

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

Poster Presenters of Track I, 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 domestic 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 approach 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.

Saturday: 8:30 a.m.–9:45 a.m.

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 Casuistic 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 Buitendamst; 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 casuistic 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.

Saturday: 8:30 a.m.—9:45 a.m.

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/intracranial 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 Olf, 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 auditory 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 Diagnostic 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 milliseconds) 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.

Saturday: 8:30 a.m.—9:45 a.m.

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 Wolfson, 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 Wolfson, 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 survivors 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 interpersonal 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 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?

Saturday: 8:30 a.m.—9:45 a.m.

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 Javakhishvili, 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 experiences. 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 intractable 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.

Saturday: 10:00 a.m.–11:15 a.m.

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 Mwit, 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; Sqiipe Ukshini, University of Prishtina

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 than 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

Saturday: 1:00 p.m.—2:15 p.m.

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 through 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 (CID-I) 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-traumatized 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 $R^2 = .34$, $p < .001$). Those who had full or subsyndro-

mal PTSD at some time during the observation period (“highly 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 \times 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 range 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 ($F(2, 25) = 6.58, p < .001, R^2 = .35$). These results suggest that youth exposed to community violence are at risk for experiencing a wide range 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

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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 than 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

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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 generalizability 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

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Concurrent Sessions—Saturday, November 9

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 identify 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 significant 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

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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 Conservation 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

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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 sequelae 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

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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 Virginia 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 sponta-

neous 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.

Saturday: 2:30 p.m.—3:45 p.m.

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 dysregulated and 2) social environments that are not able to contain this dysregulation. 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 dysregulated 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 dysregulation. 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.

Saturday: 2:30 p.m.—3:45 p.m.

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, Nicholas 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.

Saturday: 4:00 p.m.—5:15 p.m.

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

Annamarie 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-a-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.

Saturday: 4:00 pm–5:15 pm.

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 likelihood 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 hypoaousal 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 harrasment, 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,

Saturday: 4:00 p.m.—5:15 p.m.

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 unem-

ployed, 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 practitioners 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-

Saturday: 4:00 p.m.—5:15 p.m.

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 Emergency Planning Unit will be discussed. Participants will consider a series of case scenarios designed to cover the key principles of emergency planning and providing an appropriate 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.

Saturday: 4:00 p.m.—5:15 p.m.