the related lack of social work theory and practice standards for working with suicidal clients and coping with the often-stressful reactions experienced after a client suicide or attempt. The present study is based on a pilot study, completed by the authors in spring 2001. The research plan has been expanded to provide a more accurate measurement of the prevalence and a more comprehensive understanding of the reactions and postvention activities used to cope with client suicide and attempts. Using the Impact of Event Scale, the Secondary Traumatic Stress Scale, and questions developed from the literature, preliminary findings will be presented and compared to results from the pilot study. Findings from the pilot study indicated that social workers experienced sub-clinical levels of intrusion and avoidance reactions, as well as significant gender differences in both reactions to and coping skills used after client suicide or attempts.

0420 **clin res**

Coping Efficacy as a Mediator Between Cognitions and PTSD

Lesley Johnson, University of Colorado at Colorado Springs; Charles Benight, University of Colorado at Colorado Springs; Casey Sacks, University of Colorado at Colorado Springs

Previous research has demonstrated the importance of posttraumatic cognitions in the development of PTSD. The Posttraumatic Cognitions Inventory assesses negative cognitions about the self and world and has discriminated between individuals with and without PTSD. Coping self-efficacy (CSE; i.e., the perceived ability to cope with posttraumatic recovery demands), has also predicted posttraumatic distress. More recently, CSE has mediated relationships between important variables such as lost resources and distress, and acute stress response and PTSD. For the current study, it was hypothesized that trauma-specific CSE would mediate the relationship between posttraumatic cognitions and PTSD symptomatology (measured by the PDS and the IES-R). Participants included 61 women (mean age = 33) who were recent victims of domestic violence. Results indicated that the relationship between the PTCI and the PDS ($\beta = .53$, $p < .01$) was reduced to non-significance ($\beta = .25$, p = ns) with the addition of domestic violence-specific CSE as a mediator. This mediation was also found with the IES-R as the measure of PTSD. It is theorized that CSE may be a critical factor through which posttraumatic cognitions develop into PTSD. Implications of these results, including the interrelationships among these variables, will be discussed.

0421 **clin res**

Misinterpretation of Physiological States Predict PTSD and Depression

Lesley Johnson, University of Colorado at Colorado Springs; Chalres Benight, University of Colorado at Colorado Springs

Interpretation of physiological states is theorized to be one of four main sources of information regarding an individual's perceived ability to cope with stressors. Additionally, studies with panic disorder patients indicate that cognitive interpretations of physiological states have important implications for levels of distress and pathology. The purpose of this study was to investigate the ability of such interpretations to predict psychological outcomes following trauma. Participants included 61 women who were recent victims of domestic violence. The sample (mean age = 33) was characterized by financial hardship and shelter residence. The Bodily Sensations Interpretations Questionnaire-Domestic Violence (BSIQ-DV) was created for this study and required participants to rank three explanations (1 negative, 2 neutral) for each of 25 descriptions of ambiguous stimuli. Results indicated that the BSIQ-DV accounted for a 13% of the variance in depression (beta = .52, $p < .01$) after controlling for number of lifetime traumas, severity of abuse, and time in past abusive relationships. It also accounted for 11% of the variance in PTSD (beta = .46, $p < .01$) over and above available money, severity of abuse, and number of lifetime traumas. In both cases, the more negative the interpretations of bodily sensations, the higher the levels of symptomatology. Implications, including the need for treatment surrounding such interpretations, will be addressed.

0422 **clin res**

PTSD, Depression, and Memory Impairment in Combat Veterans

Catherine Kutter, National Center for PTSD, Boston VA; Rebecca Prestel, National Center for PTSD, Boston VA; Wendy Stegman, National Center for PTSD, Palo Alto VA; Lorraine Stewart, National Center for PTSD, Palo Alto VA; Danny Kaloupek, National Center for PTSD, Boston VA; Steven Woodward, National Center for PTSD, Palo Alto VA

Memory complaints are common among individuals suffering from PTSD, and previous research has documented memory deficits in individuals with PTSD. In an earlier investigation, we found that PTSD symptoms associated much more strongly with subjective memory complaints than with objectively assessed memory deficits: Individuals with PTSD reported dramatic subjec-

tive memory complaints but demonstrated only mild impairment on objective measures of memory performance. In the present study, we evaluated depressive symptoms (Beck Depression Inventory) and PTSD symptoms (Clinician Administered PTSD Scale) as predictors of memory performance in a sample of 87 combat veterans participating in a larger study of the effects of combat stress on the brain. Participants completed objective measures of verbal (Wechsler Memory Scale—Logical Memory, Hopkins Verbal Learning Test) and visual (Rey Osterreith Complex Figure Test, Rey Visual Design Learning Test) memory. Although both PTSD and depression were associated with memory deficits, linear regression analyses indicated that symptoms of depression accounted for more variance across memory measures than did symptoms of PTSD. These results suggest that the memory complaints reported by many individuals with PTSD may reflect depression or other aspects of emotional distress rather than being specifically associated with PTSD. Implications of these findings will be discussed.

0423 **clin res**

Social Anxiety and PTSD Avoidance/Numbing Symptoms in Combat Veterans

Catherine Kutter, National Center for PTSD, Boston VA; Rebecca Prestel, National Center for PTSD, Boston VA; Wendy Stegman, National Center for PTSD, Palo Alto VA; Lorraine Stewart, National Center for PTSD, Palo Alto VA; Danny Kaloupek, National Center for PTSD, Boston VA; Steven Woodward, National Center for PTSD, Palo Alto VA

PTSD has been associated with a broad array of difficulties that extend beyond the specific symptoms that define this disorder. Although social anxiety has been associated with PTSD, specific aspects of PTSD that co-occur with social anxiety are less understood. In this study, we evaluated the relationship between PTSD and social anxiety in a sample of 87 combat veterans participating in a broader study of the effects of combat stress on the brain. We assessed PTSD symptoms using the Clinician-Administered PTSD Scale and asked participants to rate their level of anxiety following a laboratory task designed to induce social-evaluative anxiety (the Trier Social Stress Test). Consistent with previous research, we found that PTSD severity correlated significantly with participants' reports of social anxiety. Evaluation at the PTSD symptom cluster level indicated that the avoidance and numbing symptom cluster was the strongest predictor of social anxiety. Further evaluation at the symptom level revealed that two symptoms were strongly associated with social anxiety: Feeling distant or cutoff from other people and avoiding thoughts and feelings associated with the trauma. Clinical and research implications of the observed relationships among social avoidance, trauma avoidance, and social-evaluative anxiety will be discussed.

0424 **clin res**

Use of IRT for Addressing Nightmares Among Veterans with PTSD

Jennifer Lambert, Providence VA Medical Center; Follin Key, Providence VAMC; Nancy Davis, Providence VAMC; Jocelyn Howard, Providence VAMC; Landis Mitchner, Providence VAMC; M. Shea, Providence VAMC

Several studies have found that a cognitive-behavioral treatment, imagery rehearsal therapy or IRT, has successfully reduced distressing dreams and improved sleep among individuals with recurring nightmares. Additional benefits include reduced symptoms of PTSD, anxiety, and depression, reduced hostility, and fewer somatic complaints. A 6-week IRT treatment manual has been developed to address nightmares and sleep difficulties among veterans receiving treatment at the PTSD Clinic of the Providence VA Medical Center. The central component of IRT is changing the content of a nightmare and repeatedly imagining the new dream as a way to replace the recurrent distressing one. Treatment is being provided both on an individual and group basis and includes the following elements: education about the relationship between PTSD and nightmares, education about sleep hygiene, relaxation and imagery training, and use of imagery rehearsal techniques. To date, 7 individuals have completed the intake assessment (all males with an average age of 55). Three individuals have completed the group treatment and 2 have completed the individual treatment. Preliminary reports suggest that IRT may have some benefits in reducing frequency of nightmares, improving sleep, and providing coping skills for managing daily stressors. Problems and barriers to treatment will be discussed.

0425 **clin res**

Improved Regulatory Capacities After Successful Treatment of PTSD

Friedhelm Lamprecht, Hannover Medical School, Department of Psychotherapy and Psychosomatic Medicine; Martin Sack, Hannover Medical School, Department of Psychotherapy and Psychosomatic Medicine; Wolfgang Lempa, Hannover Medical School, Department of Psychotherapy and Psychosomatic Medicine

We assessed the effects of psychotherapeutic treatment on psychophysiological hyperarousal and self-regulation during confrontation with a traumatic reminder in 15 subjects with PTSD before, shortly after EMDR-treatment and at 6-month follow-up. All subjects underwent a psychphysiological evaluation with a modified traumascript paradigm including assessment of script-provoked heart rate changes and heart rate variability. Respiratory sinus arrhythmia (RSA) as the component of heart rate variability closely related to vagal tone was derived from the time-series of inter-beat intervals via polynomial band-pass filtering (Porges 1992). Psychometric instruments (IES, PDS, SUD-Scale) were used to assess treatment outcome. We found a significant overall reduction in psychometric measures of PTSD-symptomatology as well as significantly decreased levels of script provoked HR-acceleration after EMDR-treatment (11.3 ± 10.8 bpm vs. 5.1 ± 5.7 bpm, $p < .03$). As expected, traumascript presentation suppressed RSA-levels reflecting the effect of stress on vagal regulation. In comparison pre- vs. follow-up RSA increased significantly during baseline ($5.06 \pm .98$ vs. 5.86 ± 1.2, $p < .004$) as well as during traumascript (4.55 ± 1.26 vs. 5.55 ± 1.23, $p < .02$). Our findings of higher RSA-levels in combination with reduced HR reactions on a traumatic reminder after successful psychotherapy can be interpreted as a therapy mediated enhancement of biologically determined self regulation capacities.

0426 **clin res**

Relationship Between Trauma Exposure, PTSD, and College Adjustment

Dean Lauterbach, Eastern Michigan University

The literature examining the relationship between trauma exposure, severity of PTSD, and academic performance has produced mixed findings. Early research focused on WW-II combat veterans and found that veterans performed better academically. Studies examining abuse victims have found impaired (Gibby-Smith, 1995) and enhanced (LeBlanc et al., 1996) performance among victims. A resource allocation PTSD model would predict that cognitive resources will become taxed as victims attempt to cope and as a consequence, academic performance would be impaired. This paper extends these earlier findings to a broad sample of college student trauma survivors. The participants were 566 undergraduates (primarily freshmen). They reported experiencing an average of 2.8 traumatic events over their lifetime. Participants completed measures assessing trauma exposure, PTSD symptomatology, dissociation, cognitive functioning, and a questionnaire assessing dimensions of college adjustment. To examine the relationship between PTSD severity and academic performance a 2(sex) X 2(PTSD Diagnosis) was computed. There were main effects for sex and PTSD diagnosis. Women performed better than men. People without PTSD performed better than people with PTSD. Academic performance was unrelated to number of traumatic events experienced, and severity of trauma exposure. Findings from a prospective study will also be presented.

0427 **clin res**

PTSD in Primary Care

Kathryn Magruder, VA Medical Center and Medical University of South Carolina; Bartley Frueh, VA Medical Center and Medical University of South Carolina; Rebecca Knapp, Medical University of South Carolina; Paul Gold, Medical University of South Carolina; Lori Davis, Tuscaloosa and Birmingham VA Medical Centers; Sarah Moss, University of Alabama-Birmingham

As improved treatments for PTSD and other anxiety disorders are becoming accessible to primary care providers, so, too, is the interest in the clinical epidemiology of these disorders in primary care settings. In this cross-sectional study, we present data on approximately 1000 patients attending primary care clinics at four VA hospitals in the Southeast United States. Randomly selected primary care patients were interviewed at the time of their clinic visit using the PTSD Checklist (PCL) and SF-36. Approximately two weeks later they were contacted by phone and administered the Clinician Administered PTSD Scale (CAPS) and modules from the Mini International Neuropsychiatric Interview (MINI) for determining PTSD, affective, and other anxiety disorder diagnoses. In this poster we will present data on the prevalence of PTSD by both the PCL and the CAPS and examine performance characteristics (sensitivity, specificity, PPV, and NPV) of the PCL relative to the CAPS. We will also present data on associated psychiatric comorbidities from the MINI. Preliminary data from two hospitals show that 9.8% of the sample had PCL scores indicative of PTSD and that high scores were associated with younger age and unemployment.

0428 **clin res**

Suicide Among Veterans: Research, Models and Data

Marten Meijer, Veterans Institute, The Netherlands; Jos Weerts, Veterans Institute, The Netherlands

Purpose of this study is to examine research on suicide among veterans of peacekeeping operations. In the last decades suicide among veterans has been studied extensively. After the Vietnam war, many American newspapers wrote about large numbers of suicide among Vietnam veterans. Research on this subject took some years to get started and revealed quite different numbers of suicide. After the Falklands war in 1982, it took twenty years before English newspapers brought the news that the number of suicides among Falklands veterans has exceeded the actual number of British casualties during the Falklands war. We will examine some research about suicides among veterans, propose a model with factors that predict suicide among veterans and discuss some implications of this model for professional help. We will also present some data on suicide among Dutch veterans of peacekeeping operations and make recommendations for further collection of data and research on suicide among these veterans.

0429 **clin res**

Gender and Psychological Trauma Among College Students

Michaela Mendelsohn, University of North Texas; Kenneth Sewell, University of North Texas

This study investigated relationships among sex, sex-role orientation, trauma exposure and psychological help seeking in a college-aged population. Ninety-three males and 179 females were administered the Bem Sex Role Inventory and the Trauma History Questionnaire. They were also asked if they had ever sought psychological treatment related to the experience of a traumatic event. Ninety-four percent of participants reported experiencing at least one traumatic event in their lifetime. There were no sex differences in overall trauma exposure, although there were differences in the proportions of males and females reporting exposure to particular traumatic events. Women reported experiencing their first traumatic event at an earlier age than men. Female participants were more likely to report seeking trauma-related psychological treatment than male participants. Masculine sex-typed individuals, particularly women, reported experiencing a greater number of different traumatic events than did feminine sex-typed, androgynous and undifferentiated participants. Female participants who reported a traumatic childhood had a stronger identification with masculine traits and a weaker identification with feminine traits than those who did not. There was no difference in treatment seeking based on sex-role orientation. Implications for the relationship between gender and the experience of psychological trauma are considered.

0430 **clin res**

Brief Therapy and Long-Term Gains in a Case of Complicated PTSD

Terri Messman-Moore, Miami University; Patricia Resick, Center for Trauma Recovery, University of Missouri-St. Louis

Presentation of the successful treatment of a woman with a history of sexual, physical and psychological abuse in childhood and adulthood, utilizing a relatively brief cognitive-behavioral treatment, Cognitive Processing Therapy (CPT). Treatment addressed numerous problems: PTSD, depression, suicidality, compulsive self-harm behaviors, and primary and secondary dissociative responses. Treatment also addressed related issues of low self-esteem, social isolation, and client's sense of helplessness, which had resulted in failure to implement active self-protection strategies. Therapy was further complicated by ongoing threats to the physical safety of the client by the perpetrator. Client symptomatology was tracked at regular intervals over 34 sessions, for three months post-termination, and at a two-year follow-up. The relatively short course of therapy (22 weeks) and treatment strategies are described, including components of CPT, supportive strategies, and safety planning. Assessment of functioning two years post-treatment included PTSD symptomatology, mood disturbance, self-esteem, adaptive functioning and relapse prevention strategies. Adaptation of the brief treatment to complex symptomatology is discussed at length. Findings indicate that treatment for individuals with extensive victimization histories does not require different strategies or a significantly longer period of treatment than does treatment for those with a single traumatic experience, and that brief intervention can promote long-lasting improvement.

0431 **clin res**

PTSD and Affective Ratings of Evocative Photographs

Mark Miller, National Center for PTSD/Boston University; Jennifer Greif, National Center for Posttraumatic Stress Disorder; Julie Wang, National Center for Posttraumatic Stress Disorder; Jason Hall, National Center for Posttraumatic Stress Disorder; Michael Suvak, National Center for Posttraumatic Stress Disorder; Rebecca Prestel, National Center for Posttraumatic Stress Disorder; Erika Wolf, National Center for Posttraumatic Stress Disorder; Brett Litz, National Center for Posttraumatic Stress Disorder

This study examined the influence of age, trauma exposure, and PTSD on perceptions of emotionally evocative photographic images. 73 adult males between the ages of 30-60 viewed 180 emotionally evocative photographic images and rated their response to each one on the dimensions of valence and arousal. The images varied in terms of their affective properties (i.e., valence and arousal) and content (e.g., combat related vs. non-combat-related). Results showed that patterns of response varied as a function of PTSD diagnosis as indexed by scores on the PTSD Checklist. Individuals with PTSD exhibited maximal negative affectivity ratings for images of lower intensity compared to non-PTSD participants, suggesting a lower threshold for aversive activation. For pleasant images, participants with PTSD were less responsive to images of low to moderate positive affective intensity such as those which evoke feelings of nurturant affection (e.g., cute babies and pets) relative to non-PTSD participants. Vietnam combat veterans with PTSD rated combat-related stimuli more aversively than combat veterans without PTSD. These findings are relevant to our understanding of the emotional processing abnormalities in PTSD and suggest that the disorder may involve alterations in the sensitivities of positive/appetitive and aversive emotional systems.

0432 **Withdrawn**

0433 **clin res**

Attachment and PTSD: Symptom Profiles in Combat Veterans

Ella Nye, Albuquerque Veterans Affairs Medical Center; Jeffrey Katzman, Albuquerque Veterans Affairs Medical Center

The purpose of this study was to 1) describe the distribution of attachment styles among veterans with combat trauma, 2) replicate prior research demonstrating the ability of attachment style to predict PTSD symptom severity in this population, and 3) to examine the feasibility of utilizing an attachment theory model to characterize the diversity of symptomatology within a population of combat veterans with PTSD. Veterans enrolled in the Albuquerque Veterans Affairs Medical Center PTSD/Trauma Clinic, and diagnosed with PTSD secondary to combat trauma, participated in the study. Veterans completed the Combat Exposure Scale, The Trauma Symptom Inventory, the Relationship Questionnaire and the Experiences in Close Relationships Questionnaire. The distribution of attachment styles in this population is described. The ability of attachment style to predict PTSD severity among combat veterans was replicated. Exploratory analyses of the relationship between attachment style and specific TSI subscales are also presented. Conclusions: Attachment style is an important predictor of PTSD severity among veterans with combat trauma. In addition, attachment theory holds promise for increasing understanding of differential symptom presentation among veterans with chronic PTSD.

0434 **clin res**

Coping Self-Efficacy and Cognitive Functioning Following MVA Trauma

Cristin Oue, University of Colorado at Colorado Springs; Charles Benight, University of Colorado at Colorado Springs; Lesley Johnson, University of Colorado at Colorado Springs; Alexandra Harding, University of Colorado at Colorado Springs; Casey Sacks, University of Colorado at Colorado Springs; Tina Markowski, University of Colorado at Colorado Springs; Claire Thomas, University of Colorado at Colorado Springs; Nik Maslow, University of Colorado at Colorado Springs; Erin Lackey, University of Colorado at Colorado Springs; Donna Loy, University of Colorado at Colorado Springs

Perceived capability for managing posttraumatic recovery demands (i.e.,Coping self-Efficacy, CSE), is predictive of posttraumatic symptoms and symptom severity. We examined CSE 4 to 7 days after a motor vehicle accident (MVA) as a predictor of cognitive dysfunction at 1 month and 3 months following an MVA. The interaction of self-evaluative judgments during posttraumatic recovery and difficulties with abstract reasoning provide a possible negative feedback process that exacerbates posttraumatic distress. Fifty-nine individuals (20 males, 39 females) were evaluated who had a mean age of 36.41 years (SD = 14.15) and average FSIQ (M = 107.17; SD = 9.53). Inclusion criteria included: no history of chronic alcohol or substance abuse, posttraumatic amnesia of < 10 minutes, transport to local emergency room post-MVA, and a Glasgow Coma Scale score of > 14. Hierarchical multiple regression analyses found that CSE predicted cognitive dysfunction measured by the Wisconsin Card Sorting Task and verbal fluency when age, IQ and education were controlled. Acute CSE perceptions (4 to 7 days post-MVA) significantly predicted percent perseverative responses (B = .30; R2 delta = .29; p = .03), percent perseverative errors (B = .32; R2 delta = .29; p = .02), and trials to complete (B = -.32; R2 delta = .27; p = .02) in the WCST at 3 months. CSE perceptions at 1 month significantly predicted percent perseverative responses (B = .31; R2 delta = .08; p = .03), percent perseverative errors (B = .36; R2 delta = .11; p = .01) and trials to complete (B = -.42; R2 delta = .15; p = .00) for 3-month WCST. Low CSE perceptions serve as a significant longitudinal predictor of subsequent abstract reasoning capability. Important implications of these findings for adaptive coping following MVA will be discussed.

0435 **clin res**

Relationship Between PTSD Severity and Cognitive Reactions to Trauma

Gina Owens, University of Kentucky; Kathleen Chard, University of Kentucky

The purposes of this study were to gather data on undergraduate and graduate level students' experiences of trauma and their cognitive reactions. In addition, the relationship between cognitive reactions to trauma and severity of posttraumatic stress disorder (PTSD) was examined. Participants were 197 undergraduate and graduate students enrolled in an education course or who responded to posted fliers. Participants completed a demographic sheet and the Cognitive Distortions Scale (CDS; Briere, 2000). Individuals who indicated they had experienced a trauma also completed the PTSD Symptom Scale (Foa, Riggs, Dancu, and Rothbaum, 1993). Fifty-two percent of the sample had not experienced a trauma, while 48% had experienced at least one type of trauma. Results indicated that individuals who had experienced at least one type of trauma significantly differed from those who had not experienced a trauma on cognitions related to self-blame and preoccupation with danger. For individuals who experienced a traumatic event, a multiple hierarchical regression was conducted to determine factors predicting PTSD severity. Number of traumas experienced ($p < .001$), type of trauma (e.g., sexual trauma, physical victimization by another, or accident/natural disaster) ($p < .05$), and the cognitive distortion of preoccupation with danger significantly predicted severity of PTSD ($p < .05$). Findings emphasize the importance of safety distortions in working with survivors of traumatic events.

0436 **clin res**

A 10-Year Evaluation of Interventions to Address Workplace Violence

Angelea Panos, Intermountain Health Care

On September 20, 1991, seventy hospital employees were directly affected by an incident of violence. A gunman planted bombs, murdered a nurse, and held patients and employees hostage for eighteen hours. Qualitative and quantitative follow-up studies of seventy employees over a ten-year period are reported. At six months, 23% met the criteria for the PTSD diagnosis, while an additional 67% of the population reported some symptoms of PTSD. Studies were accomplished at the six-month, one-year, five-year, seven-year, and ten-year time periods. At the ten-year follow-up, 3% met the criteria for the PTSD diagnosis, while an additional 13% had some symptoms of PTSD, although every participant in these categories had post-event exposure to additional traumatic events. The healing process as reported by the victims is described. Participants rated the effectiveness of the interventions offered to them. Support from peers during the two to six-month time period was rated as the most helpful factor. This presentation will examine all interventions offered, and their helpfulness rated by the participants.

0437 **clin res**

Cognitive-Behavioral Treatment as a Prevention for Chronic PTSD

Nenad Paunovic, Traumacenter, Danderyds Hospital

A randomized treatment outcome study with a cognitive-behavioral intervention was conducted with crime victims suffering from acute PTSD. One group received CBT immediately and the other group waited for six months until they received the treatment. The purpose was to see how much the patients that received CBT immediately could improve over and above spontaneous recovery in the wait-list control group. The results showed that CBT was effective in preventing chronic PTSD in the present acutely traumatized group. Furthermore, associated psychopathology was also significantly improved including anxious symptomatology, depression and social adaptation.

0438 **clin res**

Psychopathy, Personality and PTSD in Combat Veterans

Rebecca Prestel, National Center for PTSD, Boston VAMC; Jason Hall, National Center for PTSD, Boston VAMC; Jennifer Greif, National Center for PTSD, Boston VAMC; Mark Miller, National Center for PTSD, Boston VAMC; Catherine Kutter, National Center for PTSD, Boston VAMC

Research on criminal offenders has identified two separate dimensions of psychopathic behavior: emotional detachment and impulsive/aggressive behavior. In this study we examined the association between each of these dimensions, PTSD symptomatology, and personality traits in combat veterans. We predicted an association between the impulsive/aggressive dimension of psychopathy and measures of overall PTSD, and a more specific relationship between emotional detachment and emotional numbing symptoms. 79 combat veterans (37 with PTSD), completed the Levenson Self-Report Psychopathy Scale (LSRP), the PTSD Checklist, and the Multidimensional Personality Questionnaire (MPQ). Results showed that PTSD was positively correlated with LSRP items assessing impulsivity/aggression but not with items assessing emotional detachment. Veterans who scored high on impulsivity/aggression produced low scores on Harm Avoidance and high scores on the Negative Emotionality scales of the MPQ. These findings suggest an overlap between aspects of the behavioral expression of PTSD in combat veterans and the impulsivity/aggression dimension of psychopathy. Implications for our understanding of the high rates of comorbid PTSD and Antisocial Personality Disorder in combat veterans and for future research on the assessment of psychopathy in veteran samples will be discussed.

0439 **clin res**

MMPI-2 Trauma Profile Validation in a Dutch Combat-Related PTSD Sample

Arthur Rademaker, Central Military Hospital; Miranda Meijer, Central Military Hospital; Eleonore Ploeg van der, Utrecht University; Eric Vermetten, University Medical Center/Central Military Hospital; Ferdi Unck, Central Miltary Hospital

Several researchers have investigated MMPI-2 scores across PTSD samples. The present study focused on MMPI-2 scores in a Dutch combat-related PTSD sample. One hundred nine cases were selected retrospectively from test-files of soldiers that served in UN-peacekeeping missions and were referred to the Dutch Central Military Hospital for treatment. Assignment to either the PTSD (n=79) or non-PTSD (n=30) group was based on scores on the Dutch PTSD-scale (ZIL). METHOD: Multi- and univariate analyses were conducted to compare MMPI-2 scores of 1) PTSD vs. non-PTSD groups 2) Lebanon vs. former Yugoslavia veterans. Frequencies of 2- and 3-point code-types were investigated. RESULTS: Significant differences were found between non-PTSD and PTSD sample with a mean 278 3-point profile for the latter. Scale 2 occurred as the most frequent highpoint. MANOVA comparing Lebanon vs. former Yugoslavia groups across MMPI-2 scales was non-significant. CONCLUSION: The mean profile(s) for PTSD groups resembled those found in Vietnam-veteran samples although differences occurred. Elevations tended to be less high across all scales and scale 8 especially; suggesting that symptoms like re-experiencing and dissociation were less predominant. Negative symptoms as measured by scale 2 and 4 were relatively more indicative of PTSD in the current sample.

0440 **clin res**

Specialized Programs for Combat Veterans: Who Improves?

Moira Ripley, Antioch New England Graduate School; Candice Monson, Dartmouth Medical School; Benjamin Rodriguez, Brown University School of Medicine; Jennifer Price, Dartmouth Medical School/National Center for PTSD; Reid Warner, Dartmouth College

For many veterans, traumatic military experiences create a complex picture of PTSD that becomes chronic and treatment-resistant, resulting in significant psychological and psychosocial impairment. Specialized PTSD treatment remains a priority within the VA; however, results from effectiveness studies have been generally disappointing. This has led some researchers and clinicians to recommend a shift in treatment focus from intense trauma exploration to skills-focused, problem solving approaches, and to demand better criteria for selecting patients for trauma focused treatments. Thus, the purpose of this study was to examine how pre-treatment variables might predict differential response to type of treatment (i.e., intense vs. moderate trauma-focused, vs. skills-focused). We examine treatment response in 149 combat veterans, who completed one of three VA-based PTSD programs, differing in length, setting, and/or treatment focus. Standardized assessments were conducted at intake, discharge, and four months post treatment. Preliminary analyses show significant differences in outcome measures of PTSD symptoms, violence, and drug and alcohol abuse, related to treatment focus. Two pretreatment variables (combat exposure and participation in atrocities) were identified as significantly predictive of outcome, depending on treatment focus. Results are discussed in terms of their theoretical and clinical implications. Recommendations are made for program changes and patient-treatment matching.

0441 **clin res**

The Contribution of CSA and Family Environment to Adult Symptomatology

Ana Rodriguez, Nova Southeastern University; Lisa Gore, Nova Southeastern University; Alfred Sellers, Nova Southeastern University; Steven Gold, Nova Southeastern University

This study examined childhood sexual abuse (CSA), family environment and their contribution to adult psychological symptomatology. Eighty-six women ranging in age from 18 to 63 participated. The women completed the Symptom Checklist 90—Revised (SCL-90 R), a psychological symptom self-report scale, the Exposure to Abusive and Supportive Environments—Parenting Inventory (EASE-PI), a self-report measure of abusive and supportive parenting behaviors, and a structured clinical interview which included questions about sex abuse characteristics. We combined the twelve mother and father variables from the EASE-PI into six parenting independent variables (IVs). Four measures of sexual abuse severity also served as IVs. These were then used in a stepwise regression procedure to select those that uniquely explain the variance of the SCL-90-R's Global Symptom Index (GSI). The final model, which included sexual abuse accompanied by physical abuse and the EASE-PI's Emotional Abuse scale, achieved an R of .37 ($p < .01$). The results further revealed that the two IVs were nearly equivalent in explaining unique variance components of GSI, and that GSI was negatively correlated with physical abuse accompanying sexual abuse ($r = -.29$, $p < .01$), and positively correlated with emotional abuse ($r = .27$, $p < .01$).

0442 **clin res**

Risk Factors for the Development Versus Maintenance of PTSD

Paula Schnurr, National Center for PTSD and Dartmouth Medical School; Carole Lunney, National Center for PTSD; Anjana Sengupta, National Center for PTSD and Dartmouth Medical School

PTSD can be a chronic mental illness. However, we know little about what factors are associated with the development of PTSD, as compared with the maintenance of PTSD. This study addressed the issue by using data from the National Vietnam Veterans Readjustment Study and the Hawaiian Vietnam Veterans Project, which was modeled on the NVVRS. Participants were Vietnam veterans: 78 women and 429 men (96 Whites, 66 Blacks, 82 Hispanics, 90 Native Hawaiians, and 95 Japanese Americans). A continuation ratio logistic regression model was used for univariate analyses predicting PTSD outcome from premilitary, military, and postmilitary risk factors. To identify risk factors for the development of PTSD, veterans who never had PTSD were compared with veterans who had lifetime PTSD. To identify risk factors for the maintenance of PTSD, veterans who had PTSD in the past were compared with veterans who had current PTSD. We also tested whether the effects of risk factors on these two outcomes differed. Almost all variables were related to the development of PTSD. Different risk and pro-

tective factors emerged for the maintenance of PTSD. Multivariate analyses identified different models for the development versus maintenance of PTSD. Practical and theoretical implications will be presented.

0443 **clin res**

Posttraumatic Meaning-Making: Toward a Clearer Definition

Yonit Schorr, University of Massachusetts Boston; Lizabeth Roemer, University of Massachusetts Boston

The experience of trauma often leaves people with a sense of meaninglessness in the world. Many researchers have suggested that an important component of the healing process includes restoring a sense of meaning to one's life. Davis (2000) suggests that people find meaning in two distinct and independent ways: making sense of their experience and perceiving benefit in the aftermath. Tedeschi and Calhoun (1995) have referred to experiencing benefits after trauma as Posttraumatic Growth. This study seeks to better understand the relationship between these forms of meaning making and their relation to specific traumas and their outcomes. Two hundred participants from an urban commuter campus completed a series of questionnaires that included the Traumatic Events Questionnaire (Vrana and Lauterbach, 1994), the PTSD Checklist (Weathers et al., 1993), the Posttraumatic Growth Inventory (Tedeschi and Calhoun, 1996), and a rationally-derived measure of sense-making. Analyses explore the relationship between these two types of meaning-making and PTSD symptoms, as well as differences in meaning making across trauma types and chronicity. Both research and clinical implications of the results will be discussed.

0444 **clin res**

Integrative Diagnostic Schema and Indication for Trauma-Treatment

Annemarie Smith, Centrum '45; Alan Ralston, Psychiatric Hospital Duin en Bosch; Wim Kleijn, Centrum '45, Leiden University

First results are presented of empirical validation of the Integrative Diagnostic Schema and Indication for Trauma-treatment (IDSIT). IDSIT was developed to structure the process of diagnosis and treatment-planning and treatment-evaluation for patients with chronic and/or complex Posttraumatic Stress Disorder (PTSD). The three elements of IDSIT are the DSM-IV diagnosis, a developmental schema and a dynamic schema for coping with PTSD. IDSIT was scored independently by three experienced clinicians for 34 patients that consecutively took part in the observational phase of the day-treatment. The sources of IDSIT scores were clinical reports of observations by different therapists and in different treatment modes. IDSIT proved to be helpful as a clinical instrument in the discussion on treatment-planning. Interrater reliability for DSM-axis I diagnosis and the occurrence of important life events was moderate to good, for the coping schema moderate to poor. The results on interrater-reliability on the coping schema point to the necessity of more precise description of the concepts used, and of training of the raters. Nevertheless IDSIT seems to offer a clinically useful and promising schema for further development as a diagnostic and evaluative tool in the treatment of patients with PTSD.

0445 **clin res**

Transmitting Trauma in Addicted Families: A Longitudinal Perspective

Nancy Smyth, University at Buffalo School of Social Work; Brenda Miller, University at Buffalo School of Social Work; Gene Maguin, University at Buffalo School of Social Work; Shelly Wiechelt, University at Buffalo School of Social Work; Carolyn Hilarski, Rochester Institute of Technology

Mothers and one randomly chosen child (ages 10-16) (n= 358 pairs) were recruited from alcoholism treatment centers and the community. Families were interviewed twice, six months apart, in an effort to identify mechanisms responsible for the intergenerational transmission of addiction and trauma. Children's trauma symptoms were assessed by Briere's Trauma Symptom Checklist. Mothers' current alcohol and other drug involvement (AODI) was assessed through a composite of DSM symptoms and quantity/frequency. Three types of mothers' trauma symptoms (last 30 days) were measured: SCID PTSD symptom count, Structured Interview for Disorders of Extreme Stress (SIDES-complex trauma), and dissociation (Dissociative Experiences Scale; DES). Protectiveness was assessed by children's reports of maternal monitoring. Mothers' Time 1 AODI and trauma symptoms were significantly correlated. Regression analyses indicated that Mothers' Time 1 AODI and trauma symptoms (PTSD, SIDES, DES) did not predict Child Time 2 trauma symptoms. However, all of Mothers' Time 1 symptoms (AODI, trauma) predicted inadequate monitoring of children, which, in turn, predicted Child's trauma symptoms at Time 2. Findings suggest that simply treating trauma and addiction will not interrupt the intergenerational cycle; parenting skills, especially parental monitoring, should also be addressed. [Note: final poster will utilize structural equation modeling]

0446 **clin res**

Expectations of Survivors of Human Rights Violations in South Africa

Jeffrey Sonis, University of North Carolina at Chapel Hill; Nicolette Jones, University of Michigan; Megan McMillen, University of Michigan; Ellen Moodie, University of Michigan; Semira Ansari, University of Michigan; Monica Patterson, University of Michigan; Wendy Orr, University of Witwatersrand

The purpose of this study was to identify the factors that predicted the expectations of survivors of human rights violations in South Africa who testified in public hearings of the Truth and Reconciliation Commission (TRC). We selected a random sample of 390 (of approximately 1,800) testimony transcripts. Each transcript was analyzed independently by two raters using an instrument developed for this study. Logistic regression was used to identify the best subset of predictors of survivor expectations. The most common requests were monetary reparations or funds for education or health care (40%), information about the victimization, such as how a family member was killed (16%), and punishment or apology of the perpetrators (9%). In the logistic model, three factors were directly associated with requests for monetary reparations or funds (versus all other requests): physical injury from the victimization; African ethnicity; and testifying about one's own victimization (versus a family member's). Discussion of reconciliation or justice at the hearing was inversely associated with requests for monetary reparations or funds. Survivor expectations were influenced by their backgrounds, their victimization experiences and their interactions with the TRC. The needs of survivors are not uniform.

0447 **clin res**

I Will Dance Again: Resilience in Survivors of Limb Loss

Beth Sperber Richie, Private Practice; Angela Ferguson, Consultant; Zahabia Adamaly, Landmine Survivors Network Research Associate; Dalia El-Khoury, Landmine Survivors Network Research Assistant; Maria Gomez, Consultant

Coping strategies and resilience characteristics of survivors of limb loss in the U.S. and 6 landmine affected countries were determined using qualitative methods. Sample consisted of 55 participants. Data was gathered by interviewing 55 participants using a semi-structured protocol in the U.S. and an open-ended format in the 6 landmine affected countries. Of the 55 participants, 38 were limb loss survivors, 10 were survivors' family members, and 7 were service providers. Data analysis used grounded theory analytic strategies (Glaser and Strauss, 1967; Strauss and Corbin, 1990) to determine country specific and universal factors which lead to resilience. A six-factor model of resilience in survivors of limb loss emerged from the participants' stories. The six factors which promote or detract from an individual's recovery from trauma are: Self, Family, Social Support, Professional Treatment, Personal Context, and Society. This presentation will describe the overall model, detail its six factors using concrete examples, and highlight similarities and differences across all countries. Comprehensive and coordinated rehabilitation

programs for survivors of limb loss needs to be comprehensive and address the person's physical and psychological needs, and social needs within the context of family, community, country, and socio-cultural environment at large.

0448 **clin res**

Provider Quality of Life: Telehealth Intervention to Prevent Secondary Trauma

B. Hudnall-Stamm, Institute of Rural Health, Idaho State University; Stephen Weeg, Institute of Rural Health, Idaho State University; Barbara Cunningham, Institute of Rural Health, Idaho State University; Kelly Davis, Institute of Rural Health, Idaho State University

Workers worldwide faces healthcare workforce challenges with severe workforce shortages, geography and climate, inadequate infrastructure, and isolation, which induce negative consequences such as burnout and vicarious trauma leading to high turnover and increased medical error. Telehealth Idaho uses telehealth as an intervention to reduce these risks. This poster reports on Phase 1, a two-year process to create a program centered on the provider. Data are drawn from public and private provider meetings, focus groups, key informant interviews, and proposed projects. Results were consistent; professionals feel cut off from the resources to adequately provide care within the standards of practice. They report difficulty obtaining consultations, educational opportunities, and peer networking, and coverage for personal and professional leave. They also report an interest in and willingness to use technology to combat isolation and improve quality of care and professional quality of life, coupled with lack of knowledge of how to use or fund technology. The culmination of Phase 1 was the selection, through a competitive process, of 30 community partners who will be linked with four university departmental partners (Pharmacy, Clinical Psychology, Medical Library, and Dental Residency) through the Telehealth Idaho system. Preliminary quantitative results of Phase 2 will also be presented.

0449 **clin res**

Unique Effects of PTSD and Social Support on Quality of Life

Jennifer Strauss, Duke University/Durham VA Medical Centers; Patrick Calhoun, Durham VAMC/Duke/Durham VA Medical Centers; Michelle Feldman, Durham VAMC; Jean Beckham, Duke/Durham VA Medical Centers

This study examined the unique association of PTSD symptom severity and quality of life (QOL) after accounting for common co-morbid factors known to negatively impact QOL. This study also examined whether social support buffers the negative relation between PTSD and QOL. Data were collected on a sample of male veterans (N = 218) diagnosed with PTSD at a VAMC specialty clinic. Hierarchical regression analyses were computed to (1) examine the relation between PTSD severity and QOL, controlling for demographic factors and co-morbid major depression, substance abuse, and medical conditions; and (2) examine whether perceived social support moderates the relation between PTSD and QOL. PTSD was associated with decreased QOL, Beta = -.04, $p < .001$, accounting for 10% of outcome variance after controlling for demographic and co-morbid factors. Increased medical morbidity, Beta = -.21, $p = .006$, and age, Beta = .04, $p = .03$, also were significantly associated with QOL. Social support did not moderate the relation between PTSD severity and QOL. Results provide further evidence that PTSD severity is negatively and uniquely associated with quality of life. The failure of social support to buffer this relationship is surprising and merits further study.

0450 **clin res**

Childhood Sexual Abuse History and Shame as Predictors of Dissociation

Jean Talbot, Department of Psychiatry, University of Rochester School of Medicine; Nancy Talbot, Department of Psychiatry, University of Rochester School of Medicine

This study examined linkages among childhood sexual abuse history (CSA), shame-proneness, and dissociation. Research indicates that CSA predicts heightened dissociative tendencies. Emotion theorists argue that shame-proneness may also be implicated in the genesis of dissociation: Shame-prone individuals may often resort to dissociation to escape the global, aversive self-state that shame represents. These considerations have prompted some researchers to propose a model whereby CSA is linked to dissociation partly through its connection to shame. CSA is seen as fostering shame-proneness, which in turn promotes the use of dissociation. This study tested the hypotheses that CSA and shame-proneness would each predict dissociation, and that shame-proneness would mediate the effect of CSA history on dissociation. Participants were 99 women hospitalized in a psychiatric inpatient unit or partial hospital. Forty-six reported CSA. Measures included the Life Experiences Scale, a shame-proneness measure derived from the Differential Emotions Scale-IV, and the Dissociative Experiences Scale. Preliminary multiple regressions indicated that after controlling for effects of non-CSA trauma, CSA and shame-proneness each made significant, independent contributions (9% and 17% respectively) to the variance in dissociation. Shame-proneness did not mediate CSA's impact on dissociation. Implications of findings for treatment and for understanding CSA's links to dissociation are discussed.

0451 **clin res**

Stress, Coping Self-Efficacy and Coping in Motor Vehicle Accidents

Claire Thomas, University of Colorado at Colorado Springs; Charles Benight, University of Colorado at Colorado Springs; Tina Markowski, University of Colorado at Colorado Springs; Lesley Johnson, University of Colorado at Colorado Springs; Casey Sacks, University of Colorado at Colorado Springs; Chrissy Oue, University of Colorado at Colorado Springs; Alex Harding, University of Colorado at Colorado Springs; Nik Maslow, University of Colorado at Colorado Springs; Cherice Wells, University of Colorado at Colorado Springs

This study examined the mediational relationship between acute distress levels and coping self-efficacy (CSE) in predicting 1 month coping behaviors for motor vehicle accident (MVA) victims. Participants (N = 68) completed the Impact of Event Scale-Revised (IES-R) and MVACSE inventory 4-7 days after their accident. One month later, participants completed the COPE inventory, assessing 15 different coping behavior subscales that are grouped into problem- and emotion-focused coping behaviors. Mean CSE scores and IES-R scores, respectively, were entered into two hierarchical multiple regressions. CSE was entered first into the mediational model followed by IES scores. Results supported a mediational model for acute distress levels mediating between acute CSE perceptions and problem-focused coping 1 month later. The relationship between CSE and problem-focused coping became insignificant when IES-R scores were entered into the equation. CSE perceptions were not significantly correlated with emotion-focused coping, thus making a mediational examination impossible. Individual subscales for the COPE will be examined in-depth to provide a richer evaluation of the relationships between acute distress, CSE and coping behaviors. Additionally, CSE appraisals at 1 month will be examined in order to investigate the importance of self-evaluative judgments assessed at the same point in time for understanding coping behaviors

0452 **clin res**

Coping Style and Functioning of Veterans with PTSD

Quyen Tiet, VAPA HCS/Stanford University.; Craig Rosen, VA National Center for PTSD; Mark Greenbaum, VA VISN 21 Mental Illness Research Education and Clincal Center; Helen Chow, VA VISN 21 Mental Illness Research Education and Clincal Center; Jerome Yesavage, VA VISN 21 Mental Illness Research Edcation and Clinical Center and Stanford University

The chronic disease model of PTSD patient care strives to enhance patients' functioning despite persisting psychiatric symptoms. This study examined the relationship between coping style and functioning in veterans diagnosed with PTSD. One-quarter of all PTSD patients receiving services in three VA health care systems during a one-month period were randomly selected (n = 522) for a study of patients' functioning. A total of 254 patients (49%) completed mailed surveys including the Impact of Events Scale-Revised, Symptom Checklist-6 (depressive and anxiety symptoms), Coping Responses Inventory, alcohol and drug composites of the Addiction Severity Index, and an aggregate measure of social/role functioning based on items from the SF-12V and the Health and Daily Living Questionnaire. Positive Coping was associated with higher levels of functioning whereas Acting Out Coping was related to lower levels of functioning, even after controlling for the effects of psychiatric symptoms and substance use. Adaptive coping styles may enable PTSD patients to get along with family and friends and function adequately despite continuing psychiatric symptoms and some substance use. Further longitudinal studies are necessary to examine the directionality of the relationship of coping styles and functioning in PTSD patients.

0453 **clin res**

Early Maladaptive Schemas, Trauma and PTSD Among Substance Abusers

Elisa Triffleman, The Public Health Institute; Celeste Monnette, The Public Health Institute

Dysfunctional cognitions are believed to be common among those with trauma exposure and PTSD. This study examined the association of the Young's Early Maladaptive Schema questionnaire (YSI, short form-version) with childhood sexual abuse, having witnessed or experienced violence during childhood, and PTSD among substance abusers. YSI subscales were identified a priori as being most likely to be associated with sexual abuse or PTSD. Subjects were applicants for a treatment trial of subjects with PTSD-substance abuse. Inclusion criteria was ability to read English at >5th grade level and a Mini-mental State Exam >26. Results: The 87 subjects were 52% female; 47% African-American, 11.5% Latino; 73% unemployed. No associations were observed between YSI results, and either self-report substance abuse indices or urine toxicology screens. On MANOVA, associations were observed between a history of childhood sexual abuse (with or without subsequent adult rape) and YSI total and several subscale scores. Among subjects who had witnessed or experienced violence, after excluding those who experienced childhood sexual abuse, increased total YSI scores and YSI subscales were observed as was also true among those with current PTSD on the CAPs. In a logistic regression model, both childhood sexual abuse and total YSI scores predicted current PTSD diagnosis. Conclusion: The YSI appears to measure schemas without regards to substance-related effects. Whether the association between the YSI and PTSD represents trait vs. state effects requires further study.

0454 **clin res**

Depression/PTSD: Paxil Affects Autonomic Reactivity and Cortisol

Phebe Tucker, Department of Psychiatry, University of Oklahoma; Katherine Beebe, GlaxoSmithKline, Clinical Research and Development; Akm Hossain, Department of Psychiatry, University of Oklahoma; Richard Trautman, Department of Psychiatry, University of Oklahoma; Dorothy Wyatt, Department of Psychiatry, University of Oklahoma

Purpose: Effects of paroxetine treatment of depression with PTSD on subjective symptoms, physiological reactivity and diurnal cortisol secretion were assessed. Methods: Baseline assessments compared 22 patients with depression + PTSD, 22 with depression alone, and 20 controls with prior trauma but no mental illness. Psychometric measures included the SCID-IV for Axis I diagnoses; CAPS, IES and TOP8 for PTSD; and BDI for depression. Autonomic measures assessed heart rate and blood pressure responses (Lablink Modular Instrument System) to individualized trauma scripts. Salivary cortisol was measured at 8 am and 4 pm. Bonferroni-corrected T-tests compared groups. Findings: Patients with depression + PTSD had higher baseline autonomic reactivity than depressed and traumatized control subjects on all measures. Discriminant analyses found combined autonomic variables to correctly classify 86% of depressed + PTSD patients (sensitivity) and 95% of subjects without PTSD (specificity). The depression + PTSD group's cortisols differed from the other two groups only in having a flattened diurnal pattern. The depression + PTSD group recieved 10 weeks of open-label paroxetine, 20-50mg/day, with all psychometric and physiological reactivity measures decreasing significantly. Treated patients acquired a robust diurnal pattern of cortisol secretion. Conclusions: The presence of PTSD with depression caused greater autonomic reactivity and different patterns of diurnal cortisol secretion compared with depression alone and with previous trauma experience without illness. Physiological and neuroendocrine measures as well as subjective symptoms normalized with paroxetine treatment of depression with PTSD, underscoring the biological nature of comorbid PTSD and its treatments.

0455 **clin res**

Injury Severity and PTSD: A Pilot Study with a Multicultural Sample

David Victorson, University of Miami; Kent Burnett, University of Miami; Rebecca Delgado, University of Miami; Kristen Bauer, University of Miami; Kelly Travis, University of Miami; Karen Macaluso, University of Miami; Marielena Palomino, University of Miami; Victoria Hernandez, University of Miami; Lorie Farmer, University of Miami; Destiny St. John, University of Miami

Injury severity, as a predictor of post-injury psychiatric development, has received scrutiny within the traumatic injury literature. Some studies have reported a predictive relationship between injury severity and posttraumatic stress (See Blanchard, Hickling, Mitnick, Taylor, Loos, and Buckley, 1995) while others have not (See Bryant and Harvey, 1995). An investigation was undertaken to examine the relationship between injury severity and PTSD symptomatology among a multicultural sample of fifty-two traumatically injured adults (19% African American, 19% Caucasian, 8% Caribbean, 48% Hispanic/Latino, 6% other). Patients were recruited from the orthopedic hand, trauma and burn units at a large, southeastern level 1 trauma center. During the first days of hospitalization, patients were administered the Trauma Symptom Checklist-40 (TSC-40) by trained assessors and were also assigned an Abbreviated Injury Scale Score (AIS) by attending surgeons. All participants signed an informed consent form and the confidential nature of the study was discussed. A simple regression analysis revealed that AIS scores could not significantly predict TSC-40 total scores ($p>0.05$). Given the conflicting position of injury severity within the traumatic injury literature, as well as the pilot nature of this current study, continued effort should be made to examine this relationship among traumatically injured populations.

0456 **clin res**

PTSD, Substance Abuse, Health Status and Utilization in HIV+ Adults

Melanie Vielhauer, Boston Medical Center, VA Boston Healthcare System; Deborah Brief, VA Boston Healthcare System, Boston University School of Medicine; Andreas Bollinger, VA Boston Healthcare System, Boston University School of Medicine; Carlos Cuevas, Boston Medical Center; Erin Morgan, Boston Medical Center; Lisa Buondonno, Boston Medical Center; Terence Keane, Boston Univerity School of Medicine, VA Boston Healthcare System

Recent research has documented high rates of substance abuse and psychiatric problems in the HIV population, as well as their adverse impact on adherence to medication regimens, health outcomes, and use of health care services. Of these studies, only a small number have investigated trauma exposure and PTSD, with results indicating higher prevalence rates of PTSD than in the general population. To date, there has also been limited empirical work evaluating the relationship between trauma, PTSD, and health status in people living with HIV. The current study examines these relationships in HIV-infected adults with substance abuse disorders who were recruited at an urban medical center as part of a larger, ongoing study of HIV/AIDS treatment adherence, health outcomes, and health care costs. Trauma exposure and PTSD symptoms were assessed with the Life Events Checklist and the Clinician-administered PTSD Scale. Health status was assessed with the SF-36 and portions of a semi-structured interview focused on HIV medication adherence and use of medical and mental health services. Data will be presented on health status as a function of PTSD severity, severity of substance abuse, HIV clinical stage, and comorbid health problems.

0457 **clin res**

A Two Dimensional Model of Combat-Related PTSD

Karla Voncken, Central Military Hospital, Utrecht, The Netherlands; Eric Vermetten, University Medical Center; Ferdy Unck, Central Military Hospital; Rolf Kleber, Utrecht University

Background: Some studies suggest that distinguishing between the responses of denial and re-experiencing is an alternative and potentially more useful approach for understanding posttraumatic stress disorder (PTSD) and its origin in war trauma than the comprehensive model proposed in DSM-IV. No conclusive evidence has been found however to support these notions. Objective: We wanted to assess whether the dimensionality of both denial and re-experiencing could be confirmed in an outpatient population of combat-related PTSD. Method: We used several questionnaires (MMPI, BDHI and ZIL) to retrospectively assess the existence of this dimension in Dutch Veterans with combat- related PTSD (n=40). Results: Dimensionality of denial and re-experiencing could not be confirmed. Our results are suggestive of a differentiation in two other categories: personality characteristics and symptom profiles. The longer the duration of PTSD symptoms, the more they have an impact on personality characteristics. Conclusion: There is no supportive evidence for understanding PTSD along a dimensionality model of denial and re-experiencing. Our data suggest personality characteristics and symptoms profiles to be more valid categories, which add their relative weight in function of the duration of PTSD symptoms.

0458 **clin res**

Vicarious Traumatization of Therapists: Risk and Resiliency Factors

Laura Wagner-Moore, University of Massachusetts Boston; Ester Shapiro, University of Massachusetts Boston

The primary objective of this research was to identify risk and resiliency factors for vicarious traumatization (VT) A sample of trauma therapists were administered measures of VT, psychological distress, and measures of personality and coping style. Hierarchical multiple regression were used to test whether certain aspects of therapists' exposure to patient traumatic material, as well as internal (e.g., aspects unique to the therapist) and external factors (e.g., amount of professional support or supervision) of the therapist were predictive of VT. This study failed to find a statistically significant relationship between a) the severity and degree of therapist exposure to patient traumatic material and VT and b) the therapist's history of abuse and the development of VT. An unexpected finding was that participants who reported greater amounts of supervision and professional support tended to report higher levels of VT. A statistically significant relationship was found between a) avoidant coping styles and VT and b) personality factors such as neuroticism, agreeableness, affect regulation style, boundary style and VT. The findings suggest a) that the current VT empirical literature's emphasis on factors external to the therapist need to be reconsidered, b) that inter-individual therapist personality characteristics may play an important role in the differential response to trauma work and c) that more complex theoretical models are needed to accurately understand the processes which mitigate risk or promote resiliency in VT.

0459 **withdrawn**

0460 **clin res**

The Frequency and Impact of Trauma in Older Adult Females

Robyn Walser, Mental Illness Research, Education and Clinical Center, VAPACS; Joan Cook, University of Pennsylvania and Philadelphia VA Medical Center; Josef Ruzek, National Center for PTSD; Javaid Sheikh, VAPAHCS and Stanford University

Research on the frequency and impact of trauma in younger female veterans exists; however, there is little information about the prevalence, impact, and characteristics of military trauma in older adult female veterans. For instance, exposure to military trauma, including but not limited to sexual assault, physical sexual harassment, and verbal sexual harassment, in younger female veterans is common and has many harmful consequences. However, we currently know little about the consequences of trauma in older women. The purpose of the current study was to assess trauma, physical functioning, and coping styles in older women in order to better understand the relationship among these variables. Women in the military and non-military women were investigated. To date, data have been collected on 43 subjects, average age = 79.26. A description of trauma history as detailed by the Trauma History Questionnaire is presented. Preliminary data analyses indicate low to moderate levels of PTSD symptoms for 12 subjects as measured by the PCL. There were no significant differences on PCL scores between military and non-military subjects. PCL scores were unrelated to number of doctor visits in the past year for the group of subjects as a whole, however, for non-military subjects there was a significant positive relationship between PCL scores and number of doctor visits in the past year. Furthermore, PCL scores were significantly positively related to disengagement (non-emotion focused) as a coping strategy for military subjects, whereas the same was not true for non-military subjects. The relationships among trauma history, current physical functioning and coping style in older women are discussed. Implications for future research and treatment issues are addressed.

0461 **clin res**

The Role of Relationship Functioning in Treatment Outcomes for PTSD

Reid Warner, Dartmouth College; Candice Monson, Dartmouth College; Benjamin Rodriguez II, Brown University Medical School; Moira Ripley, Antioch New England Graduate School

Minimal research has addressed the effectiveness of various treatments for combat-related PTSD, or how certain variables influence treatment effectiveness. Moreover, there has been little research on how psychosocial variables, and specifically relationship functioning, might relate to these outcomes. The goals of this study were to investigate these psychosocial variables as they related to the effectiveness of intensive group treatment in a VA-based PTSD program. Using data from 150 veterans who received PTSD treatment, analyses indicated that pre-treatment perceptions of the stability and functional support of extended relationships, and the level of intimacy in their significant

relationships, were not associated with four-month treatment outcomes. However, perceptions of the stability and functional support of intimate relationships at admission were significantly related to violence perpetration at four-months, with more favorable perceptions leading to decreased post-treatment violence perpetration. There was also an interaction between type of treatment (i.e. trauma versus skills focused) and this relationship variable. Interestingly, more favorable perceptions led to decreased violence for patients receiving skills focused treatment, and increased violence for patients receiving trauma-focused treatment. Results are discussed as they relate to future treatment implications and how and when trauma survivor's intimate partners might be integrated into treatment to improve outcomes.

0462 **clin res**

Predicting ECT Response Using the Dexamethasone Suppression Test

Bradley Watts, Dartmouth Medical School Department of Psychiatry; Christian Meko, Dartmouth Medical School

While it appears clear that there is no role for the dexamethasone suppression test in determining which patients with major depression will benefit from ECT, to our knowledge there have been no investigations into whether the dexamethasone suppression test (DST) can be utilized to predict which patients with both depression and posttraumatic stress disorder (PTSD) would benefit from ECT. A chart review was conducted to compare treatment response of patients meeting DSM IV criteria for both depression and PTSD who received ECT. The patients were grouped based upon response to the dexamethasone suppression test: non-suppressers (N=5), normal response (N=11), and hyper-suppressers (N=10). Using a response definition of a 50% reduction in symptoms and a final Montgomery Asberg Depression Rating Scale score of ten or less, the non-suppressers all responded to ECT. Five of the eleven normal DST responders responded to ECT. None of the DST hyper-suppressers responded to ECT. These findings indicate the dexamethasone suppression test may play a role in identifying which patients with depression and PTSD will respond to ECT.

0463 **clin res**

Gender Differences in Trauma and Cohesion among Military Personnel

Julia Whealin, National Center for PTSD, Pacific Islands Divison; Wayne Batzer, Tripler Army Medical Hospital; Matthew Friedman, National Center for PTSD, Executive Division; Paula Schnurr, National Center for PTSD, Executive Division; Noela Yamamoto, National Center for PTSD, Pacific Islands Divison; Stacey Yim, National Center for PTSD, Pacific Islands Division; Charles Morgan, Yale University/Va National Center for PTSD

Cohesion is a vital component in maintaining morale among military personnel. Research indicates that the extent to which soldiers feel a part of a group and desire to remain in the group predicts superior performance. Recent investigations suggest trauma may interfere with one's ability to function as part of a cohesive group. Childhood abuse, for example, predicted poorer perception of peers and leaders among 1,051 male and 305 female soldiers (Rosen and Martin, 1996). The objective of the present research was to examine the impact of trauma history upon cohesion among active duty personnel. The WRAIR Cohesion Scale and the Brief Trauma Questionnaire were administered to 127 female and 170 male soldiers participating in a 2-week training deployment. Results showed that warzone, accident, disaster, and illness trauma were more frequently endorsed by men than women; whereas child abuse, sexual assault, and witnessing trauma were more frequently reported among women. Regression analyses indicated that, among men, disaster trauma related to poorer perception of peers, NCO's, and officers, while "other trauma" was related to poorer perception of officers. Among women, only "other trauma" was related to poorer perception of peers. The mediational role of gender upon trauma sequelae is discussed.

0464 **clin res**

Quality of Life as a Function of Social Avoidance in PTSD Veterans

Erika Wolf, National Center for Posttraumatic Stress Disorder, VA Boston Healthcare System; Barbara Niles, National Center for Posttraumatic Stress Disorder, VA Boston Healthcare System

The purpose of this investigation was to determine the relationship between self-reported social avoidance, trauma avoidance and quality of life in Veterans who suffer from re-experiencing symptoms associated with Posttraumatic Stress Disorder (PTSD). It was hypothesized that 1) low social avoidance would predict better quality of life, 2) high trauma avoidance would predict better quality of life, and 3) the interaction of low social avoidance and high trauma avoidance would predict better quality of life. Re-experiencing symptoms, social avoidance, and trauma avoidance were measured with relevant items from the PTSD Checklist. Quality of Life was measured with the Boston Life Satisfaction Inventory. Participants included 163 male Veterans (mean age = 53, 51% White, 10% Black, 46% Vietnam-era, 98% met DSM-IV criteria for PTSD) who underwent evaluation for PTSD. Regression analyses revealed that low social avoidance was related to better quality of life (beta = -.53, adjusted r2 = .28, p <.001), supporting the first hypothesis. The importance of staying connected to one's social network was further supported by subsequent analyses. Neither trauma avoidance nor the interaction variable was a significant predictor of quality of life. Key findings will be discussed in relationship to the coping and social support literature.

Posters in Track 6

Complex Trauma and Interpersonal Violence (complex)

Presented: **Saturday, 1:00 p.m.–2:15 p.m.**

Poster Numbers 0601–0646

0601 **complex**

Disclosing the Unspeakable: Intergenerational Dilemmas

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

Self-disclosure and its impact on healthy interpersonal relationships and self-development has been recognized for decades. Revealing one's self to another facilitates development of intimate, fulfilling relationships to mitigate isolation, disconnections, and loneliness. Jourard's work, however, points to the dilemma frequently voiced by survivors of atrocity or abuse related to the difficulty of disclosing their histories to their own children. "Distress disclosures" of negative or difficult situations have been found to carry costs, such as rejection, loss of social support, self-alienation, and loss of speaking one's own reality. The current study sought to understand issues related to disclosing a history of abuse to one's own children. 42 women who had self-reported histories of incest completed a semi-structured interview on parenting issues, with the focus for this report on disclosure or non-disclosure of the mother's incest history, reasons the mother chose to disclose or not, and how the child responded. Interviews were transcribed and data were subjected to qualitative and descriptive analysis. Results indicated that all aspects of the process of disclosure were complex, with nearly equal frequencies of positive (e.g., empathy, relief, understanding) and negative responses (anger, fear, distress, confusion, distancing). Suggestions for generational interventions and further research are presented.

0602 **complex**

Marital Rape: Single Case Design of Two Cognitive Behavioral Therapies

Jennifer Bennice, Center for Trauma Recovery, University of Missouri-St. Louis; Patricia Resick, Center for Trauma Recovery, University of Missouri-St. Louis

Fourteen percent of married women and nearly 50% of battered women have experienced marital rape. Extant research has described the posttrauma consequences of marital rape, including posttraumatic stress disorder (PTSD), depression, fear, helplessness, negative attitudes toward men, self-blame, guilt, and shame. In addition, empirical studies have found that the majority of marital rape victims report being raped more than once, and multiple experiences of marital rape seem to lead to more serious consequences for the victims. Despite these findings, marital rape has not been taken as seriously as other forms of rape. As a result, research that might help to improve services to marital rape victims has been impeded. Although it seems likely that effective therapies for rape victims would also be helpful to victims of marital rape, the effectiveness of such techniques must be formally evaluated in this population. The present study will begin this process by completing single case analyses of two marital rape victims who were treated with either Cognitive Processing Therapy or Prolonged Exposure. Each case will be evaluated on measures of PTSD, depression, and trauma-related guilt at pre-treatment, post-treatment, 3-month, 9-month, 2-year, and 5-year follow-up assessments. These findings will be discussed along with their potential clinical implications.

0603 **complex**

Trauma Art: A Nonverbal Technique to Reduce PTSD Symptoms

Lyndra Bills, Community Works Inc.

Trauma art is a nonverbal cognitive exposure technique used in practice to reduce PTSD symptoms. It has been applied to both simple and complex PTSD from many different types of trauma including physical and sexual abuse, medical procedural trauma, burn trauma, traumatic brain injury, motor vehicle accidents, emotional abuse, domestic violence, traumatic grief, etc. Trauma art was developed as a method to help patients process painful reexperiencing images or sensations difficult to describe verbally. It is based upon the neurobiology of trauma theory, which describes our brains ability to be overstimulated by a traumatic event and process information more nonverbally. The trauma art technique uses five basic steps: safety before, safety after, transition point before, transition point after, and the traumatic event. The technique will be described with its five basic steps along with pertinent clinical examples.

0604 **complex**

Prevalence of Sexual Assault Among Active Duty Air Force Women

Deborah Bostock, Uniformed Services University of Health Sciences; James Daley, Indiana School of Social Work, Indiana University

Sexual assault in the military is a highly sensitive, volatile issue with scant data as to the extent or outcome of the event(s). This study was conducted to quantify sexual assault rates within the Air Force and to provide a direct comparison to the available civilian data. A random probability sample of active duty Air Force (ADAF) women were interviewed in a structured telephone survey using the previously validated National Women's Survey (NWS) instrument. The participation rate for the survey was 77.1% with 2018 completed interviews. Lifetime prevalence data related to sexual assault and associated health outcomes (posttraumatic stress disorder (PTSD), depression and suicide) were evaluated. We found that the lifetime prevalence of rape among ADAF women is more than twice as high as that of civilian women as reported in the NSW (28% vs. 13%). More than half of the women who have been victims of rape have been raped more than once. Most rapes involved attacks by civilians on Air Force women when they were also civilians. There are statistically significant differences in the associated outcomes of PTSD, depression and suicide between ADAF women who have sexually assaulted and those without such experience(s).

0605 **complex**

Group CBT for Treatment of Aggression Among Veterans with PTSD

Patrick Calhoun, Duke University Medical Center, Durham VA Medical Center; Timothy Wampler, Durham VA Medical Center; Strauss Jennifer, Duke University Medical Center; Jean Beckham, Duke University Medical Center, Durham VA Medical Center; Rhonda Karg, Durham VA Medical Center; Taft Casey, Durham VA Medical Center

Interpersonal violence and aggression are prominent concerns for many veterans with PTSD. The aims of the current project were to examine the feasibility and validity of a newly developed 12-week group cognitive-behavioral intervention for treatment of anger and aggression among veterans with PTSD. Vietnam veterans (n=19) with severe anger problems were randomly assigned to one of two treatment conditions. A 12-week group cognitive-behavioral therapy targeted at aggressive behavior (CBT-A) was compared to a cognitive-behavioral intervention focused on anxiety management. The primary outcome variable, interpersonal violence, was assessed pre-post and 3-months following treatment using the Conflict Tactics Scale (CTS). All 11 patients (100%) assigned to CBT-A completed the intervention. Five of eight patients (63%) completed the comparison intervention. Results examining treatment completers revealed no significant group differences pre, post or three months following treatment. Both groups demonstrated trends toward reduced aggression at 3 months follow-up, however, only patients assigned to anger management demonstrated significant decreases in both verbally aggressive ($t=5.3$, $p<.001$) and physically violent behavior ($t=2.7$, $p=.02$). Group cognitive-behavioral therapy for treatment of aggression is feasible in a population of veterans with severe PTSD. Following 12-week cognitive behavioral treatment, Vietnam veterans with PTSD demonstrated a significant reduction in interpersonal violence and verbally abusive behavior.

0606 **complex**

Is Memory a Prerequisite to PTSD? The Case of Traumatic Head Injury

Yael Caspi, Division of Psychiatry, Rambam Medical Center and Rappaprt Faculty of Medicine; Sharon Gil, Division of Psychiatry, Rambam Medical Center and Rappaprt Faculty of Medicine; Irit Zilberman Ben-Ari, Division of Psychiatry, Rambam Medical Center and Rappaprt Faculty of Medicine; Danny Koren, Department of Psychology, University of Haifa; Ehud Klein, Division of Psychiatry, Rambam Medical Center and Rappaprt Faculty of Medicine

Studies of the relationship between memory of the traumatic event and Posttraumatic Stress Disorder (PTSD) are inconclusive. The goal of this study was to examine the role of memory for the details of the traumatic event in the development of PTSD. Data on traumatic experiences, past and current SCID-based DSM-IV psychiatric disorders, symptoms of PTSD, depression, and dissociation, and neurocognitive indices were collected in a retrospective study of 120 participants who experienced traumatic events involving head injury. Out of the 48 participants with memory for the traumatic event, 16 (33%) developed PTSD, whereas only 6 (8%) developed PTSD out of the 72 participants without memory ($c2=24.2$; $p<.001$). Logistic regression analysis revealed that, accounting for age, symptoms of anxiety and depression in the week preceding the study, and cognitive functions—memory for the traumatic event was highly and positively associated with the diagnosis of PTSD (OR=2.8, CI=1.8, 8.9). However, of the 22 (18%) participants diagnosed with PTSD, six (27%) had no memory of the event. Confirming previous reports, our study substantiates that memory for the traumatic event is a strong predictor of PTSD. However, lack of memory does not completely preclude the possibility of its occurrence.

0607 **complex**

Factor Analysis of the Sexual Abuse Questionnaire-III

Bryan Castelda, Binghamton University; Adam Krantweiss, Binghamton University; Patricia Rourke, Binghamton University; Donald Levis, Binghamton University

The present study is part of an ongoing series of research projects to assess a newly constructed brief paper-and-pencil self-report instrument, the Sexual Abuse Questionnaire—III (SAQ-III). This questionnaire is unique in that many of the discriminating items on the inventory were derived from extensive clinical experience, as opposed to solely relying on clinical symptomatology, in treating survivors of childhood sexual abuse. The items have also been proven capable in discriminating between males and females. Previous versions of the Sexual Abuse Questionnaire (SAQ-II) have been shown to classify self-reported survivors of sexual abuse from self-reported non-abused subjects, and have demonstrated good test-retest reliability and internal consistency as well as convergent and discriminant validity (Locke, 1997). The focus of the present study was to obtain further estimates of internal reliability and to determine the factor structure of the SAQ-III using exploratory factor analysis. To avoid spurious factors that sometimes result when factor analyzing dichotomous data, a G-coefficient was used. Internal reliability, as indexed by the Kuder-Richardson formula for dichotomous data was found to be .96. Split-half reliability was found to be .93. Two factors were extracted using Maximum Likelihood extraction with orthogonal varimax rotation. The first factor, labeled abuse, accounts for 30.99% of the variance. The second factor, labeled anxiety/depression, accounts for 15.04% of the variance.

0608 **complex**

Health Care Utilization Associated with PTSD and Personality Disorder

Serena Chu, Mental Illness Research, Education and Clinical Centers; Nancy Dunn, Houston Veterans Affairs Medical Center; Joseph Hamilton, Houston Veterans Affairs Medical Center; Lynn Rehm, University of Houston; Julianne Souchek, Houston VA Center for Quality of Care and and Utilization Studies; Jeanne Schillaci, Palo Alto National Center for PTSD; Elisia Yanasak, University of Houston; Terri Menke, Houston VA Center for Quality of Care and Utilization Studies

In a VA HSR&D funded study, health care utilization among veterans with comorbid PTSD, depression and at least one personality disorder was examined. This area of research is particularly valuable given the complexity of treating three very prevalent, chronic, and complex psychiatric conditions that may have synergistic effects on each other with regard to treatment outcome. Participants included 115 male combat veterans recruited from a VA medical center. The Clinician-Administered PTSD Scale (CAPS-1) and SCID-I and II were administered to diagnose PTSD, depression, and personality disorders, respectively. The mean CAPS-1 score was 74.6 (SD=16.8), which is indicative of severe PTSD symptomatology. Approximately 45.2% of this sample had one or more personality disorders. Health care utilization data were extracted from a computerized database of all clinical visits. Findings indicate that patients with comorbid PTSD/depression, and a personality disorder were more likely to utilize inpatient psychiatric services than patients with PTSD/depression and no personality disorder. However, there were no differences between the two groups with respect to utilization of medical services and outpatient psychiatric services. Overall, veterans with a diagnosis of PTSD, depression, and at least one personality disorder are higher utilizers of inpatient psychiatric services than similar patients without a personality disorder.

0609 **complex**

Characteristics of Complex Trauma with Child Abuse Samples

Anne Dietrich, University of British Columbia

The construct of Complex PTSD includes symptoms of PTSD, affect dysregulation, dissociation, alterations in self capacities, altered relationships with others, somatization, and altered systems of meaning. Data are presented on these characteristics of traumatized individuals with self-reported childhood maltreatment histories. Over 200 participants were recruited from prisons (n = 108), the internet (n = 90), and a community outpatient centre (n = 20). Participants completed the Child Maltreatment Interview Schedule to assess for types of childhood maltreatment, the Detailed Assessment of Posttraumatic States (DAPS) to assess for PTSD symptoms, and the Self-Inventory of Disorders of Extreme Stress (SIDES-SR), the Inventory of Altered Self Capacities (IASC), the Multiscale Dissociation Inventory (MDI), and the Somatoform Dissociation Questionnaire (SDQ-20) to assess for complex posttraumatic sequelae. Psychometric data on these various instruments are presented, as well as descriptive data on characteristics of complex PTSD for these samples. Participants are compared to available normative samples on each of these measures. In addition, statistical methods were utilized to determine if the IASC, MDI, and the SDQ-20 tap into domains over and above the construct of Complex PTSD as explicated by the SIDES-SR. Results are discussed in terms of validity of the Complex PTSD construct.

0610 **2001 Student Research Award Winner Research Update**

Posttraumatic Sequelae as Potential Mediators Between Childhood Abuse and Revictimization

Anne Dietrich, University of British Columbia

Researchers have studied a range of post-traumatic correlates of revictimization of adults with abuse histories, including characteristics of the original abuse, PTSD, and various features of Complex PTSD or Disorders of Extreme Stress Not Otherwise Specified (DESNOS). These data suggest PTSD and Complex PTSD/DESNOS may play mediating roles between childhood abuse and revictimization. In the current study, PTSD (as per the Detailed Assessment of Posttraumatic States or DAPS), DESNOS (as per the Self-Inventory for Disorders of Extreme Stress, or SIDES-SR), cognitive distortions (as per The Cognitive Distortions Scale or CDS), dissociation (as per the Multiscale Dissociation Inventory or MDI), impaired self-capacities (as per the Inventory of Altered Self Capacities or IASC), and somatoform dissociation(as per the Somatoform Dissociation Questionnaire or SDQ-20) were examined as potential mediators between childhood abuse and revictimization. Two hundred and sixteen subjects with self-reported abuse histories were recruited from a community counselling centre, correctional facilities, and email discussion lists. Logistic regression analyses were conducted using Barron and Kenny's guidelines for testing for mediation effects. The results are discussed in terms of treatment of specific posttraumatic sequelae with a view to preventing revictimization, as well as implications for future treatment outcome research.

0611 **complex**

Victimization, Psychopathy and Comorbidity in Juvenile Sex Offenders

David Eakin, Auburn University; Ohiana Torrealday, Auburn University; Barry Burkhart, Auburn University

The spectrum of pathology arising from childhood traumatization is complex and often misunderstood. These victims suffer maladaptive attachments, disrupted identity formation, and personality disorders that may increase risk for repeated future victimization by or of others. This preliminary investigation compared victimization patterns, psychopathy, and comorbidity in juvenile sex offenders who were victims of sexual abuse (n=16), physical abuse (n=19), or both (n=12), with those of sexual offenders without any history of interpersonal traumatization (n=50). Sex offenders who were victims of either sexual or physical abuse committed their offenses against younger, predominantly female victims; committed offenses that were more intrusive; victimized family members; and committed offenses at an earlier age than those who had no history of abuse. Offenders with a history of both types of abuse victimized equal numbers of males and females. Those with no abuse history were more likely to victimize non-family members. Juveniles incarcerated for non-sexual offenses scored significantly higher on a psychopathy measure, while sex offenders with a history of physical abuse scored higher than individuals with a history of sexual abuse or both types of

abuse. There was substantial diagnostic comorbidity among offenders, with abused individuals reporting greater levels of psychopathology within several diagnostic categories.

0612 **complex**

Peritraumatic vs. Trait Dissociation and Risk for PTSD

Catherine Ehrlich, Los Angeles County and University of Southern California Medical Center; John Briere, University of Southern California Keck School of Medicine; Frank Weathers, Auburn University

Several studies suggest that peritraumatic dissociation is a risk factor for PTSD. The purpose of this study was to further investigate the relationship between generalized (or trait) dissociation, peritraumatic dissociation, and PTSD. We hypothesized that, in contrast to previous findings, the general trait of dissociation would better predict PTSD. The project involved two studies. In Study 1, 52 community participants and mental health outpatients were administered the Peritraumatic Dissociative Experiences Questionnaire (PDEQ), the Dissociative Experiences Scale (DES), and the Clinician-Administered PTSD Scale (CAPS). In Study 2, 387 general population participants were administered the Detailed Assessment of Posttraumatic Stress (DAPS) and the Multiscale Dissociation Inventory (MDI). In both studies, both trait and peritraumatic dissociation emerged as predictors of PTSD diagnoses in univariate analyses, but on the multivariate/discriminant level, while trait dissociation continued to be a meaningful discriminator of PTSD, peritraumatic dissociation was no longer related. As hypothesized, it appears that the general trait of dissociation predicts PTSD, and does so better than peritraumatic dissociation—results which were replicated in two different populations using different sets of diagnostic instruments. We suggest that the relationship between peritraumatic dissociation and PTSD may be primarily the activation during a trauma of preexisting dissociative capacities.

0613 **complex**

The Current State of Assessment and Treatment of Complex PTSD

Charles Figley, Florida State University (FSU)—FSU Traumatology Institute

The discovery, assessment, and treatment of complex trauma has a short history. This poster will review this history and discuss the importance of personality and the subconscious in traumatology generally. The majority of time, however, will be devoted to discussing an important innovation in the assessment and treatment of Complex Trauma: The use of the Intrapsychic Treatment Team metaphor.

0614 **complex**

Complex Psychiatric Disorders in Rwandan Post-Genocide Orphanages

Richard Gakuba, Medical student

Following the 1994 Rwandan genocide, there has been an enormous increase in the number of orphaned children in the country. Some among these have had the opportunity of being adopted into families or orphanages while many others still roam the streets. There is no doubt some of them suffer a complexity of psychiatric disorders. OBJECTIVES of the study were; to determine the prevalence of PTSD among orphans living in different orphanages in Kigali, to identify other complex psychiatric disorders and make recommendations towards management of the complex psychiatric disorders. A total of 280 orphans aged 10-18 years from seven orphanages in Kigali city were assessed for different psychiatric disorders using a clinical interview; a combination of the Distressing Event Questionnaire and Traumatic Event Questionnaire. RESULTS showed 151(54%) children had PTSD and 182(65%) had at least one psychiatric disorder. The prevalence of PTSD and different other psychiatric disorders varied depending on age at time of trauma event (Genocide) and sex with 60% females. Due to the high prevalence of a complexity of psychiatric disorders, counseling services should be reinforced in orphanages. Street children should be adopted into families and orphanages for proper assessment and management of psychiatric disorders.

0615 **complex**

Complex Trauma in Refugees: Establishing a Conceptual Framework

Sonali Gupta, Cambridge Hospital/Harvard Medical School

As a group, refugees and displaced persons have undergone multiple and severe traumatic experiences including war, torture, and ethnic cleansing. In addition to and compounding the impact of the original trauma(s), the refugee endures the stressors of forced migration and the challenge of acculturating to the host country. As a consequence of their complex trauma history, refugees often present with a spectrum of symptoms (e.g., depression, prolonged dysphoria, anxiety, panic, somatic complaints) that may not fit the diagnostic requirements for or are not adequately represented by a specific disorder as defined by DSM-IV. This presentation describes a conceptual framework which incorporates a multifactorial and multidimensional approach to understanding the dynamic between the refugee's traumatic experiences and symptom formation and presentation. The proposed framework merges an understanding of the refugee's premorbid functioning, the social, political, and individual contexts in which the trauma occurred, the beliefs and meanings the individual has ascribed to the traumatic events, and the impact of migration, culture, and acculturation. Finally, the manner in which this conceptual framework can guide therapeutic intervention will be discussed in the context of working with refugees from Lebanon and Togo.

0616 **withdrawn**

0617 **complex**

Working with Survivors of Torture During the Asylum Process

Karen Hanscom, Advocates for Survivors of Torture and Trauma; Mary Cogar, Advocates for Survivors of Torture and Trauma; Estela Abosch, Advocates for Survivors of Torture and Trauma; Susan Eroraha, Advocates for Survivors of Torture and Trauma

Working with survivors of torture who are seeking asylum offers unique opportunities for mental health interventions. Focus of the presentation will be on psychological assessment and treatment during preparation for asylum proceedings. Specific topics will include diagnostic assessment, education of the attorney and court regarding the psychological consequences of torture, and influence of cross-cultural issues. Psychotherapeutic interventions throughout the process are illustrated and explored.

0618 **complex**

The Actual Condition and Issue of Domestic Violence Victims in Japan

Takako Konishi, Musashino Women's University, Faculty of Human Studies

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

tem for the prevention and continuing care of the DV damage. Cultural-bound aspects of the coping style and the survival strategy of the Japanese victims will be also dicussed.

0619 **complex**

Gender Roles, Stereotypes and Self-Discrepancies in Response to Abuse

Elizabeth Krause, Duke University, Department of Psychology; Susan Roth, Duke University, Department of Psychology

Recent studies have found a history of child abuse to be associated with identity disruption, negative self-representations, and discrepant models of self. One aspect of self-concept that may be affected by abuse and associated with vulnerability to posttraumatic stress for female survivors is gender identity. Case studies have suggested that treatment-seeking female survivors often endorse stereotyped beliefs about women, describe feeling disconnected from other women, and/or over-identify with many of the negative attributes associated with femininity. In addition, survivors often report painful discrepancies between their posttraumatic self-concept as a woman and the woman they would ideally be or believe they ought to be (Krause et al., 2002). The current study examines quantitatively the impact of child abuse on survivors' gender role identification, self-discrepancies, and stereotyped beliefs about women. In addition, it investigates the impact of these variables on symptomatology. Fifty women with and 35 women without a history of childhood physical or sexual abuse completed self-report measures. Compared to women without a history of abuse, abuse survivors reported possessing more attributes stereotypically associated with femininity than masculinity. In addition, group differences in the correlations between self-discrepancies and gender role attributes suggested that self-ideals may be associated with femininity for the abuse group but masculinity for the control group. A significant relationship between the actual-ideal discrepancy and symptomatology however, did not depend on abuse history or level of gender role identification. Finally, although the two groups did not differ in terms of overall gender stereotype endorsement, the extent to which abuse survivors endorsed negative stereotypes about women was associated with posttraumatic stress symptomatology.

0620 **complex**

Creating Safe Places: Assessing the Needs of Haitian Abuse Survivors

Rachel Latta, Boston College; Lisa Goodman, Boston College

This qualitative study evaluated 1) the extent to which existing domestic violence services in an urban city were culturally competent, particularly with respect to Haitian culture 2) the extent to which Haitian immigrant women had access to existing services, and 3) the types of services that would work best for these women. Qualitative interviews were conducted with three groups: domestic violence service providers; service providers that did not focus on domestic violence exclusively, but did provide some domestic violence-related services; and English-speaking Haitian agencies and Haitian community leaders that did not have any services related to domestic violence. Data were coded following a grounded theory approach, using a constant comparative method of data analysis. Findings show that most traditional domestic violence services are meeting, if not, exceeding standard cultural competency requirements. Secondary services do not appear to be meeting cultural competency requirements. Cultural, legal, and knowledge-based barriers to access still exist for Haitian women. Literacy and community outreach are two important services that should be expanded for Haitian women. Also, training through religious organizations in the community may be an effective way to increase access. Finally, an increase in funding and services specifically for Haitian women is needed.

0621 **Withdrawn**

0622 **complex**

Surviving Discotheque Fire Disaster—a 24-Year Follow Up

Tom Lundin, Deptartment of Psychiatry, Uppsala University Hospital

In June 1978 a disastrous fire broke out in a restaurant and discotheque of Borås city hotel. Twenty young people were immediately killed and 140 survived with more or less somatic injuries. This survivors where followed up in a two year study with questionnaires and personal interviews. It is now possible by help of registers to identify those survivors, now at 40–45 years of age, who are still alive. In May 2002 each survivor will be followed up by help of questionnaires and self rating scales such as GHQ-28, IES-r and personality inventories. This study will cover areas such as post traumatic psychiatric morbidity, aspects of quality of life and social adjustment. We will also include data obtained from official registrers concerning sicklisting, hospital care an so on. Data will be presented concerning the first studies in 1980 and the 24 year follow up.

0623 **Withdrawn**

0624 **complex**

Intrafamilial Adversity and Psychopathology in a Community Youth Sample

Christian Menard, Johns Hopkins Bloomberg School of Public Health

The present study identifies patterns of intrafamilial risk and protective factors that predict lifetime psychopathology. Risk factors pertain to maltreatment, parental loss, and parents' psychopathology. Protective factors pertain to warm, consistent and responsible parenting. Outcomes include depression, GAD, ASPD, SUD and suicidality. Data were collected from a community sample of youth with balanced demographic representation. Data were collected annually during elementary school and when respondents were 20. Latent class analysis is used to empirically identify classes of respondents with similar histories with respect to inter-related intrafamilial exposures. Preliminary findings support a four class model. Sixty four percent of respondents belong class one and have low probabilities of endorsing all items except divorce. Nineteen percent belong to class two and have moderate probabilities of endorsing all items. Fifteen percent belong to class three and have elevated probabilities for physical and emotional maltreatment only. Two percent belong to class four and have exceptionally high probabilities for all items. Class two, three and four are associated with increased odds of psychopathology relative to class one. Odds ratios for class four exceed ten. The findings indicate that exposures that surround an index exposure strongly affect the risk of lifetime psychopathology.

0625 **complex**

A Trauma-Based Treatment Intervention for Domestic Violence Victims

Amanda Midboe, University of Pittsburgh; Charles Benight, University of Colorado, Colorado Springs; Alexandra Harding, University of Colorado; Sachie Iwaishi, University of Colorado; Lesley Johnson, University of Colorado

Twenty-four participants from a local domestic violence center were self-selected into an individual therapy-plus-standard advocacy group (P/SA) or a standard advocacy (SA) group. The center's advocacy staffed administered treatment for the SA group and the P/SA group. In addition to the SA treatment received by individuals in the P/SA group, there were also six licensed therapists who provided a manualized treatment incorporating CBT and EMDR. Symptoms of PTSD, depression, CSE, self-esteem, and coping skills were assessed. Additionally, saliva sample measurements were taken to examine the effect of treatment on the regulation of salivary cortisol. Results indicate that participants in the P/SA treatment condition experienced a significantly greater reduction in intrusive symptomatology and overall level of PTSD symptom severity, as well as a greater increase in CSE over time

than those individuals in the SA condition. Moreover, changes in CSE were related to changes in psychological symptoms in individuals in the P/SA group from pretreatment to posttreatment and at follow-up. Almost no linear relationship between changes in CSE and other psychological variables in the SA group emerged. A minimal impact of treatment on coping skills was observed. There was a move towards a greater regulation of salivary cortisol at posttreatment in the P/SA group.

0626 **complex**

Manualized Treatments for Women with Addictions and Complex PTSD

Gloria Miele, St. Luke's Roosevelt Hospital Center/Columbia University P&S; Lisa Litt, Women's Health Project, St. Luke's Roosevelt Hospital Center; Denise Hien, St. Luke's Roosevelt Hospital Center/Columbia University School of Social Work

Prevalence estimates suggest that as many as 80% of women seeking treatment for chemical dependency report lifetime histories of sexual and/or physical assault. Rates of PTSD, which often include the signs and symptoms of complex PTSD, are as high as 44% to 59% in addiction settings. Further, rates of comorbid PTSD in female substance abusers are two to three times higher than for male substance abusers. Clearly there is a need to address issues of trauma in the treatment of substance abusers, particularly women. Seeking Safety (SS) is a short-term, manualized treatment specifically designed to integrate the treatment of both PTSD and substance abuse. This presentation will focus on issues related to utilizing the SS intervention in an outpatient treatment program for women with addictions who also have complex PTSD and related co-morbid disorders. We will address the benefits and challenges implicit in the "technology transfer" of this manualized treatment in our community treatment program. Utilizing clinical examples, we will illustrate how variables such as other co-morbid diagnoses, treatment modality, treatment intensity and compliance impact the effectiveness of this program for women with addictions and complex PTSD.

0627 **complex**

PTSD as a Barrier to Health Care Among Battered Women

Megan Murphy, Georgetown University Medical Center, Department of Psychiatry; Mary Ann Dutton, Georgetown University Medical Center, Department of Psychiatry; Lisa Goodman, Boston College, Lynch Graduate School of Education; Rachel Somberg, Georgetown University Medical Center, Department of Psychiatry

Recent literature has suggested that culture plays an important role when examining health care and intimate partner violence. PTSD has been found to have important consequences for health care and health behaviors. Battered women (n = 405) recruited from metropolitan courts and shelter participated in this longitudinal study. Levels of PTSD were assessed using the PCL-S. A Likert-type scale was developed to assess obstacles to disclosure in a health care setting. Overall, 64% of the sample that had been previously screened for abuse by a health care provider indicated that they disclosed it. Obstacles to disclosure most frequently rated as "high" were: 1) "Felt too embarrassed" (37.3%), 2)"Didn't want to get upset"(32.9 %), 3)"Thought it was private" (32.5 %), 4) "Don't think there is anything they could do to help" (28.2 %), and 5) "Afraid someone would call the police" (27.4%). Further, PTSD predicted disclosure ($B = -1.05$, $p < .05$); women with PTSD are nearly 3 times (OR = 2.9) more likely NOT to tell their health care provider about abuse, even after controlling for level of violence. Contrary to previous research, participants race and ethnicity did not significantly predict if they chose to disclose to a health care provider after being screened. However, African-American battered women endorsed "privacy" as a reason not to disclose more often than did white women ($F = 4.85$, $df = 1, 256$, $p < .05$).

0628 **complex**

Adult Assault and Alcohol Problems: Examining the Association

Madhabika Nayak, Public Health Institute Alcohol Research Group; Thomas Greenfield, Public Health Institute Alcohol Research Group

Research has consistently demonstrated an association between victimization by violence and problematic alcohol use. However, much of this research has focused on childhood victimization or on sexual abuse, is often been limited to women, and does not include detailed examination of patterns and consequences of drinking. Assessment of alcohol use that does not include such details can underestimate problematic alcohol use. We will present data from the 1990 US National Alcohol Survey, a general probability in-person household survey (N=2058), that included both adult men and women. One in five (20.4%) men and women reported a criminal assault in adulthood. Specifically, 419 individuals reported experiencing an adult physical or sexual assault or an injury due to interpersonal violence. Examination of associations among assault and alcohol variables indicated that individuals who had experienced a recent (past year) assault were most likely to report heavy episodic drinking, greater volume of consumption, frequent intoxication, alcohol dependence, and several negative consequences of alcohol use in the past year. We will also present findings from analyses examining the impact of recency of the assault, victim drinking during the most recent assault, and ethnicity on alcohol use and problems in models estimated separately for men and women.

0629 **complex**

Revictimization and Self-Harm in Females who Experienced Sexual Abuse

Jennie Noll, University of Southern California and The Catholic University of America; Lisa Horowitz, Lab School of Washington; Penelope Trickett, University of Southern California, School of Social Work; Frank Putnam, Cincinnati Children's Hospital Medical Center

Lifetime trauma histories were ascertained for females with confirmed histories of childhood sexual abuse and comparison females participating in a longitudinal, prospective study. Child sexual abuse was defined as sexual contact involving breasts or genitals between a child under 14 years of age and a family member (i.e., parent, stepparent, mother's live-in boyfriend, or other relative). Abused subjects reported twice as many subsequent rapes or sexual assaults ($p=.07$), 1.6 times as many physical affronts including domestic violence ($p=.01$), almost four times as many incidences of self inflicted harm ($p=.002$), and over twenty percent more subsequent significant lifetime traumas ($p=.05$) than did comparison subjects. Sexual revictimization was positively correlated with PTSD symptoms, peritraumatic dissociation, and sexual preoccupation. Physical revictimization was positively correlated with PTSD symptoms, pathological dissociation, and sexually permissive attitudes. Self harm was positively correlated with both peritraumatic and pathological dissociation. When other self-reported maltreatment types were examined, emotional abuse was the only significant predictor of rape or sexual assault, neglect and dissociation were significant predictors of physical victimization or domestic violence, sexual abuse and dissociation were significant predictors of self-harm, and physical abuse and neglect were significant predictors of the number of significant lifetime traumas.

0630 **complex**

Traumatic Experiences, Personality, Coping, and Maladaptive Schemas

Maureen O'Connell, Southern Illinois University; Rebekah Bradley, Southern Illinois University; Angela Heiligenthal, Southern Illinois University

The range of responses to traumatic experiences is broad and can include long term, maladaptive patterns including symptoms consistent with DSM-IV personality disorders. Although the mechanism for this connection is not clear, trauma may lead to the development of maladaptive schemas in childhood which may be related to later development of maladaptive coping

which may manifest in more extreme forms in Axis II disorders. However, the relationship among these variables is unclear. The purpose of this research is to investigate the relationship among these variables. The current study presents results of a self-report study conducted with a sample of 231 undergraduates (39% males and 61% females, 80% Caucasian and 17% African American) at a mid-size Midwestern University. Participants were given the Wisconsin Personality Disorders Inventory-IV, the Life Stressors Checklist, COPE, and Schema Questionnaire. There were significant associations between symptoms of personality disorders and past traumatic events (e.g., avoidant personality style with childhood neglect, and borderline personality style with emotional abuse/neglect and childhood sexual abuse). There were also significant relationships between trauma experience and reported maladaptive schemas and dysfunctional coping patterns. The role of these variables in moderating the relationship between traumatic experiences and disordered personality will be discussed.

0631 **complex**

Cigarette Use Among Female Sexual Assault Victims

Alyssa Rheingold, National Crime Victims Research and Treatment Center, Medical University of South Carolina; Heidi Resnick, National Crime Victims Research and Treatment Center, Medical University of South Carolina; Ron Acierno, National Crime Victims Research and Treatment Center, Medical University of South Carolina; Robin Minhinnett, National Crime Victims Research and Treatment Center, Medical University of South Carolina; Dean Kilpatrick, National Crime Victims Research and Treatment Center, Medical University of South Carolina

Research indicates a positive relationship between trauma, PTSD, and smoking behavior. Specifically, several studies have found that interpersonal violence increases the risk of cigarette use. This study examined lifetime and current smoking behaviors in a sample of approximately 150 rape victims. In addition, smoking behaviors were compared in victims who received a brief video-based preventive intervention designed to reduce the risk of developing post-rape psychopathology, with victims who did not receive a video intervention. Specific smoking behaviors were assessed 6 weeks and 6 months post rape. Eighty-six of 141 rape victims (69%) reported lifetime history of smoking. Fifty-six percent of women at 6 weeks post rape reported current cigarette use and 53% of the victims at 6 months post rape reported current cigarette use. Of those rape victims who smoke, 60% reported an increase in smoking since the assault at 6 weeks post rape, and 40% reported an increase in smoking from 6 weeks to 6 months post rape. Preliminary chi-square results indicated that the intervention may have some effects on subsequent smoking behaviors. The implications of the present findings were discussed.

0632 **complex**

Dissociation Decreases Psychophysiological Arousal During Imagery

Martin Sack, Hannover Medical School, Department of Psychotherapy and Psychosomatic Medicine; James Hopper, The Trauma Center, Brookline, Massachusetts; Lucienne Nickel, Hannover Medical School, Department of Psychotherapy and Psychosomatic Medicine; Friedhelm Lamprecht, Hannover Medical School, Department of Psychotherapy and Psychosomatic Medicine

Though dissociative reactions have been characterized as involuntary coping mechanisms that protect organisms from overwhelming physical and emotional pain, little empirical work exists on the physiological concomitants of dissociative reactions to traumatic reminders. We hypothesized that dissociation during recall of a traumatic memory would inhibit cardiovascular arousal. 103 consecutive patients of an outpatient trauma clinic were assessed with diagnostic interviews (SCID-PTSD, SCID-D) and psychometrics (PDS, IES, DES, BSI). A sub-sample of 62 underwent additional psychophysiological evaluation with a modified script-driven imagery paradigm including assessment of script-provoked heart rate changes and symptoms of reexperiencing, avoidance, numbing, and dissociation. Subjects with dissociative disorders were over-represented in the sample (56%). Hyperarousal symptom severity during the script correlated positively with HR ($r = .49$, $p < .001$), while dissociative symptoms correlated negatively with HR ($r = -.28$, $p < .029$), and a group comparison (median split) revealed significantly lower HR change from baseline in the dissociation group during the script (6.3 bpm vs. 12.7 bpm, $p < .02$). However, dissociative diagnosis was not associated with less HR reactivity. These results suggest that dissociative reactions to trauma-related reminders diminish cardiovascular arousal, but that such responses are not reliably associated with dissociative diagnosis.

0633 **complex**

PTSD Symptoms and Self-Injurious Behavior in Traumatized Adolescents

Kasey Saltzman, Stanford University Department of Psychiatry; Victoria Tichenor, San Francisco VA Medical Center; Victor Carrion, Stanford University Department of Psychiatry

Significant levels of self-injurious behavior in traumatized adolescent populations have been documented, but few studies have quantitatively documented their prevalence and function or relationship to symptom severity. Using the newly developed Self-Injurious Behavior Scale (SIBS), we assessed self-harm in a sample of adolescents both with and without a history of interpersonal trauma and subsequent Posttraumatic Stress Disorder (PTSD) symptoms. Specifically, the frequency and severity of six prevalent self-injurious behaviors, as well as endorsement of eight proposed motivations (both dissociative and non-dissociative) for such behavior, were examined. Self-injurious behavior rates and patterns were compared between the traumatized and non-traumatized adolescents. Within the traumatized group, scores were examined in the context of PTSD diagnosis, PTSD symptoms, PTSD individual symptom clusters, and the subcluster of emotional numbing. Additionally, self-injurious behavior was correlated with sympathetic (heart rate, respiration rate, blood pressure, and skin conductance) and parasympathetic (cardiac vagal tone) physiological responses to both neutral and non-traumamimetic distressful stimuli. Results and implications are discussed.

0634 **complex**

Adult Attachment, Complex PTSD Symptoms, and Acute Stress Reactions

David Sandberg, California State University; Nicole Corso, California State University; Melissa Johnson, California State University; Jennifer Paraso, California State University; Chris Traylor, California State University; LeeAnn Rush, Santa Clara University

This 6-month, prospective study examined whether adult attachment (Experiences in Close Relationships Inventory; ECRI), PTSD symptoms (Posttraumatic Checklist; PCL-C) and Complex PTSD symptoms (Self-Report Version of the Structured Interview for Disorders of Extreme Stress; SIDES) were predictive of acute stress reactions (SASRQ) among 115 ethnically diverse college women. Multivariate analysis revealed that PTSD symptoms, alterations in attention and consciousness, and attachment avoidance were significantly related to subsequent distress. Results suggest that individuals with posttraumatic symptomatology who have difficulty forming or maintaining close interpersonal relationships may be at increased risk for acute stress reactions when exposed to negative life events.

0635 **complex**

Interpersonal Revictimization and Loss Among Substance Using Women

Jeremiah Schumm, Kent State University; Stevan Hobfoll, Kent State University

Due to the interpersonal nature of childhood abuse (CA), CA was hypothesized to result in interpersonal trauma and losses in adulthood. These were, in turn, hypothesized to result in posttraumatic stress disorder (PTSD). Women were recruited from an inner-city drug and alcohol treatment center (N = 105). Adulthood rape and physical assault mediated the impact of CA on PTSD, and interpersonal losses were independently predictive of PTSD. Findings demonstrate that CA results in specific vulnerabilities in adulthood related to women's interpersonal ties. Results suggest that inter-

ventions for women seeking substance use treatment should include prevention of abuse, treatment for PTSD, and building of interpersonal coping resources.

0636 **complex**

Sexual Harassment, Sexual Assault and the Health of Reservists

Jane Stafford, Women's Health Sciences Division, National Center for PTSD; Ann Hendricks, Center for Health Quality, Outcomes and Economic Research (CHQOER); Tamara Bruce, Women's Health Sciences Division, National Center for PTSD; Clare Mahan, Department of Veterans Affairs Environmental Epidemiology Service; Paula Schnurr, Executive Division, National Center for PTSD; Erica Sharkansky, Women's Health Sciences Division, National Center for PTSD

In recent years, the negative impact of psychological trauma and PTSD on physical health has become increasingly apparent. Along with increases in health problems, victims of trauma have been found to seek more healthcare than non-victims. In the present study we interviewed a National sample of former members of the Reserve Components of Armed forces about their experiences of military sexual trauma (sexual harassment and sexual assault) and about their physical health (N = 4500). This investigation offers a unique opportunity to compare Reservists with a history military sexual trauma to Reservists who do not have such a history on a variety of physical health outcomes and on healthcare utilization. In addition, this talk will examine the relationship between mental health and physical health outcomes and will explore gender differences among these variables. We also assessed Reservists' non-military trauma history and will present findings related to the impact of trauma history on the outcomes mentioned above. Finally, we tested a model of sexual harassment to identify the characteristics of harassment that are associated with poor physical and mental health outcomes.

0637 **complex**

Childhood Sexual Abuse, Interpersonal Resources, and PTSD in Women

Lisa Stines, Kent State University; Stevan Hobfoll, Kent State University

The signature of abuse hypothesis suggests that the interpersonal nature of childhood abuse will cause interpersonal deficits in adult victims, and such deficits will mediate the relationship between childhood abuse and current PTSD. This loss of interpersonal resources decreases the victims' abilities to cope with further traumatic experiences, thereby leading to an increased vulnerability for ongoing resource loss. We examined the following hypotheses: (1) Women with history of childhood abuse will have fewer interpersonal resources and greater PTSD symptoms in adulthood than women with no history of abuse and (2) Interpersonal resources will mediate the relationship between childhood sexual abuse and PTSD as well as childhood physical abuse and PTSD. Women seeking treatment for substance abuse and trauma were interviewed. Child abuse survivors were found to have relationship vulnerability that increased their risk for PTSD symptomatology and diagnosis. Specifically, general interpersonal loss, but not relationship adjustment in their main romantic relationship, mediated the relationship between childhood physical abuse and PTSD. Interpersonal resource loss also mediated the relationship between childhood sexual abuse and PTSD. Child physical abuse was the stronger predictor of negative long-term mental health deficits when compared to child sexual abuse.

0638 **complex**

The Prevalence of Military Sexual Trauma Among Reservists

Amy Street, Women's Health Sciences Division, National Center for PTSD; Jane Stafford, Women's Health Sciences Division, National Center for PTSD; Tamara Bruce, Women's Health Sciences Division, National Center for PTSD; Clare Mahan, Department of Veterans Affairs Environmental Epidemiological Service; Ann Hendricks, Center for Health Quality, Outcomes and Economic Research (CHQOER); Deborah Bostock, Uniformed Services University of Health Sciences; Paula Schnurr, Executive Division, National Center for PTSD; Matthew Friedman, Executive Division, National Center for PTSD

Previous research has suggested that military sexual trauma is a significant problem among Active Duty Armed Forces. However, there is a paucity of available information on rates of military sexual trauma among members of the Reserve Components of the Armed Forces. The current project, a Congressionally-mandated investigation, is the first large-scale survey (N = 4500) to investigate prevalence rates of sexual harassment and sexual assault victimization experienced during Reservists' training experiences. This presentation will identify the prevalence rates of military sexual trauma victimization in this population, including differences in these prevalence rates by gender, time period of service, and specific component of the Reserves. In addition, victims of sexual harassment and assault will be compared with non-victims on mental health outcomes including posttraumatic stress disorder (PTSD), depression, substance abuse/dependence, and subjective quality of life. We will also examine gender differences among these outcomes. Finally, we will explore qualitative aspects of the military sexual trauma, including relationship with perpetrator, emotional reaction at the time of the trauma, organizational response to the traumatic experience, and prior victimization experiences, that are predictive of better and worse mental health outcomes.

0639 **complex**

Military vs. Civilian Sexual Assault: Service Utilization and Outcomes

Alina Suris, VA North TX Healthcare System, University of TX Southwestern Medical Center; T. Michael Kashner, University of Texas Southwestern Medical Center; Lisa Radika-Lind, VA North TX Healthcare System

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

0640 **complex**

Longitudinal Analysis of Partner Abuse, Mental Health and Employment

Richard Tolman, University of Michigan-School of Social Work; Hui-Chen Wang, University of Michigan, Poverty Research Training Center

Partner abuse can interfere with women's ability to work and adversely affect their physical and mental health, further complicating their employment efforts. Cross-sectional analyses of the relationship between partner abuse

and employment have shown inconsistent results, and few studies have examined its economic and psychological impact over time. Using data from three waves of the Women's Employment Study, a longitudinal study of low-income women, we examine the relationship of domestic violence and women's employment, as measured by annual work hours, as well as the effect of domestic violence on psychiatric disorders. We compare two methods of estimating the effect of partner abuse on employment: OLS and fixed effects regression, controlling for demographic, human capital (such as work skills, previous work experience, education), and health status and mental health disorders. Our fixed effects models demonstrate that partner abuse has a significant and negative effect on annual work hours. Comparison of the two approaches suggest that it is important to account for unobserved characteristics of domestic violence victims, supporting the use of fixed-effects models for longitudinal analyses. Both fixed effects and logistic regression models demonstrate that partner abuse is associated with increased risk of psychiatric disorders.

0641 **complex**

Prior Trauma, Age Effects on Immigrants' PTSD Symptoms After Terrorism

Richard Trautman, University of Oklahoma Health Sciences Center; Phebe Tucker, University of Oklahoma Health Sciences Center Department of Psychiatry; Debby Doughty, University of Oklahoma Health Sciences Center Department of Psychiatry; Robert Nisbet, University of Oklahoma Health Sciences Center Department of Psychiatry; Betty Pfefferbaum, University of Oklahoma Health Sciences Center Department of Psychiatry; Buksh Azra, Catholic Charities of Oklahoma; Peteryne Miller, University of Oklahoma Health Sciences Center Department of Psychiatry

Objectives: Effects of the 1995 Oklahoma City bombing and prior trauma on immigrants living in the Oklahoma City community at the time were assessed 1 1/2 to 2 years later as part of a disaster mental health outreach program. Methods: 45 adult Asian and Middle Eastern immigrants were surveyed to assess demographics, physical and interpersonal bombing exposure, initial physiological and emotional responses to the bombing, exposure to prior trauma, and posttraumatic stress symptoms associated with Oklahoma's disaster and with prior trauma. Multiple regression using stepwise backward elimination determined the best model for predicting initial response and bombing-related PTSD symptoms. Analysis of variance (with post-Hoc Tukey multiple comparisons) assessed group differences. Differences between PTSD symptoms from the bombing and from prior trauma were assessed with dependent sample t-tests (significant at $p<0.05$). Findings: Most surveyed (41) had experienced prior trauma in their homelands. PTSD symptoms from earlier trauma was most predictive of initial response and later bomb-related PTSD symptoms. (94% of variance) Bomb-related PTSD symptoms increased with current age, (73% of variance) and was inversely related to age at prior trauma, with those traumatized before age 20 having higher symptomatology. Conclusion: Results underscore the importance of providing long-term disaster assistance to immigrants with previous trauma experience, especially those traumatized when young or those who were older when re-traumatized. Such individuals may be overlooked as mental health services target more direct victims of terrorism in a community.

0642 **complex**

Gender Differences in Sexual Abuse and Reactions to Disclosure

Sarah Ullman, University of Illinois at Chicago; Henrietta Filipas, University of Illinois at Chicago

Most studies of sexual abuse have focused on female victims with less attention to males in terms of disclosure experiences and reactions from social network members. Purpose: This study's purpose is to compare male and female students' child sexual abuse experiences and their experiences of disclosure and reactions from social network members. Methods: Data from a sample of male and female college students at an urban university are presented who completed a survey about sexual abuse experiences and social reactions received from others told about their experiences in either childhood or adult life phases. Findings: Significant gender differences in prevalence of sexual abuse experiences and the types of reactions they experience are reported. Analyses examine how abuse characteristics that typically vary by gender, such as duration of abuse and victim-offender relationship relate to both disclosure experiences and social reactions reported by male and female students. Conclusions: Further study is needed of the social context of disclosure of sexual abuse incidents in both child and adult life phases in males and females in community samples to better understand the gender differences in these experiences and how others react to them.

0643 **complex**

Alexithymia in Battered Women: Increasing our Understanding

Eve Valera, Harvard Medical School; Massachusetts Mental Health Center; Howard Berenbaum, University of Illinois at Urbana-Champaign

Alexithymia is a personality characteristic whose features include the diminished abilities to identify and verbally communicate ones own emotions. Elevated levels of alexithymia have been linked to trauma as well as mental health problems such as depression and posttraumatic stress disorder. Further, research suggests that assessing alexithymia may be valuable for understanding and treating psychological disturbances. Surprisingly however, there appears to be no research examining levels of alexithymia in battered women, or how alexithymia relates to battered women's trauma (e.g., partner abuse) or emotional functioning. Thus, in this study we assessed ninety-nine battered women using the Toronto Alexithymia Scale-20 and a battery of psychopathological and abuse history measures. Women were recruited from both shelters and community-based programs. Correlational analyses revealed that elevated levels of alexithymia were related to partner abuse severity over the past year. Further, alexithymia was also highly associated with general distress, worry, anxious arousal, anhedonic depression, and PTSD symptomatology. The relationship between alexithymia and partner abuse severity was significant independent of its relationship to these measures of psychopathology. These findings stress the need for more research examining alexithymia in battered women as well as the role alexithymia may play in the efficacy of intervention techniques.

0644 **complex**

Treating Trauma Survivors with Substance Abuse Problems

Laurie Weber, Women's Health Project, St. Luke's/Roosevelt Hospital Center

Many women presenting for treatment at urban mental health clinics have comorbid trauma-related and substance abuse disorders. The Women's Health Project (WHP) at St. Luke's—Roosevelt Hospital Center was founded in order to address the unique problems facing women with trauma histories and substance abuse problems. This talk will address the complicated constellation of issues that arise in this population as well as describe the WHP's approach to dual-diagnosis treatment. The patients we treat suffer from PTSD, anxiety and panic disorders, and depression, with multiple diagnoses being the norm. Substance abuse problems range from marijuana abuse to heroin addiction; many of our patients are polysubstance abusers. In addition, most of our patients face multiple social problems. My presentation will focus in detail on the treatment approach at the WHP, which is based on the Seeking Safety model. Issues covered will be how to create a lasting treatment alliance and a stable treatment frame; how to address case management issues; integrating relapse prevention techniques; the benefit of concurrent group and individual psychotherapy; the role of psychoeducation and coping skills development; common themes arising in treatment; and finding the optimal zone to work within.

0645 **complex**

Chronic Childhood Trauma, Maternal Attitudes and Health Problems

Agnieszka Widera-Wysoczanska, Institute of Psychology, Wroclaw University

In presented study the correlates between chronic childhood trauma (alcoholism, physical, sexual abuse), maternal attitude, and somatic problems, in a non-clinical sample (150) of men and women, not addicted to alcohol or drugs, were investigated. The checklist of health problems was developed. To recognize the types of chronic trauma, the Intimate Situations Questionnaire was used. To study the perception of the mother's attitude towards the investigated person, a standardized interview was used. The results of the study show that 99% of respondents had at least one of somatic problems. The short and long term health problems reported by survivors have been classified according to the body area affected. Types of somatic problems most likely to affect people from alcoholic families, victims of physical abuse, victims of sexual abuse, will be presented. Two kinds of the sources of somatic problems, emerged from the data: the concentration on the primary causes; the concentration on present problems. The bigger distance between mother and a child, the earlier appearance of the somatic problems, the longer the problems last and the more intensive they are. Nobody indicated beating or conflicts in the origin family as a cause of the health problems. People rather do not connect their health problems with the chronic childhood trauma, and do not seek the psychological help to cure them. The prevention issue will be discussed.

0646 **complex**

The Factors Determining the Long-Term Effects of Traumatic Loss

Sahika Yuksel, Istanbul Medical Faculty, Psychiatry Department; Tuba Olgun Ozpolat, Bakirköy State Hospital

90 people who lost a relative were accepted to the study. They were divided into groups according to the way of loss; 1- those whose relatives had died in a military fight; 2- those whose relatives were killed/still dissapeared, 3- those who lost their relatives because of leukemia. The subjects were evaluated through Semi Structured Interwiev Form, (HAM-D), (HAM-A), DSM-III-R (SCID), Inventory of Complicated Grief (ICG), and IES-R. The mean age of the participants are 39. 60% of them were women. 50% of the bereaved relatives were the ones who lost their siblings, 25% were mothers and 13% were fathers who lost their children. Psychiatric disorder of the ones whose relatives had died in a military fight is significantly more severe than the other groups. ICG and IES-R scores of the two groups who lost their relatives in a traumatic manner, were higher. The severity of the psychiatric illnesses and ICG tend to decrease in time. The bereaved mother, the women, the ones with low educational level, the ones who have a history of an affective or somatoform disorder and the ones who have chronic physical illness are found to have a higher score in psychiatric disorders and ICG.

Posters in Track 7

Culture, Diversity, Social Issues and Public Policy (culture)

Presented: **Friday, 4:00 p.m.–5:15 p.m.**

Poster Numbers 0701–0707

0701 **culture**

Concept Analysis of Acculturation in Refugee Mental Health

Seeba Anam, University of Chicago, University of Illinois at Chicago; Stevan Weine, University of Illinois at Chicago

Objective: To systematically examine applications of the concept of acculturation in the literature on refugee mental health as a basis for proposing a model consistent with post-modern/post-colonial views of culture. Methods: 27 articles (17 research studies and 10 review articles) were selected through computer-assisted searches and analysis of reference lists. Key words in the search included: acculturation; refugee; immigrant; family; youth; social adjustment; social adaptation; cultural competence; and mental health. Results: The review identified limitations in the application of acculturation in refugee mental health. Eight of 17 research papers endorse Berry's 1988 fourfold model of acculturation which emphasizes that the non-dominant culture can opt for: assimilation, integration, separation, or marginalization. Eleven of 17 studies of acculturation were limited to readily quantifiable cultural behaviors. Acculturation was merged with psychopathology and intergenerational conflict in 9 articles. Ten articles represented acculturation as unidirectional cultural exchange favoring the dominant culture. Conclusions: The current applications of acculturation in refugee mental health theory and research approach culture as a "thing" that is a basis for constructing categorical distinctions between cultural groups. Alternatively, acculturation can be viewed from the perspective of "critical multiculturalism" as interacting cultural differences, without presumptions of pathology.

0702 **culture**

Revictimization Among Lesbian, Gay, Bisexual and Heterosexual Adults

Kimberly Balsam, Esther Rothblum, University of Vermont

A large national sample of lesbians, gay men, and bisexual women and men were recruited along with their heterosexual siblings as a comparison group. 1,274 participants completed surveys regarding their experiences with childhood abuse and domestic violence and sexual assault in adulthood. Odds ratios were calculated to examine childhood physical abuse and childhood sexual abuse as predictors of adult domestic violence and adult sexual assault for each group. Significant gender and sexual orientation differences were found. Childhood physical abuse significantly predicted domestic violence for heterosexual and lesbian women, and sexual assault for heterosexual and gay men. Childhood sexual abuse predicted domestic violence for heterosexual and lesbian women, and adult sexual assault for gay men, heterosexual women, and lesbians. Number of lifetime victimization experiences was also calculated and compared in a 2(gender) X 3 (sexual orientation) ANOVA. Lesbian, gay, and bisexual participants reported significantly higher levels of victimization ($p < .001$) than heterosexual participants, with bisexuals reporting the highest levels of trauma among both male and female participants. Pearson's correlations revealed that number of victimization experiences significantly predicted current psychological distress among heterosexuals but not lesbian and gay participants.

0703 **culture**

The Psychophysiology of Orthostatic Panic Among Cambodian Refugees

Devon Hinton, Massachusetts General Hospital, Harvard University; Scott Orr, Massachusetts General Hospital, Harvard University; Roger Pitman, Massachusetts General Hospital, Harvard University

A high incidence of orthostatically induced panic has been reported in the Khmer, or Cambodian, refugee population (Hinton et al 2000). This high rate of panic may result from culturally specific catastrophic cognitions and/or an impaired blood pressure response to orthostasis. We examined heart rate and blood pressure responses during orthostatic challenge in 59 female Khmer refugees. Three groups were compared: patients with posttraumatic stress disorder (PTSD) and comorbid orthostatic panic, patients with orthostatic panic and no comorbid PTSD, and patients having other mental disorders but not PTSD or orthostatic panic. The group suffering PTSD with comorbid orthostatic panic had a significantly higher mean resting heart rate as well as an increase in systolic blood pressure during a part of the rest period when the other two groups showed a blood pressure decrease. During the orthostatic challenge, the group with orthostatic panic and no comorbid PTSD showed a blunted systolic blood pressure response to orthostasis compared to the other mental disorder group. Orthostatically induced dizziness and panic among Cambodian refugees likely involve a dynamic interaction of biology and culture.

0704 **culture**

Social Attitudes Toward Traumatized Men and Women

Michaela Mendelsohn, University of North Texas; Kenneth Sewell, University of North Texas

In general population studies, the risk of developing Posttraumatic Stress Disorder (PTSD) is approximately twice as high among women than men, even when controlling for sex differences in trauma exposure. Sex differences in prevalence emerge more consistently in response to some traumatic events than others. This study explored the potential contribution of gender-related beliefs about appropriate posttraumatic reactions by investigating the impact of victim sex and trauma type as well as participant sex, sex-role orientation, and personal trauma history on attitudes toward victims. Ninety-three male and 179 female students were administered the Bem Sex Role Inventory, the Trauma History Questionnaire, and a vignette measure of attitudes toward victims. Participants evaluated male victims significantly less favorably than female victims. Women had more positive attitudes toward victims than men. Feminine sex-typed and androgynous women rated victims more favorably than masculine sex-typed men and women. Participants regarded female criminal violence victims significantly more positively than male criminal violence victims, but did not differentiate between male and female natural disaster victims. There was a positive relation between personal trauma exposure and attitudes toward male victims among male participants. These findings contribute toward a theoretical understanding of gender and PTSD, and have important clinical applications.

0705 **culture**

Meanings of "Trauma" and "Refugee" for Bosnian Refugee Families

Nerina Muzurovic, University of Chicago; Stevan Weine, University of Illinois at Chicago; Jasmina Muzurovic, University of Illinois at Chicago; Yasmina Kulauzovic, University of Illinois at Chicago; Aida Mujagic, University of Illinois at Chicago; Sanela Besic, University of Illinois at Chicago; Suzanne Feetham, University of Illinois at Chicago; Ivan Pavkovic, University of Illinois at Chicago

Objective: To examine the meanings and uses of the key concepts of "trauma" and "refugee" as they pertain to children amongst refugee families based upon their discourse in multi-family groups. Method: Ethnographic data was gathered on 12 multi-family groups (of 9 sessions each) of Bosnian refugees in Chicago as a part of the CAFES (Coffee and Family Education and Support) Program. Qualitative analysis and textual coding of the key terms of "trauma", "refugee" and "children" was performed using Atlas/ti software in the Bosnian language. Results: Refugee families described two overall patterns of trauma and refugee histories affecting children: those who had a direct trauma exposure and forced migration; those who experienced forced migration and had indirect trauma exposure. Families articulate the consequences of refugee and trauma experiences for children in multiple dimensions, including: (1) Little explicit family communication on trauma in Bosnia; (2) Much focus on children's endangerment in urban America; (3) Concerns regarding children's losing their Bosnian identity; (4) Concerns that children grew up so fast and lost their childhood. Conclusion: This preliminary analysis of ethnographic data from refugee families demonstrates the multi-dimensional nature of traumas' consequences upon children. Further research should investigate the ways in which the affects associated with war trauma get expressed in the family experience.

0706 **culture**

Hidden from View: Hunger in Refugees and Those Seeking Asylum

Linda Piwowarczyk, Boston Center for Refugee Health and Human Rights, Boston University School of Medicine

Thousands of individuals as refugees and asylum seekers enter the United States each year seeking protection. Some are eligible for financial assistance—others must wait until submitting asylum claims and obtaining eligibility for work authorization. In this interim period, however, they are often subjected to severe conditions out of their inability to contribute financially to households. They may have to move from place to place, and must rely on others for food and subsistence. Having in many cases been survivors of torture and other trauma, this social dynamic recreates undue hardship and may rise to the level of "cruel and unusual punishment." Information will be shared regarding the experience of the International Mental Health Program of the Boston Center for Refugee Health and Human Rights in its effort to provide treatment for the whole person.

0707 **culture**

Developing Culturally Competent Interventions for Refugee Youth

Stevan Weine, University of Illinois at Chicago; Yasmina Kulauzovic, University of Illinois at Chicago; Jasmina Muzurovic, University of Illinois at Chicago; Alma Lezic, University of Illinois at Chicago; Sanela Besic, University of Illinois at Chicago; Aida Mujagic, University of Illinois at Chicago; Suzanne Feetham, University of Illinois at Chicago; Ivan Pavkovic, University of Illinois at Chicago

Objective: To develope family-focused intervention for refugee youth and their families through analysis of ethnographic materials pertaining to the piloting of the Youth CAFES intervention. Method: This study analyzed ethnographic material from Youth CAFES, including the initial intervention manual, field notes from three groups meetings of seven session each, and field notes from weekly supervision meetings. This material was transcribed from handwritten notes and audio-recordings. Textual coding and analysis was conducted using ATLAS/ti for Windows. Results: Overall, families perceive the CAFES intervention as very helpful, in that groups provide support, problem solving, and information. Single parent families report finding CAFES especially useful. Trauma is a less pressing problem for families then their children's difficulties in school and city life, as is reflected in the intervention manual. The groups reveal additional dimensions that call for further revisions of the manual, including addressing financial worries, improving family dialogue, proposing new beliefs regarding freedom and opportunity, and providing more school information. Conclusion: Ethnographic evidence can assist refugee mental health in making interventions more culturally competent through providing evidence of context, meaning, and interaction that can be used to revise intervention models and practices.

Posters in Track 9

Disaster, Mass Trauma, Prevention, and Early Intervention (disaster)

Presented: **Friday, 1:00 p.m.–2:15 p.m.**

Poster Numbers 0901–0923

0901 **disaster**

Emotional and Cognitive Predictors of Distress Following 9/11/01

Lisa Butler, Stanford University School of Medicine; Jay Azarow, Stanford University School of Medicine; Juliette Desjardins, Stanford University School of Medicine; Andrew Hastings, Stanford University School of Medicine; David Spiegel, Stanford University School of Medicine

Previous research indicates that emotional expression and cognitive processing, including meaning-finding, are essential to healing from traumatic experience. We examine these factors in a nonclinical sample (N = 1000) that is part of a large Internet-based prospective study of distress and resiliency in response to the terrorist attacks of 9/11/01. We predicted that Americans at most risk for long-term traumatic stress symptoms and other distress following the attacks would be those who: (1) manifest a repressive defensive style; (2) tend to suppress expression of primary negative affect (anger, fear, sadness); (3) live in social environments that constrain their ability to discuss (and thereby delineate and work through) their thoughts and feelings about their experience; and (4) report negative changes in existential outlook following the attacks. We will test these hypotheses using: (1) data on predictor variables from the baseline assessment (2-12 weeks after the attacks); and (2) data on outcomes (including posttraumatic stress disorder symptoms and general distress) that were collected both at baseline and at 6-month follow-up (which is currently underway). Findings from these analyses may further illuminate how inhibited engagement of the emotional and cognitive aspects of traumatic experience affect longer-term adjustment.

0902 **disaster**

The World Trade Center Disaster on the Trauma of Holocaust Survivors

Thomas Demaria, South Nassau Communities Hospital; Minna Barrett, South Nassau Communities Hospital

The World Trade Center affected many Americans especially those suffering direct loss or who had exposure to the event. Previous research has noted an increase in re-experiencing as holocaust survivors grow older. This poster will review reactions of Holocaust survivors who reported a significant increase in distress and symptoms of post traumatic stress disorder following 9/11.

0903 **disaster**

Traumatic Grief Among Adult Siblings of WTC Victims

David Flomenhaft, South Nassau Communities Hospital; Bobbie Comforto, South Nassau Communities Hospital

The adult siblings of the WTC victims identify themselves as the "forgotten ones". Their profound distress and traumatic grief often left them isolated and unable to attend to their psychological needs. In their families they were called upon to care for grieving parents, bereft sisters and brothers in-law and to step in as surrogate parents for their nieces and nephews. A dynamic Adult Sibling Group Psychotherapy program was started soon after the WTC tradegy at the South Nassau Communities Hospital WTC Family Service Center. The center is based in Rockville Centre, NY on Long Island, a suburb of NYC. The weekly Sibling Group has 50 members. The group is led by three social work psychotherapists. Child care and activity therapy programs are offerred for the attendees children. The unique elements of the WTC victims are there ethnic and religous commonalities. Many were from large Irish Catholic families with broad extended family relationships. Many of the deceased males were significant male figures among their siblings and often functioned as surrogate parents for their siblings. These extensive family ties contributed to group themes that included the broken circle in the family, the sense of not being acknowledged as mourners, and difficulty of managing grieving parents. The "competition of grief" theme where others minimized their grief reactions was also a divisive element in their mourning process. The traumatic grief elements were compounded by the absense of a body, and the later retraumatization for some when body parts were returned to the families. A consistent membership of male and female sibling group members processed their grief as well as PTSD and depressive symptoms. Psychoeducation by group leaders addressed coping strategies for anger expression, the members need for details and retraumatization via excessive media exposure, apathy, alcohol abuse, isolation and withdrawal from their families. Sibling group members also completed the PENN Inventory (a PTSD assessment tool) and the QOLI (Quality of Life Inventory) to assess function and symptomolgy. This poster session will describe the Adult Sibling group psychotherapy format, the psychoeducation goals to process complicated and traumatic grief and the outcome of research instruments that assess PTSD and quality of life satisfaction.

0904 **disaster**

Psychiatric Patients' Vulnerability After the September 11 Attacks

Laurel Franklin, Department of Psychiatry and Human Behavior, Brown University; Diane Young, Department of Psychiatry and Human Behavior, Brown University; Mark Zimmerman, Department of Psychiatry and Human Behavior, Brown University

The September 11th (9/11) terrorist attacks led to speculation about the vulnerability of psychiatric patients to psychological distress following such events. This study examined the impact of national terrorist attacks on psychiatric and medical outpatients living approximately 100 to 150 miles from the attack sites (N = 308). Two to three weeks following 9/11, patients were given questionnaires assessing background information and psychiatric symptoms, including the Posttraumatic Diagnostic Scale (PDS). Psychiatric patients (33%) were significantly more likely than medical patients (13%) to report distressing symptoms meeting the PDS cutoff for PTSD (except for the duration criterion), despite no differences in learning about the attacks or personal involvement with the victims. Patients meeting the PDS cutoff for PTSD were more likely to schedule an appointment to speak with their physician about their reactions. Psychiatric patients may therefore be at increased risk for experiencing distressing symptoms following national terrorist attacks.

0905 **disaster**

Responding Psychiatrically to the Medically Injured of September 11th

Geoffery Grammer, Walter Reed Army Medical Center; Harold Wain, Walter Reed Army Medical Center; John Stasinos, Walter Reed Army Medical Center; Shannon Boyer, Walter Reed Army Medical Center

On September 11, 2001 our nation endured a trauma that left us more vulnerable than one expected. Our sense of invincibility was shattered. The need to mobilize our resources to care for the medically and psychiatrically injured was a prominent goal. The role that The Psychiatry Consultation Liaison Service (PCLS) at Walter Reed played in helping patients and staff recover from the disaster will be discussed. The reason and the administrative issues in visiting the injured and transporting the mechanics of the PCLS to other local hospitals where patients were being treated will be described. The Therapeutic Debriefing Approach used will be described and contrasted with the Critical Incident Debriefing approaches. Some of the tools of attempting to Prevent Post Traumatic Distress is these patients will be highlighted. The Counter Transference and Transference issues associated with working with the patients, staff and family will also be described. The organization of the

service in order to attempt to handle the conflicts of the patients and the staff will be reviewed. Procedures in maintaining follow up with the injured patients will also be described.

0906 **disaster**

Interventions in a Workplace After September 11, 2001

Are Holen, Norwegian University of Science and Technology

In a high-rise building in Mid-Manhattan on September 11, 2001 at an international trade bank, 81 employees watched the developments at the World Trade Center. Two of the employees had spouses and several had close friends in the towers. After the buildings collapsed in front of their eyes, it was almost impossible for days to get any work done at the bank; the level of distress was too high. The presenter was called in for help. All consenting employees were screened by questionnaires with regard to PTSD-symptoms, distress, and manifestations of bereavement. Individual and group sessions according to RITS principles (RITS—Reconstruction and Integration of Traumatic Stress; an intervention developed in Scandinavia) were offered, especially to those with high scores on the screening instruments. Shortly after the intervention, work in the bank returned to normal. The approach used will be discussed, some of the quantitative results based on the questionnaires will be presented and discussed together with qualitative findings from the RITS sessions. Also, issues related to Complex PTSD will be touched upon.

0907 **disaster**

The Mandala and STS: Debriefing 9-11 Crisis Counselors

Marianna Janicelli, MCP Hahnemann University; Nancy Gerber, MCP Hahnemann University

This qualitative, phenomenological study was conducted with crisis intervention counselors, active in New York following the September 11 attack. Its purpose was to develop an understanding of the "essence" of two related experiences: the experience of being a crisis intervention counselor, and the experience of making a mandala drawing as a potential protocol for trauma counselor debriefing. The study was based on current literature, which supports the existence of secondary traumatic stress (STS), during and following the counseling experience (Figley, 1995; Saakvitne and Pearlman, 1996). Literature also supports the use of the mandala for integration and transformation (Jung, 1973; Kellogg,1978; Lusebrink, 1988). Data was analyzed for the essence of both experiences overall, and for each individual circumstance, in order to provide an overview, and an examination of possible etiologies. Findings indicate that STS responses were immediate, and remained, in some form, six months later, regardless of individual circumstance. Variations of circumstance, and resultant severity of symptomology were examined. The making of a mandala was found to provide a safe environment for insight, integration, and transformation of crisis intervention material, regardless of individual circumstance. It yielded positive physical, emotional, and cognitive gains, and may have potential as a debriefing protocol.

0908 **disaster**

Attack on America: Initial Reactions, Memory, and PTSD Symptoms

Mindy Korol, Mount St. Mary's College; Rhonda Korol, Lyndon State College; Korol Donna, University of Illinois, Champagne-Urbana

This study explored initial memories and ways of responding to the September 11 Attack on America. The participants consisted of approximately 100 students and 40 faculty and staff at each of three different sites (Washington DC area, northern New England, and mid-west) for a total of about 300 students and 120 faculty and staff. The students were recruited from various classes and faculty and staff were recruited through inter-campus mail. The research protocol consisted of a short demographics form and three questionnaires. The first questionnaire, modeled after questionnaires used previously in flashbulb memory research, inquired about vividness and certainty of memory relating to the September 11 attacks. The second questionnaire, the Impact of Event Scale (IES)—Revised was used to assess PTSD symptoms. The third scale, the Coping Strategies Inventory assessed coping of a stressful event along 8 dimensions. Data was collected approximately 2-3 weeks post-trauma. A three-way ANOVA (geographic location x age x gender) is being conducted to compare the three sites, young and middle age adults, and males and females in terms of both memory processes and emotional responses. Also, a regression analysis is being used to assess factors (memory, media exposure, coping) that predict acute PTSD symptoms.

0909

Predictors of Psychological Distress Following 9/11

Eric Kuhn, University at Albany, State University of New York; Dianna Rowell, University at Albany, State University of New York; Rebecca Gusmano, University at Albany, State University of New York; Edward Blanchard, University at Albany, State University of New York

This investigation examined the causal relationships among variables antecedent to (e.g., number of past traumatic events) and concurrent with (e.g., level of exposure) the events of September 11th and acute stress, posttraumatic stress, and depressive symptoms, and participation in reparative activities (e.g., donated blood or money) following these events. Five-hundred-seven undergraduates at the University at Albany anonymously answered a series of questions prepared for this study and several well-standardized questionnaires. The theoretical path model was evaluated with LISREL 8.5 using the sample covariance matrix as input and maximum likelihood solution. A variety of global indices of model fit were examined, in addition residuals and modification indices for specific points within the model which might elucidate ill-fit were inspected. Overall, the theoretical model fit the data moderately well; however, specific fit indices suggested that model modifications would significantly improve model fit. A theoretically justified, post-hoc model alteration was conducted which significantly improved model fit. Both the theoretical model and the final model are presented. These models support both direct and/or indirect effects of gender, level of exposure, connectedness, past traumatic events, and past depression on past acute stress symptoms, current posttraumatic stress and depressive symptoms, and engagement in reparative acts.

0910 **disaster**

The Effect of Proximity to Ground Zero on Posttraumatic Distress

Eric Kuhn, University at Albany, State University of New York; Dianna Rowell, University at Albany, State University of New York; Rebecca Gusmano, University at Albany, State University of New York; Edward Blanchard, University at Albany, State University of New York; Rebbeca Rogers, Augusta State University; David Wittrock, North Dakota State University

North et al. (1994) showed the proximity to the area where a mass shooting occurred clearly predicted eventual presence of PTSD. Additionally, Sprang (1995) found little or no reaction among adults 900 miles away from Oklahoma City bombing site in comparison to residents of Oklahoma City assessed 6 months after the attack. The present study sought to examine if proximity to "ground zero" would lead to differences in acute stress, posttraumatic stress, and depressive symptomatic responses and in diagnosable reactions. This study compares data collected at a proximal site, Albany, NY to those collected using the same instruments, at the same time, at two locations remote from the attacks, Augusta, GA, and Fargo, ND. Additionally, we examined differences in acute stress symptoms (ASS), posttraumatic stress symptoms (PTSS), and depressive symptoms (DS) within the Albany sample as a function of proximity of the students' residences to NYC. As predicted, between site differences were found in probable ASD and PTSD as well as ASS, PTSS, and DS. Finally, within the Albany site, proximity differences were found with respect to PTSS: participants from NYC and the connecting counties evidenced higher PTSS than those from the more distal counties.

0911 **disaster**

Chronic Stress and Physical Activity in Relief and Development Workers

Linnea Larson, Headington Program in International Trauma, Fuller Graduate School of Psychology; Leslie Ross, Headington Program in International Trauma, Fuller Graduate School of Psychology; Anne Turk, Headington Program in International Trauma, Fuller Graduate School of Psychology; Gladys Mwiti, Headington Program in International Trauma, Fuller Graduate School of Psychology; Cynthia Eriksson, Headington Program in International Trauma, Fuller Graduate School of Psychology; David Foy, Headington Program in International Trauma, Fuller Graduate School of Psychology; Jeffrey Bjorck, Fuller Graduate School of Psychology; John Fawcett, World Vision International

Stress management is a key issue for humanitarian aid staff because they are exposed to cumulative traumatic stress, chronic stress due to difficult living situations, and organizational stress. Psychological support, training, and time for leisure and recreational activities have been recommended to relieve stress among relief and development workers. In other populations physical activity has been found to be associated with lower perceived stress; however, these variables have not been studied in relief and development settings. This study examined links between participation in physical activity and stress among 78 international relief and development personnel in field locations worldwide. Staff completed an email survey and telephone interview assessing exposure to 18 chronic stressors (e.g., separation from family, feeling powerless, and travel difficulties), the level of distress from these stressors, and physical activity levels. Participation in physical activity was negatively associated with reported level of distress from chronic stressors, but was not related to the number of chronic stress items that were endorsed. Although a causal relationship cannot be determined, these results suggest that encouraging relief and development staff to participate in regular physical activity could help ameliorate distress levels related to the inevitable stressors that occur during relief and development work.

0912 **disaster**

Social Work Israeli Students' Responses to Terrorist Attacks

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

The study aimed to analyze social work Israeli's responses to the September 11th events compared to their responses to the terrorist attacks within Israel. Two groups of MA students (n=24) were asked to reflect their responses, either to the September 11th events (Group S) or to the terrorist attacks in Israel (Group TA), through drawing, narratives, followed by a discussion and a group drawing. The drawings were analyzed according to the following categories, line, color, style, and forms; the narratives were analyzed according the following categories, main themes, symbols, associations, feelings and emotions, coping defenses and coping strategies. Results indicated a strong association between themes and feelings toward the September 11th events and terrorist attacks within Israel, yet several differences regarding the dissociation mechanisms were found, whereas for example, human figures drawn by Group S were ruined,human figures drawn by Group TA remained complete, yet filled with blood and tears.

0913 **Withdrawn**

0914 **disaster**

Memories, Emotions and Beliefs About the 9/11 Attack

Kevin Ochsner, Stanford University, Department Psych.; John Gabrieli, Stanford University, Department Psych.

In the aftermath of the terrorist attacks of 9/11/2001, many people said they would never forget the traumatic and historically important events of that day. How does the expectation that this event has been indelibly stored as a flashbulb memory influence beliefs about, and emotional responses to, what took place? Researchers at Stanford, Harvard, Yale, NYU, Georgetown, Washington University and UCSC collaborated to address this question. A questionnaire distributed at all sites between 9/17 and 9/23 assessed memory for 1) the specific content of the events, and 2) the circumstances in which one learned about them, 3) six types of emotional responses, 4) interpretations of the personal and cultural meaning of the Attack, and 5) forecasts of future feelings about, and the ability to remember, the Attack. 1503 surveys were returned from the initial sampling, of which 546 were from residents of New York City or its surrounding area. Analyses examine the extent to which memory, emotion, interpretation, and beliefs about their durability, differ as a function of proximity to, and experience of, the Attack. Affective forecasts of future emotions may provide insight into judgments of the ability to cope with traumatic events over time.

0915 **disaster**

Impact of September 11 on Refugees and Those Seeking Asylum

Linda Piwowarczyk, Boston Center for Refugee Health and Human Rights (BCRHHR), Boston University School of Medicine (BUSM); Terence Keane, BCRHHR, National Center for PTSD, BUSM; Aida Cajdric, BCRHHR, National Center for PTSD

September 11 had has a profound effect on the families and workers intimately involved, as well as those living in America. Refugees and those seeking asylum fled their countries of origin to come to the United States in an effort to find safety and protection. Many have become re-traumatized by the events which they witnessed on television, in addition to the wave of sentiments distrustful of those of foreign origin or "seemingly foreign origin." Some have had to change their lifestyle out of fear. In addition, they have reported deterioration in their emotional and physical health. Qualitative and quantitative information will be shared regarding those who have sought treatment at the International Mental Health Program of the Boston Center for Refugee Health and Human Rights.

0916 **disaster**

Social and Moral Disruption in Children's Representations of Trauma

Sandra Rafman, Department Psychology, McGill University Health Center-Montreal Children's Hospital

Disruptions experienced by children in contexts in critical medical and social events include fragmentation and loss in the moral as well as the physical, relational and social order. This conceptualization may account for the potentially traumatic impact of these experiences. We hypothesized that a) the loss of a rule-governed moral universe would be reflected in the representations of the children who had encountered such contexts, and c) different critical experiences would present different socio-moral dilemmas and c) the ability to address these dilemmas would distinguish clinical from non-clinical children. Fifty children (aged 3-11 years) from community based, prevention and therapeutic settings and their families participated. Fifteen children had experienced war, fifteen had experienced parental loss in war, ten face a life-threatening illness and ten have lost a sibling to illness or injury. Play representations and interviews of the children and their families are analyzed and compared in terms of dominant motifs. Dilemmas related to good and evil, trust and betrayal, protection and aggression are prevalent in children's representations yet death looms as the consequence of a wrong choice. Children's ability (in parallel to their parent's ability) to address these issues affected their clinical status. The difficulty in mourning the loss of a moral universe as well as a relational one contributes to traumatic grief. This dimension is essential in addressing children's concerns regarding the attacks of September 11.

0917 **disaster**

Functioning of Veterans with PTSD Following 9-11-01 Terrorist Attacks

Craig Rosen, VA National Center for PTSD; Quyen Tiet, VA Center for Health Care Evaluation; Mark Greenbaum, VA VISN 21 Mental Illness Research Edcation and Clinical Center; Helen Chow, VA VISN 21 Mental Illness Research Edcation and Clinical Center; Jerome Yesavage, VA VISN 21 Mental Illness Research Edcation and Clinical Center and Stanford University

Purpose: Prior PTSD is often considered a risk factor for poor adjustment to new traumatic events. This study assessed functioning of California veterans with pre-existing PTSD before and six months after the September 11 attacks. Methods: PTSD patients (n = 254) participating in a longitudinal study of VA care in California were re-contacted six months after the September 11 attacks to assess changes in their functioning. Results are reported for the first 99 respondents. Results: Patients' mean symptoms (Impact of Events Scale-Revised, Symptom Checklist 6), substance use (Addiction Severity Index), and social/role functioning (items from the SF-12V and Health and Daily Living Questionnaire) did not worsen over time. Few patients (6 of 99) knew anyone injured or killed in the attacks or participated in recovery efforts. Amount of exposure to media coverage of 9-11 events did not predict later symptoms, but did predict whether patients attributed current problems to the terrorist attacks. Conclusions: The acute stress of the September 11 attacks appears to have had little enduring effect on the functioning of PTSD patients who were not directly exposed to the attacks or recovery efforts. Nonetheless, some chronic PTSD patients may attribute current problems to the aftermath of 9-11 events.

0918 **disaster**

9/11: A Comparison of Individuals Near the Pentagon vs. the WTC

Dianna Rowell, University at Albany, SUNY; Eric Kuhn, University at Albany, SUNY; Rebecca Gusmano, University at Albany, SUNY; Edward Blanchard, University at Albany, SUNY; Debra Steckler, Mary Washington College

It is presumed those closest to the World Trade Center and Pentagon attacks were most affected by the events of September 11, 2001. Thus, 507 students in Albany, NY and 59 students from Mary Washington College (MWC) in Fredericksburg, VA completed measures of acute stress (AS) and posttraumatic stress (PTS) disorders, depression, and exposure to the attacks. Considering their respective proximities to the sites of the attacks, students from both locations should resemble each other in their traumatic responses, depressive symptoms, and a variety of exposure and reparative variables. Albany students showed more traumatic symptoms than the MWC sample, but there was no difference in depressive symptoms. The two samples resembled each other in percentages who volunteered and attended services after the attacks. However, Albany students reported more media exposure in the week after 9/11. Also, a greater percentage of Albany students personally knew victims of the attacks, knew someone living in New York City and had been to the World Trade Center. Possible reasons for the discrepancy in traumatic symptoms are discussed including differences in the nature of relationships with victims, media exposure, the students' communities and institutions, and the type of exposure to and targets of the attacks.

0919 **disaster**

Parents Report on Their Children's Reactions to September 11, 2001

Jennifer Specht, University of Wisconsin-Milwaukee; W. Hobart Davies, University of Wisconsin-Milwaukee; Child Stress and Coping Research Group, University of Wisconsin-Milwaukee

One hundred eleven parents (84% mothers; M=36.05 years old) of 5-11 year olds (M=7.87) were interviewed concerning their child's reactions to the terrorist attacks of September 11. The interview was conducted 4-6 weeks after the attacks and utilized the Behavior Analytic Model to assess a wide range of behavioral and emotional concerns beyond a focus on psychopathology. Parents completed the Impact of Events Scale—Revised (IES-R) about themselves and the Pediatric Emotional Distress Scale (PEDS) on their child. The interviews yielded a total of 421 problematic situations. Participants were specifically asked about situations falling in four domains; Emotional Reactions, Behavioral Changes, Relations with Family and Peers, and Media. Parents who report more PTSD symptoms on the IES-R also report significantly more total problems, emotional reactions, and behavior changes in their children following the attack. Additionally, children who were rated higher on the PEDS were also reported to have significantly more total problems, emotional reactions, behavior changes, and mixed/other situations. These findings highlight the importance of taking a family systems perspective in examining the functioning of children exposed to terrorist acts. They also suggest that evaluations that go beyond psychopathology may be necessary for designing ecologically valid interventions.

0920 **disaster**

The Psychological Effects of September 11, 2001, in Japan

Masahiro Umesue, Department of Neuropsychiatry, Graduate School of Medical Sciences, Kyushu Univ.; Shin Tarumi, Department of Neuropsychiatry, Graduate School of Medical Sciences, Kyushu Univ.; Kanji Baba, Omuta Rousai Hospital; Kyousuke Miyazaki, Department of Neuropsychiatry, Graduate School of Medical Sciences, Kyushu Univ.; Daisuke Nishi, National Kokura Hospital; Takashi Shouge, Department of Neuropsychiatry, Graduate School of Medical Sciences, Kyushu Univ.; Hiroshi Yokoo, Department of Neuropsychiatry, Graduate School of Medical Sciences, Kyushu Univ.; Kenjiro Yokota, Department of Neuropsychiatry, Graduate School of Medical Sciences, Kyushu Univ.; Toshihide Kuroki, Department of Neuropsychiatry, Graduate School of Medical Sciences, Kyushu Univ.

At the time of the terrorist attacks, many people in Japan watched the scene of WTC being destroyed on telecast repeatedly. This study aimed to assess the psychological effects of the attacks. We investigated whether patients with anxiety disorder, affective disorder, and schizophrenia tend to develop posttraumatic stress disorders (PTSD) symptoms. We also investigate whether personality traits and dissociative tendencies contribute to precipitating PTSD symptoms. Twenty-eight non-clinical subjects and 34 psychiatric out-patients; 12 subjects with anxiety disorder, 11 with affective disorder, and 11 with schizophrenia participated in this study. The Impact of Event Scale-Revised (IES-R) was administered at 2 weeks, 4 months, and 6 months after the attacks. In addition, we administered the Maudsley Personality Inventory (MPI) and the Dissociative Experiences Scale (DES) at 6 months after the attacks. At 2 weeks, none of non-clinical subjects (0%), 25% of anxiety disorder, 36% of affective disorder, 27% of schizophrenia scored 25 points or above on IES-R. At 4 months, the results were 0%, 0%, 17%, and 22% respectively. At 2 weeks, the IES-R score of non-clinical subjects was lower than that of anxiety disorder ($p < 0.05$), or that of schizophrenia ($p < 0.01$). But compared with the patients with affective disorder, there was no statistical difference. At 4 months, the score of non-clinical subjects was lower than that of the each three patient groups ($p < 0.05$). And there were no differences on the score among the three groups at 2 weeks and 4 months. Our results suggested that the attacks caused PTSD symptoms even in Japanese population, and that psychiatric disorders, such as anxiety disorder, affective disorder, and schizophrenia should be considered as a predisposition to developing PTSD symptoms. The results of MPI, DES and IES-R at 6 months will also be presented. In light of predisposing factors to PTSD, personality traits and dissociative tendencies will be discussed as well.

0921 **disaster**

Peritraumatic Prescription of Propranolol Decreases Acute PTSD Symptoms

Guillaume Vaiva, University Lille II; Francois Ducrocq, University Lille II; Karine Jezequel, University Lille II; Benoit Averland, University Lille II; Philippe Lestavel, University Lille II; Alain Brunet, McGill University, Douglas Hospital Research Center; Charles Marmar, University of California, VA Medical Center

Aim of the study. Prolonged hyperadrenergy, primarily the tachycardia, was prospectively shown to increase the risk for Posttraumatic Stress Disorder (PTSD). We studied the influence of propranolol prescribed immediately after a traumatic event to victims with an initial tachycardia. Method: the victims were recruited at the Emergency Department, within 24 hours after a motor vehicle accident or a physical assault. We seeked individuals under 30 years old in good physical health, and who had a tachycardia of 90 beats per minute after 20 minutes of rest in a lying position. Among the participants who accepted the medication, 80-120 mg/day of propranolol was given. All participants were assessed by a psychiatrist two months later for PTSD symptoms and diagnosis. Results. Propranolol was first delivered 2-20 hours after the trauma (M=9.5, SD=6). Two months later, 3 participants presented with a complete PTSD and 3 others with a subsyndromal PTSD among the 8 participants having refused the propranolol. Only one participant presented with a PTSD and 3 others with a subsyndromal PTSD among the 11 participants receiving the propranolol. The between group difference was significant for the rate of PTSD (p=.012). Comment: this pilot study suggests that administering propranolol to young and healthy individuals with an elevated peritraumatic tachycardia may be effective and well tolerated in mitigating PTSD symptoms and, perhaps, in preventing PTSD. Propranolol would merit a prolonged double-blind prospective study, with a much larger sample.

0922 **disaster**

The Role of Ethno-Cultural Variables in Response to Terrorism

Katrina Walker, East Carolina University; Dennis Chestnut, East Carolina University

The threat of terrorism is having a profound impact on the lives of Americans. As researchers we are called upon to provide explanations, solutions, and assistance for the relief of emotional trauma perceived, and experienced, resulting from disasters and terrorism. The current study gives attention to ethno-cultural variables of ethnic background, gender, and age in an effort to better understand first reactions to what happened, explanations for what happened, and reactions to what happened on September 11. Data were obtained from a sample of convenience including university students, church and civic group members, and people of the general community. The questionnaire developed by the researchers allowed participants to give free-format responses regarding the attacks. Results suggest variables of ethnic background, gender, and age influence reactions to terrorist acts. Ethnic background and gender influenced causal explanations about the attacks. Particularly strong gender differences were noted in how participants were affected by the attacks. The strongest similarities were observed in reports of first reactions to news of the events with most people experiencing shock and disbelief. Conclusions drawn stress the importance of future mental health interventions and research giving strong consideration to ethno-cultural variables when dealing with victims of terrorism.

0923 **disaster**

Responding to Those Who Respond: Intervention and Research Methods

Jeffrey Yarvis, The University of Georgia and the US Army; Patrick Bordnick, The University of Georgia

This study represents a pilot study on secondary stress in mental health responders associated with the Pentagon disaster. It describes the factors in crisis intervention that make the work with traumatized victims of events such as the September 11th attack on the United States particularly stressful. Past methodological limitations of previous investigations, leading to the development of assessment methods to identify those characteristics and factors that predict negative outcome/responses in individuals post disaster are explicated. An in depth discussion of the prevalence of secondary traumatic stress disorder for this population is presented. A look at previously developed debriefing methods used by crisis workers is adapted especially for use with responders will occur. The ideas and procedures put forward have evolved from a need identified in extensive literature reviews on victims of catastrophic events. An argument that mental health responders, as distinct form other emergency responders, require psychological understanding and integration to be able to function and intervene effectively is made. Findings from a recent pilot study of the military social work responders of Operation Provide Solace-The Pentagon, are detailed.

Posters in Track 11

Miscellaneous (misc)

Presented: **Friday, 1:00 p.m.–2:15 p.m.**

Poster Numbers 1101–1111

1101 **misc**

The Association Between PTSD, Social Support and Physical Health

Casey Bolinske, Washington State University; Paige Ouimette, Washington State University

Research has consistently found that Posttraumatic Stress Disorder (PTSD) is associated with a higher frequency of self-reported physical health symptoms, conditions and a lower rating of perceived global health. This study examined the association between PTSD, social support, and physical health. The primary interest is to determine if social support moderates the relationship between PTSD and physical health. Previous research has found that people with higher levels of social support not only report less physical health symptomatology, but also lower levels of PTSD. 134 male and female participants from VA primary care clinics were assessed on the amount of social support and stressors they received from their spouses and friends. Participants also completed measures on their physical health and PTSD was assessed with a structured interview. Zero-order correlations showed a significant relationship between PTSD and physical health symptoms. Zero-order correlations also showed a significant relationship between PTSD and social support. No association was found between social support and physical health symptoms. Future analysis are planned to examine the moderating effects of social support and gender on the association between PTSD and physical health.

1102 **misc**

The Role of Spirituality in Posttraumatic Growth

Susan Cadell, University of British Columbia

This research was designed to explore the factors that contributed to the post-traumatic growth of people who have cared for someone who has died of Acquired Immune Deficiency Syndrome (AIDS)-related illnesses or complications related to Human Immunodeficiency Virus (HIV) disease. The research consisted of a cross-sectional study of 176 bereaved caregivers. Measures were selected to assess demographics, spirituality, social support, depression, traumatic symptomatology and post-traumatic growth. In addition, interviews were conducted with 15 individuals chosen for their growth scores. 86.4% of the sample experienced symptoms indicative of PTSD. A structural equation model was tested which demonstrated the positive relationship between spirituality and post-traumatic growth. Additional statistical tests and the interview data pointed to the significance of spirituality in the formation of positive outcomes from the traumatic experience of caring for someone who had died of AIDS-related complications. This research highlights the importance of spirituality in the positive outcomes of trauma. The knowledge of factors that can play a role in posttraumatic growth can contribute to the practice of those working with trauma at any level of intervention.

1103 **misc**

Burnout, Compassion Satisfaction and Fatigue in Colorado Caseworkers

David Conrad, JFK Partners/Department of Pediatrics, University of Colorado Health Sciences Center

The Compassion Satisfaction/Fatigue Self-Test for Helpers was used to determine the risk for compassion fatigue and burnout and potential for compassion satisfaction among Colorado caseworkers (CPS) and to identify demographic variables that predict them. The 66 item self-report instrument was administered to 390 front-line staff. Fifty-eight percent of CPS staff scored in the very high or high range of compassion fatigue. No workers scored in the very high range for burnout and only eleven percent scored in the high range. Though only three percent of the workers reported a very high potential for compassion satisfaction, seventy-five percent reported a high or good potential. Of all demographic variables tested only gender was a significant predictor of compassion fatigue. Women had statistically higher levels of compassion fatigue than men. In conclusion, although almost 60 percent of CPS staff suffered from high or very high levels of compassion fatigue, the risk for burnout was considerably lower. Compassion satisfaction appears to protect against burnout. Women are at significantly greater risk for compassion fatigue than men.

1104 **withdrawn**

1105 **misc**

Using Experiential Exercises

Sarah Gamble, Traumatic Stress Institute

The Risking Connection curriculum relies on active involvment of participants. Learning a new way of working with traumatized clients ideally involves doing and feeling as well as listening and thinking. Experiential exercises designed to teach assessment, working with crises, and vicarious traumatization will be described. Strategies for eliciting participation, structuring exercises, and debriefing will be covered.

1106 **misc**

Translating Research to Prevention: Memory Structuring Intervention

Yoram Gidron, Ben-Gurion University

Meta-analyses demonstrate that early psychological interventions rarely reduce risk of posttraumatic stress disorder (PTSD). However, chronological organization and understanding causality between event-segments has been shown to predict better outcomes. Cognitive-neuroscience studies demonstrate that PTSD patients process trauma in a fragmented, somatic, sensoric and affective form of memory. Labeling the experience rather than simply re-experiencing negative emotions has been shown to inhibit limbic regions of the brain, which are overactive in PTSD. We developed the memory structuring intervention (MSI) that aims to shift trauma processing to an explicit, verbal and neocortical processing by teaching patients chronological organization, causality and verbal labeling of symptoms. Two randomized controlled single-blind studies tested the MSI with traffic accident victims. In Study 1 (N = 17) patients receiving the MSI reported significantly less frequent symptoms than controls three months later. In Study 2 (N = 29), women in the MSI reported less frequent symptoms than controls, while unexpectedly, the opposite was found for men. The MSI may prevent PTSD in women only.

1107 **misc**

Case Study of Neonaticide: An Integrative Literature Review

Lori Kalman-McCartney, University Behavioral Health Care, UMDNJ; Elias Vasquez, Rutgers University Newark

The phenomenon of newborn homicide, known as neonaticide, is examined through case study and an integrated review of related theory and research pertinent to understanding the contributory influence of extensive physical, emotional and sexual childhood abuse of a neurologically-impaired, cocaine-addicted, multiparous woman who was incarcerated for the fatal abandonment and neglect of her newborn son, after giving birth to him in a public latrine. It is imperative to understand the comprehensive nature that traumatic stress plays in women who commit crimes against motherhood, in order to ensure therapeutic psychotherapy treatments, not exclusive punishment. Failure to provide a comprehensive picture of a mother/perpetrator might lead to an inequitable delivery of justice, garner woefully inadequate intervention, risk substance sobriety and breach emotional empowerment because important aggravating and mitigating factors were not considered nor recognized. This paper/poster illustrates an association between traumatic childhood history, substance addiction as a mediator of intense internal states, and the crime of neonaticide. Implications to advanced practice nurses, psychotherapists and other patient-care providers are discussed.

1108 **misc**

Psychosocial Functioning Within Two Samples of MVA Survivors with PTSD

Eric Kuhn, University at Albany, State University of New York; Connie Veazey, University at Albany, State University of New York; Edward Blanchard, University at Albany, State University of New York; Edward Hickling, The Sage Colleges

Problems in the psychosocial functioning of traumatized individuals with posttraumatic stress disorder (PTSD) have consistently been reported in the research literature. However, there is a scarcity of studies that have examined the changes over time in the psychosocial functioning of individuals who have been traumatized. Furthermore, little is known about the different courses psychosocial functioning follow depending on PTSD diagnosis. In the present investigation, two samples of motor vehicle accident (MVA) survivors (an assessment-only and a treatment-seeking) were evaluated on psychosocial functioning using the semi-structured Longitudinal Interval Follow-up Evaluation (LIFE Base) interview. Four domains of psychosocial functioning were analyzed: relations with family, relations with friends, major role functioning, and recreation participation. Using repeated measure ANOVAs, it was found that across both samples, survivors diagnosed with PTSD showed lower levels of functioning across all psychosocial domains. In addition, follow-up test showed that survivors with PTSD evidenced a different pattern of changes in psychosocial functioning compared with survivors without PTSD. Specifically, survivors with PTSD, did not exhibit the amount of recovery in their psychosocial functioning as did MVA survivors without PTSD.

1109 **misc**

Is There a Marker for Stress Vulnerability?

Charles Morgan, National Center for PTSD/Yale University; Ann Rasmusson, National Center for PTSD/Yale University

Animal studies have provided evidence that baseline levels of plasma Neuropeptide-Y (NPY) are significantly reduced after repeated exposure to uncontrollable stress. We previously reported that baseline plasma NPY was significantly lower in combat veterans with PTSD but were unable to determine whether reductions were due to the presence of PTSD or due to a history of trauma. The current study addressed this issue by assessing history of trauma exposure, PTSD, and baseline plasma NPY in active duty 41 U.S. Military Special Operations personnel. Plasma NPY, norepinephrine (NE), epinephrine (EPI) were assessed one week prior to participation in combat diver qualification training. PTSD symptoms and history of traumatic event

exposure was assessed using the Impact of Event Scale and the Brief Trauma Questionnaire. Results showed that baseline plasma NPY, but not NE or EPI, was significantly and negatively associated with trauma history in individuals with a history of traumatic stress exposure. Reductions in baseline NPY may serve as a marker for individuals who, in the future, may be at risk for the development of PTSD or stress related difficulties.

1110 **misc**

Social Support, Fear of Intimacy, and Posttraumatic Growth

Christine Pierce, Eastern Washington University; Kelsey Benson, Eastern Washington University; Todd Johnson, Eastern Washington University; Basma Fouad, Eastern Washington University; Brook Graham, Eastern Washington University; Malea Wright, Eastern Washington University; Shawn Pattison, Eastern Washington University; Russell Kolts, Eastern Washington University

Traditionally, research in traumatic stress has focused upon PTSD and other negative consequences of traumatic experiences. Recently, more interest has been shown in the idea that trauma may also result in some positive personal consequences, referred to as posttraumatic growth. While a number of studies have examined the role of social support and interpersonal relationships in mediating the negative effects of traumatic experiences, there is a need for research examining the role of social support and intimate relationships in relation to posttraumatic growth. It has been assumed that there is a positive relationship between social support and the experience of growth following stressful events, but empirical support for this assumption is needed. The current research describes relationships between measures of perceived social support, fears of intimacy, and posttraumatic growth in a sample of trauma survivors. Additionally, findings are presented regarding the ability of measures of social support and intimacy to predict both positive and negative (PTSD) responses to trauma.

1111 **Withdrawn**

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• NIH Science Education • Drugs of Abuse • Related Web Links

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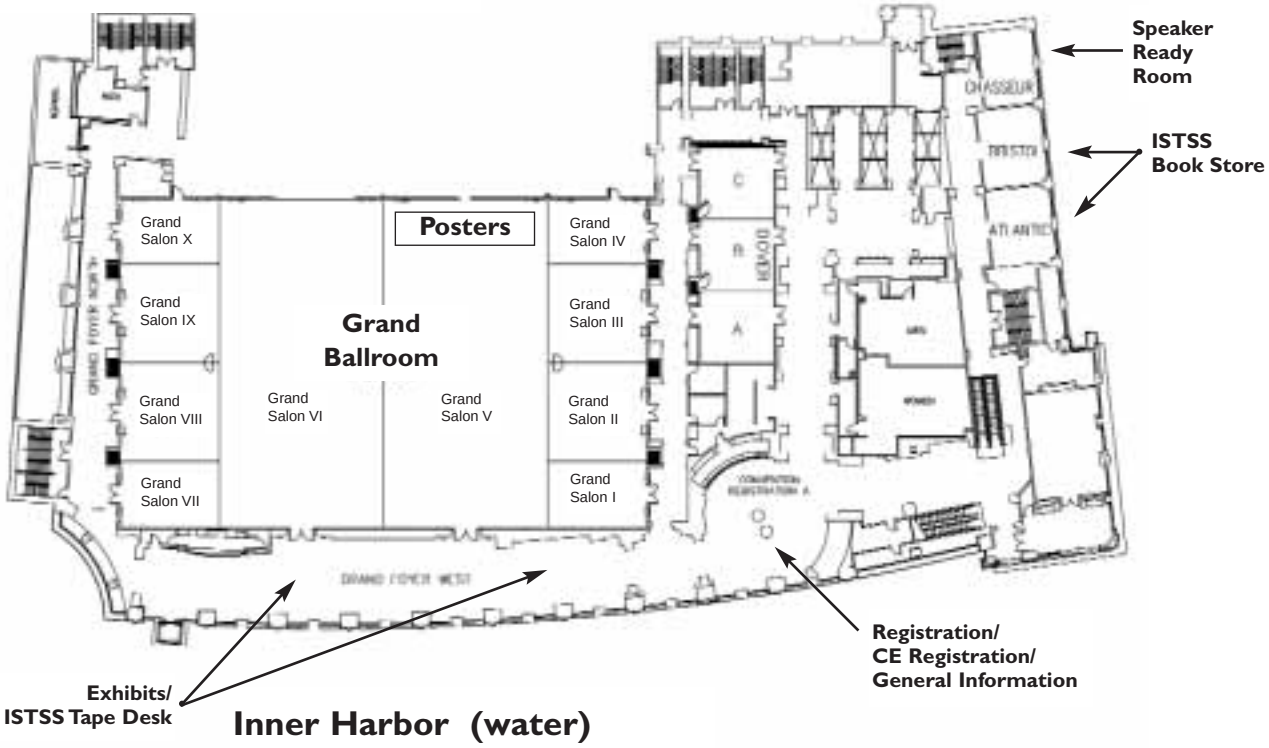
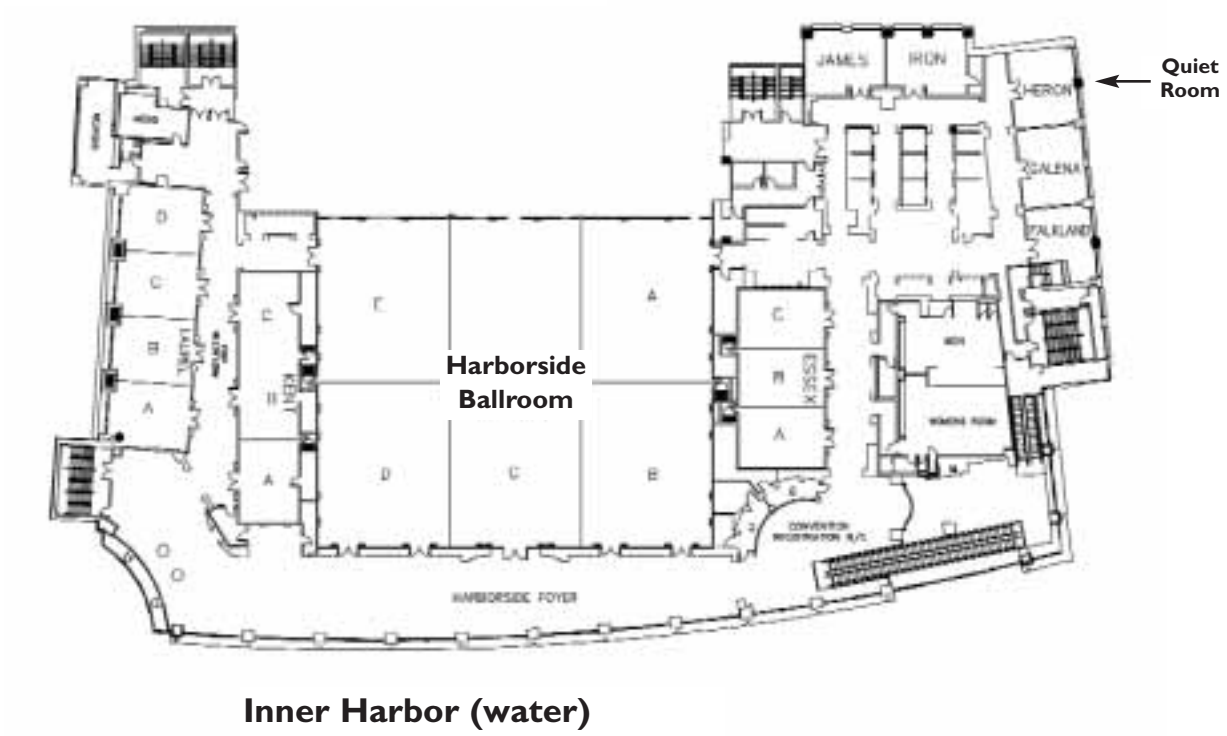
Hotel Floor Plans

Grand Ballroom Level (GB) Level 3



Marriott Waterfront Hotel

Harborside Ballroom Level (HB) Level 4