

**Sunday Concurrent Sessions**  
**7: 45 a.m.–9:00 a.m.**

**Cognitive Processing Therapy**

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

Patricia Resick, Center for Trauma Recovery and Department of Psychology University of Missouri-St. Louis

This role-play session will illustrate a cognitive intervention that is typical of the style of cognitive processing therapy (CPT) with a client who has a history of loss of a parent in childhood and loss of a close relationship in the attack on the World Trade Center (the same “client” as the other master clinician sessions). In order to demonstrate CPT, we will combine several different therapy sessions across the course of treatment. The beginning of the session will help the “client” delineate the meaning of the traumatic event. I will use Socratic questioning to assist the client in identifying thoughts and consequent emotions regarding the traumatic event and to challenge the evidence for the belief. We will also use one or more of the CPT worksheets in the process of challenging and reconstructing counterproductive beliefs.

**Developing Networks in the Field of Traumatic Stress**

**Panel (misc) Grand Salon I, 3 (GB)**

John Fairbank, National Center for Child Traumatic Stress, Duke University Medical Center; Robert Pynoos, National Center for Child Traumatic Stress, University of California Los Angeles; Matthew Friedman, National Center for PTSD; Karen Mallah, The Family Trauma Community Practice Center, Mental Health Corporation of Denver; Angela Diaz, E. Harlem Adolescent Traumatic Services, Mount Sinai Hospital

This panel will discuss the challenges involved in developing networks in the field of traumatic stress based on experiences of two such networks—the National Child Traumatic Stress Network (NCTSN) and National Center for Posttraumatic Stress Disorder (NC-PTSD). In September 2001, The Substance Abuse and Mental Health Services Administration (SAMHSA) launched NCTSN by funding a coordinating national center and a network of intervention development centers and community treatment and service centers. The mission of NCTSN is to create a national network dedicated to improving access to services and raising the standard of care for traumatized children and their families throughout the United States. The NC-PTSD was created in 1990 within the Department of Veterans Affairs (VA) to address the needs of veterans with military-related PTSD. Over the past decade, NC-PTSD has broadened its focus to include research, education, and consultation to the active-duty military of today. The panel will provide an overview of the development of the NC-PTSD and the challenges it has met. This session will involve participatory discussion focusing on these networks, particularly on issues related to advancing treatment and service innovations and providing a sustained bridge between science and practice in community settings.

**Early Interventions: New Contributions to Outcome Research**

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

Miranda Olf, Academic Medical Center/De Meren, Department of Psychiatry, University of Amsterdam; Richard Bryant, University of New South Wales

In the acute phase after trauma, early psychotrauma interventions are frequently offered to victims in order to prevent unwanted psychological consequences. However, they are not always beneficial. The goal of this symposium is to focus on the content, structure and effectiveness of brief early psychotrauma interventions. Moreover, the effect of promising new preventive modules will be discussed.

**Early Psychological Prevention of PTSD: An Evidence-based Approach**

Jonathan Bisson, University Hospital of Wales

There have now been a number of randomised controlled trials that have considered one-off psychological interventions and more complex early psychological interventions shortly after a traumatic event. The evidence base in

this area is becoming more robust. A Cochrane systematic review of one-off early interventions within one month of the traumatic event has now identified eleven randomised controlled trials with a total of 1,759 individuals. The results are neutral when analysed overall and strongly suggest that one-off interventions should not be offered routinely. Five studies of more complex early interventions have been published. Most have focused on brief (1-6 sessions) cognitive behavioural therapy. A total of 574 individuals have been included and overall there appears to be a positive effect especially for those presenting with early traumatic stress symptoms. The presentation will provide up to date results of ongoing systematic literature reviews of all early interventions provided within one month of the traumatic event. These results will be used to justify an evidence based model of early intervention following traumatic events.

**A Closer Look at Debriefing: Emotional Ventilation vs. Psychoeducation**

Marit Sijbrandij, Academic Medical Center/De Meren, Department of Psychiatry, University of Amsterdam; Miranda Olf, Academic Medical Center/De Meren, Department of Psychiatry, University of Amsterdam; Berthold Gersons, Academic Medical Center/De Meren, Department of Psychiatry, University of Amsterdam; Ingrid Carlier, Stichting Verenigde Universitaire Huisartsen Opleidingen (SVUH)

Although psychological debriefing is a widely applied early psychotrauma intervention, the results of recent randomized controlled trials have raised doubt about its usefulness in preventing posttraumatic stress disorder (PTSD). Some results even indicate that debriefing may worsen psychological outcomes in some participants. The core elements of debriefing are ventilation of emotions and psychoeducation. The present study will provide answers to the question which elements may be (in)effective. Therefore, two adapted protocols of debriefing were compared: debriefing without the educational phase (emotional debriefing) and debriefing without the emotional phase (educational debriefing). 236 participants were randomly assigned at 14 days (sd=2,00) posttrauma to three conditions: emotional debriefing (N=77), educational debriefing (N=79) and control (N=80). Assessments were at one week posttrauma, one month posttrauma, two months posttrauma and six months posttrauma. Participants experienced an assault (44%), a road traffic accident (30%), other type of accidental injury (8%), a fire (6%), a sexual assault (4%) or other type of trauma (11%). There were no significant differences between conditions in age, sex or type of trauma. Data on the efficacy of debriefing will be presented at the meeting. Practical implications for future debriefing interventions will be discussed.

**Comparing Brief CBT and Writing Assignments in Preventing Chronic PTSD**

Arnold van Emmerik, Department of Clinical Psychology, University of Amsterdam; Paul Emmelkamp, Department of Clinical Psychology, University of Amsterdam

Several studies have provided evidence for the efficacy of brief CBT in preventing chronic PTSD. As an alternative intervention, structured writing assignments have been shown to beneficially influence existing PTSD symptoms. To date, structured writing assignments have been administered exclusively as separate manipulations and have not been combined to form a comprehensive manualized intervention. Also, their potential as a preventive intervention is currently unclear. To fill this gap, the present randomized controlled trial (RCT) directly compares brief CBT with manualized structured writing assignments in the secondary prevention of chronic PTSD. Participants were recent victims of miscellaneous trauma and referred by GPs, company medical officers, victim assistance services, and emergency room personnel. Following a comprehensive assessment, participants were randomly assigned to either five weekly individual one hour sessions of CBT, structured writing assignments, or the waiting list control condition. Participants were subsequently reassessed two weeks and six months following their treatment. Groups did not differ at pretest on demographic or personality characteristics, nor on symptom severity. Data will be presented on the relative efficacy of the interventions.

**Trauma and Dissociation**

**Symposium (clin res)**

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

Reginald Nixon, Center for Trauma Recovery, University of Missouri-St. Louis; Charles Marmar, San Francisco VA Medical Center

This symposium will address a range of experimental approaches to understanding dissociative responses from biological, cognitive, and clinical perspectives. Peritraumatic and ongoing dissociation will be investigated in various paradigms that converge on attempting to understand the specific mechanisms that mediate dissociative responses in pathological and non-pathological ways. These studies will be presented in reference to clinical manifestations of dissociation commonly reported following trauma.

**Factor Structure of Peritraumatic Dissociation**

Pallavi Nishith, Department of Psychology, University of Missouri-St. Louis; James Gillaspay Jr., Department of Psychology, University of Arkansas; Debra Kaysen, Department of Psychology, University of Missouri-St. Louis; Julie Mastnak, Department of Psychology, University of Missouri-St. Louis; Michael Griffin, Department of Psychology, University of Missouri-St. Louis; Patricia Resick, Department of Psychology, University of Missouri-St. Louis

The Peritraumatic Dissociation Experiences Questionnaire was modified in that 2-items (#7 and #8) which were not face valid for battered women were dropped. The revised 8-item PDEQ was administered to a sample (N=369) of battered women. Exploratory factor analyses with the PDEQ yielded a 2-factor oblique solution: The first factor was a 3-item factor (“Numbing”) which was comprised of “blacking out (#1)”, “automatic pilot (#2)”, and “felt disoriented (#10)”. The second factor was a 5-item factor (“Cognitive”) which was comprised of “sense of time change (#3)”, “feelings of unreality (#4)”, “felt like a spectator (#5)”, “sense of body distortion (#6)”, and “confusion (#9)”. The relationships of the two factors with trauma characteristics showed that the “Numbing” factor was significantly related to childhood rape and physical abuse. In addition it was also related to adult sexual and physical aggression within the current battering relationship. In contrast, the “Cognitive” factor was not related to any physical aspects of childhood or adult prior trauma history. Further, multiple regression analyses showed that the “Numbing” factor mediated between childhood and current physical victimization and current PTSD symptom severity. The results suggest that peritraumatic dissociation might be a multi faceted construct. The “Numbing” factor might be related to the physiological analgesia response that accompanies severe physical trauma. Future research should explore these relationships using physiological correlates of these constructs.

**Peritraumatic Dissociation in Domestic Violence Victims**

Michael Griffin, University of Missouri—St. Louis; Pallavi Nishith, University of Missouri—St. Louis; Patricia Resick, University of Missouri—St. Louis

The importance of peritraumatic dissociation as a factor in the development and maintenance of PTSD has garnered increasing support in the past few years. Recent studies have noted the relationship between within-trauma dissociation and the later development of PTSD. Marmar et al. (1994) studied both peritraumatic dissociation and current dissociation as measured with the Dissociative Experiences Scale (DES) in predicting PTSD in combat survivors. They found that both types of dissociation improved the prediction of PTSD beyond that accounted for by level of war zone stress exposure. The present study is an examination of a sample of domestic violence victims. We collected psychophysiological data including heart rate and skin conductance. In addition to the laboratory assessment, subjects were interviewed to assess PTSD status and several indices of dissociation were measured including the level of peritraumatic dissociation, current dissociation with the Trauma Symptom Inventory and trait dissociation with the DES. At this point we have laboratory and clinical data on 70 subjects. Findings from this sample of domestic violence victims will be presented in terms of the ability of these different measures of dissociation to predict PTSD symptoms and physiological arousal.

**Dissociation and Psychophysiological Arousal in Acute Trauma Victims.**

Reginald Nixon, Center for Trauma Recovery, University of Missouri-St. Louis; Richard Bryant, School of Psychology, The University of New South Wales, Australia; Michelle Moulds, School of Psychology, The University of New South Wales, Australia; Kim Felmingham, School of Psychology, The University of New South Wales, Australia; Julie Mastrodomenico, School of Psychology, The University of New South Wales, Australia

The current study presents preliminary findings from an ongoing investigation of acute response to trauma. Dissociation is a critical component of the DSM-IV diagnosis of Acute Stress Disorder (ASD). Although it has been proposed to serve as a compensatory strategy to significant physiological arousal in the short term, the continued use of dissociative strategies appears to interfere with trauma recovery. The mechanisms behind such dissociation are poorly understood. Although there is some evidence to suggest that physiological activity may be suppressed in highly dissociative trauma victims when recalling their trauma, this has only been investigated with acutely traumatized rape victims. Whether this response is specific to sexual assault victims is unclear, as is its relationship to persistent posttraumatic dissociation. In the present study, participants (N = 30) who had experienced a motor vehicle accident or physical assault within the past four weeks were asked to describe the events of their trauma during which skin conductance and heart rate activity was recorded. Subjective mood states were measured via self-report during participants’ trauma narrative. Participants with acute stress disorder (ASD) showed a suppressed skin conductance response compared with non-ASD participants. Conversely, individuals with ASD demonstrated elevated heart rate during the task compared with participants without ASD. The findings are discussed in the context of the relationship between dissociative tendencies and psychophysiological arousal in acutely traumatized individuals.

**Complex PTSD in Youth: Developmental-Cross Sectional Comparisons**

**Symposium (child)**

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

**Featured Session**

Ned Rodriguez, Private Practice and Hathaway Children’s Clinical Research Institute; David Pelcovitz, North Shore University Hospital-New York University School of Medicine

Although adult studies report a relationship between child abuse and Complex PTSD (CP), this symposium features among the first available empirical studies of CP in children/adolescents. Researchers compare CP rates and CP-PTSD relationships in community and clinical samples of pre-schoolers, school-age children, and adolescent survivors of different trauma types.

**Predictors of PTSD/Complex PTSD Children: Multivariate Relationships**

William Friedrich, Mayo Medical School

This study will investigate the relationships between life stressors and diagnoses of PTSD and Complex PTSD in a sample of school-age children. Findings are among the first available empirical data reporting on Complex PTSD in young children. The sample consisted of 315 predominantly Caucasian children with ages ranging from 5-15. Children and Parents completed a psychometrically-standardized assessment battery. Independent variables included: number of traumatic life events, total life stress, quality of parent-child relationship, parent-child discipline tactics, and maternal history of depression. Dependent variables included: psychiatric diagnoses, and trauma-related symptoms. Preliminary results establish that 12-15% of the sample met criteria for Complex PTSD. Multivariate analyses and structural equation modeling will be used to examine the relationships between independent and dependent variables. Discussion will examine which maternal maltreatment experience is the best predictor of PTSD and Complex PTSD. Discussion will explore the predisposing factors for PTSD and Complex PTSD.

**Child Sexual Abuse Frequency and PTSD Type II Symptoms**

*Vicky Wolfe, Children's Hospital of Western Ontario; Jo-Ann Birt, Children's Hospital of Western Ontario*

Terr (1991) proposed that children exposed to repeated traumas are likely to adapt to their circumstances in ways that would be considered maladaptive outside of the trauma situation. From a cognitive-behavioral perspective, those adaptations might include depressive symptoms and learned helplessness, dissociative processes, maladaptive anger management, and ineffective coping. This concept was examined with a sample that included 230 child sexual abuse victims, ages 8 to 16. From that sample, those with a singular sexual abuse episode were compared with those who experienced 10 or more episodes of abuse. High and Low Frequency cases did not differ significantly on any demographic variable. Measures included the Child Depression Inventory, Children's Attributional Style Questionnaire, Child Dissociation Checklist (child report format), Children's Inventory of Anger, Anger Response Inventory; and Self Report Coping Scale—for "bad grade" and "abuse-related issues"). Preliminary results support Terr's conceptualization. High Frequency participants reported more Forgetful/Confused dissociative symptoms, more maladaptive cognitions when angry, and decreased tendencies to seek social support to cope with problems related to their sexual abuse and other types of problems (in this case, getting a bad grade at school). However, frequency was not related to depressive symptoms or to attributional style.

**Complex PTSD in Multiply-Traumatized Adolescents**

*Clara Lajonchere, Hathaway Children's Clinical Research Institute; Jeff Sugar, Hathaway Children's Clinical Research Institute; Angela Hunt, Hathaway Children's Clinical Research Institute; Ned Rodriguez, Private Practice and Hathaway Children's Clinical Research Institute*

This study will examine the diagnostic formulation of complex PTSD (CP) in a sample of multiply traumatized youth in residential treatment. Some researchers have hypothesized that in adults, the three components of CP—dissociation, somatization, and affect dysregulation—are best conceptualized as associated features of PTSD rather than as a discrete but often comorbid post-traumatic syndrome. Further, the CP symptom domains have been linked to chronic interpersonal childhood trauma. This study is among the first to test the construct of CP in a sample of adolescents with a high prevalence of severe trauma exposure. Researchers administered a comprehensive assessment battery of standardized self-report and interview measures of trauma exposure, PTSD, and the symptom clusters of CP as outlined by Pelcovitz et al. (1992). Data will be presented for a sample of 50 adolescents in residential treatment. Preliminary findings indicate that 14.3 % met criteria for PTSD only, 3.6% met criteria for CP only, and 25% met criteria for both diagnoses. These data are consistent with the associated features model of CP. Multivariate analyses will examine the relationship between severe trauma exposure and the domains of CP. Discussion will focus on the applicability of the CP domains to adolescent developmental psychopathology.

**Trauma and Emotional Responding: New Directions for Research**

**Symposium (clin res)**

**Dover B/C, 3 (GB)**

*Lizabeth Roemer, University of Massachusetts at Boston; Marylene Cloitre, Weill Medical College of Cornell University*

Although it is generally accepted that exposure to potentially traumatic events can lead to a range of clinically relevant emotional responses, we have much left to learn about the nature of these responses and optimal interventions. Studies assessing emotional discordance, dysregulation, avoidance, and numbing will be reviewed and discussed.

**Peri- and Posttraumatic Responses: Emotional Numbing and Dysregulation**

*Lizabeth Roemer, University of Massachusetts at Boston; Matthew Tull, University of Massachusetts at Boston; Kim Gratz, University of Massachusetts at Boston; Elaine McMillan, University of Massachusetts at Boston; Jane Luterek, Temple University; Susan Orsillo, Boston VA Health Care System and Boston University School of Medicine*

Although extensive attention has been paid to reports of intense emotional responding both during and following exposure to potentially traumatic events, reports of disrupted emotional responses (and their associated consequences) have been less well studied to date. However, recent research has indicated that disrupted emotional responses (such as emotional numbing and dissociation) immediately following an event may be the best predictor of subsequent outcomes (e.g., Harvey and Bryant, 1998; Feeny, Zoellner, Fitzgibbons, and Foa, 2000). Similarly, clinical accounts suggest that trauma-related difficulties are perhaps best conceptualized as consisting of both the over- and under-regulation of emotional responses, rather than merely intense emotional responding. For the current study, two hundred participants completed a series of measures assessing exposure to a range of potentially traumatic events, initial emotional responses (both intense and disrupted responding), and current emotional functioning. The latter was assessed with two newly developed multidimensional measures of emotional responding (assessing emotional numbing and emotion dysregulation respectively), both thought to more comprehensively assess their respective constructs than have previous research efforts. Findings highlight the importance of utilizing multidimensional assessments of emotional responding and regulation in capturing the complexity of post-traumatic responding. Clinical implications and directions for future research will be discussed.

**Impact of Childhood Maltreatment on Emotional Regulation and Avoidance**

*Kim Gratz, University of Massachusetts Boston*

The consequences of childhood maltreatment on emotional functioning in adulthood have not been adequately researched. One mechanism by which childhood maltreatment may have a lasting impact on emotional functioning is through its interference with the development of effective emotion regulation strategies. In the absence of effective emotion regulation strategies, maltreated individuals may be more apt to avoid their emotions entirely (a strategy that is likely effective in the short-term but maladaptive and dysregulating in the long-term). This study examined the role of childhood maltreatment (in the form of sexual and physical abuse and emotional neglect) in the failure to develop effective emotion regulation strategies and the consequent reliance on emotional avoidance (testing a mediational model among these variables). Three hundred fifty-nine college students completed measures assessing childhood physical and sexual abuse, emotional neglect, emotion regulation, and emotional avoidance. Whereas emotional neglect was associated with emotional avoidance among women and men, this relationship was mediated by a lack of effective emotion regulation strategies among women (but was only partially mediated by this among men). Also, physical abuse had a direct association with experiential avoidance among men. Results suggest different emotional consequences of different types of maltreatment, also dependent on gender.

**Emotion Suppression and Discordant Responses: Emotions in PTSD**

*Kristalyn Salters, University of Massachusetts Boston; Matthew Tull, University of Massachusetts Boston; Lizabeth Roemer, University of Massachusetts Boston*

Emotion theories highlight multiple components of emotional responding (e.g., behavioral, subjective, and physiological). Recent research (Litz et al., 2000; Wagner et al., in press) has indicated that PTSD may be characterized by discordance among these components. The current pilot study explores whether an emotionally avoidant response to a distressing stimulus might lead to similar types of discordant responding. Twenty female participants were randomly assigned to an emotion suppression or control group and exposed to a distressing film clip depicting a sexual assault. Participants in the suppression group tended to exhibit less physiological responding both during and after the film clip, but reported more intense negative affect than the

control participants. Interestingly, the physiological and subjective responses of the control participants tended to correlate, while these responses were either uncorrelated among suppression participants or inversely correlated in the case of reported subjective distress and galvanic skin response. The relationships among these variables and facial expressivity, currently being coded, will also be reviewed. These findings suggest that suppression of emotion may be implicated in the relationship seen between PTSD and discordance of responding across different domains of emotion. Implications for future research and clinical applications for individuals with PTSD will be discussed.

### The Phenomenology and Biology of the Acute Stress Response in PTSD

Symposium (biomed)

Grand Salon IV, 3 (GB)

Alexander McFarlane, *The University of Adelaide*

This symposium will examine the relationship between the acute stress response and the onset of subsequent PTSD. This relationship is of theoretical importance because of the presumed role of the acute reaction to an event as a determinant of the long-term psychological and neurobiological responses to an event.

#### The Nature of the Dynamics of the Acute Stress Response in PTSD

Alexander McFarlane, *The University of Adelaide*; Rachel Yehuda, *Mt Sinai Medical School*; Garry Wittert, *The University of Adelaide*

The nature of the response pattern of the HPA axis at the time of traumatic events is of interest to the aetiology of PTSD. It has been hypothesised that the finding of decreased hippocampal volume is due to the neurotoxic effects of cortisol. This would presume an excess of cortisol at the time of the traumatic event. In this study of 48 accident victims, the dynamics of the HPA axis were examined in the first 24 hours after the accident and at one month. In the group who developed PTSD, the cortisol at 8 a.m. was lower than in the individuals who did not develop PTSD. There were no differences in the 24 hour urinary cortisol. In general there was a significant negative correlation between the level of symptoms on the CAPS at one and six months and the levels of cortisol on the day after the accident. These data suggest that relationship between PTSD and the acute cortisol response is the inverse of that originally hypothesised. The interaction of the HPA axis and other modulators of the acute stress response demand further investigation.

#### ASD and PTSD in a Random Sample of Accident Victims

Ulrich Schnyder, *Zurich University*; Hanspeter Moergeli, *University Hospital*

This study aimed to assess the incidence of ASD in a representative sample of accidentally injured patients, to study associations with somatic and psychosocial characteristics, and to specify the predictive value of ASD for the later development of PTSD. We collected a randomized sample of 323 accident victims (all types of accidents, 65% males, mean age 41 years) who were hospitalized at the department of trauma surgery of the University Hospital Zurich. Measures included pretrauma variables, PDEQ, CAPS, accident—and recovery-related cognitions, and the Sense of Coherence. Initial interviews were conducted 5 days (SD 3.9) after the traumatic event; follow-up assessments took place 6 months later. 4% of patients had ASD shortly after the accident (10% subsyndromal ASD). 4% had PTSD at six-month follow-up (9% subsyndromal PTSD). ASD symptom severity was associated with variables that later predicted PTSD symptoms (e.g., stay at ICU, subjective appraisal of accident severity, pain, SOC). But early symptoms of reexperiencing, avoidance, and arousal were much better predictors of PTSD than dissociative symptoms (PDEQ). In conclusion, in this random sample of accident victims the incidence of ASD and PTSD was lower than expected. Dissociation was not a strong predictor for PTSD. Supporting Citations: Schnyder U, Mörgeli H, Nigg C, Klaghofer R, Renner N, Trentz O, Buddeberg C (2000), Early psychological reactions to severe injuries. *Crit Care Med*, 28:86-92 Schnyder U, Moergeli H, Klaghofer R, Buddeberg C (2001) Incidence and prediction of PTSD symptoms in severely injured accident victims. *Am J Psychiatry*, 158 158: 594-599 Schnyder U, Moergeli H, Trentz O, Klaghofer R, Buddeberg C Prediction of psychiatric morbidity in severely injured accident

victims at one-year follow-up. *Am J Resp Crit Care Med*, 164: 653-656 Schnyder U, Moergeli H: A German version of the Clinician-Administered PTSD Scale. *J Trauma Stress*, (in press) Fuglsang A, Moergeli H, Hepp-Beg S, Schnyder U (2002): Who develops acute stress disorder after accidental injuries? *Psychotherapy and Psychosomatics* (in press)

#### HPA and Adrenergic Responses to Recent Trauma

Arieh Shalev, *Hadassa University Hospital, Israel*; Omer Bonne, *Hadassah University Hospital, Israel*

Both HPA and adrenergic "stress axes" affect memory formation during stressful event. The interaction between the two, however, has not been studied in humans exposed to traumatic stress. This presentation includes data from prospective studies of recent trauma survivors, in which discordant results were obtained regarding HPA axis and adrenergic activity in PTSD. The reasons for such discrepancies are discussed. It is proposed that peripheral measurements of "stress hormones" are subject to intense homeostatic control and therefore might not be obviously disturbed under continuous threat.

#### Complex PTSD as an Allostatic Psychobiological Process

Symposium (complex)

Harborside A, 4 (HB)

John Wilson, *Department of Psychology, Cleveland State University*; John Somer, Jr., *The American Legion*

Wilson, Friedman and Lindy (2001) developed an organismic model of complex PTSD, which contains 5 symptom clusters with 65 symptoms and 80 target objectives for treatment. The symposia describe complex PTSD as holistic phenomena with applications for treatment and research for different trauma populations.

#### An Organismic, Holistic Model of Complex PTSD

John Wilson, *Department of Psychology, Cleveland State University*

Understanding the complexity of PTSD as an organismic, psychobiological process requires a holistic, dynamic model. Wilson, Friedman and Lindy (2001) developed models which permit integration of research findings which reformulate diagnostic criteria and treatment goals to reflect complex ways that trauma disrupts lives. Using a tetrahedral psychobiological framework, complex PTSD is analyzed into five symptom clusters: (1) traumatic memory; (2) avoidance, numbing, denial, coping; (3) psychobiological alterations; (4) self-structure, ego states and identity; and (5) interpersonal relations, attachment, bonding. The five symptom clusters allow specification of 65 PTSD symptoms and 80 specific target objectives for treatment by eleven (11) therapeutic approaches.

#### Treatment Approaches for Complex PTSD

Christine Courtois, *Post Traumatic Disorders Program*

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

#### Listening to the Language of Survivors: Lessons About Extreme Stress

Mary Beth Williams, *Private Practice*

When diagnosing clients, it is important to listen to their language as they describe their traumatic experiences, their symptoms, and their pain. The language of persons who have experienced years of traumatic events is different than the language of persons who have experienced one or only a few adult

onset catastrophic situations. What does this language say? This presentation looks at the language of trauma as survivors themselves describe their pain. In this language are the symptom clusters of DESNOS. Markers for diagnosis and the suggestions and recommendations for treatment made by these survivors can help clinicians and researchers alike. In addition, the presenter will offer a tool for identifying DESNOS and discuss research possibilities for its use.

**Biology and Clinical Psychopathology of Trauma, Stress, and Dissociation**

**Symposium (complex)**

**Harborside B, 4 (HB)**

*Eric Vermetten, University Medical Center, The Netherlands*

This symposium will provide a summary of research findings relating to the biology and clinical psychopathology of trauma, stress, and dissociation, a review of research on the biology and clinical psychopathology of dissociation as it occurs in depersonalization disorder, and findings from new research on the neurobiology of patients with dissociative identity disorder.

**Neurobiology and Treatment of PTSD**

*J. Douglas Bremner, Department of Psychiatry and Radiology, Emory University School of Medicine*

Studies in animals have demonstrated that a network of brain regions play a critical role in the stress response. Several studies have shown that the hippocampus, a brain structure involved in learning and memory, is particularly sensitive to stress, while other studies have shown that the prefrontal cortex plays an important role in the stress response. Our group has used neuroimaging in PTSD, to show hippocampal volume reduction with MRI and hippocampal-based deficits in verbal declarative memory in PTSD. Studies measuring brain function with PET showed dysfunction in medial prefrontal cortex and hippocampus in PTSD during exposure to reminders of trauma using a variety of tasks. Neuroreceptor imaging studies showed reduced benzodiazepine receptor binding in the frontal cortex in PTSD. Long-term dysregulation of stress responsive systems, including cortisol and norepinephrine, are also associated with PTSD. Studies are beginning to examine the effects of medication treatment on these brain circuits and systems.

**Depersonalization: Emerging Insights into the Biology of Dissociation**

*Daphne Simeon, Mount Sinai School of Medicine*

Depersonalization disorder is characterized by prominent depersonalization and often derealization, without clinically notable memory or identity disturbances. It is associated with less extreme forms of trauma than the more severe dissociative disorders like DID, and as such is rarely comorbid with PTSD. It thus offers a unique opportunity to study the biology of dissociation not confounded by biological processes associated with PTSD. Neurochemical findings have suggested possible involvement of serotonergic, endogenous opioid, and NMDA pathways. In contrast to PTSD, depersonalization is associated with autonomic blunting. There is also evidence of HPA axis dysregulation differing from that seen in PTSD. Brain imaging studies in depersonalization disorder reveal widespread alterations in metabolic activity in the sensory association cortex. Aversive stimuli provoke prefrontal hyperactivation and limbic inhibition, possibly a reverse pattern from PTSD. Implications and future research directions will be discussed.

**Overlapping Neurobiological Profiles of PTSD and DID**

*Eric Vermetten, University Medical Center, School of Medicine, The Netherlands; R. Loewenstein, Richard Loewenstein, Sheppard Pratt; Kristen Wilson, Sheppard Pratt; J. Douglas Bremer, Department of Psychiatry and Radiology, Emory University School of Medicine*

Posttraumatic Stress Disorder (PTSD) and dissociative disorders are frequently seen in the same individuals. There is a strong overlap in symptomatology of dissociative and posttraumatic stress disorders. Surveys have demonstrated that the vast majority of patients with dissociative identity disorder have given accounts of overwhelming and traumatic childhood. The purpose of this study was to examine neurobiological correlates of

Dissociative Identity Disorder (DID). It involved the assessment of neurobiological stress related systems, psychometric assessment and structural imaging of the brain by MRI in a female population of DID patients (n=16), and compare them to a female PTSD population (n=15). DID subjects were not significantly different from non-DID PTSD subjects on their CAPS score, memory performance, hippocampal volume and urinary 24h cortisol. The slope of their diurnal cortisol was different from PTSD, with slower drop after the early morning rise. On DST both resistance to suppression as well as super suppression was observed in DID patients. DID patients scored significantly higher on dissociation compared to PTSD. Preliminary conclusion from these data is that though the phenomenology is different, from a neurobiological perspective DID and PTSD show strong overlap.

**Serving as a Media Source**

**Workshop (train)**

**Dover A, 3 (GB)**

*Frank Ochberg, The Dart Foundation; Bruce Shapiro, The Nation; Mark Brayne, BBC; Cratis Hippocrates, The Fairfax Group*

This workshop is intended for therapists who intend to speak on the record to print, radio and television reporters. Panelists include the European editor of BBC World Service, the Vice President for professional training of the largest newspaper chain in Australia, and two Dart Fellows with extensive print and television reporting experience. All have covered crime and tragedy. All have interviewed clinicians in the course of reporting news. The workshop will emphasize role-play based upon these journalists' experience. Workshop participants should be prepared to get honest, critical feedback about their style and content of response to journalistic interview questions. Issues will, time permitting, include: going off the record; commenting on victims and perpetrators; giving effective explanations of PTSD; sounding self-serving; meeting reporters' practical needs -including deadlines; dealing with unsatisfactory quotes and context; international differences in use of pundits.

**Complex Management of Complex Trauma in Children and Adolescents**

**Workshop (child)**

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

*Joyanna Silberg, Sheppard Pratt Hospital; Lisa Ferentz, University of Maryland, School of Social Work*

This workshop will cover practical principles in the management of the severe emotional and behavioral disturbances often found in children and adolescents who have survived long-term chronic abuse and neglect. The workshop will begin with a short overview of the ways in which chronic trauma interferes with achievement of normal developmental tasks in the area of emotional regulation, self-development, attachment, and memory. The deficits of chronically traumatized children will be understood from this developmental framework with an emphasis on the inherent resilience of children. Creative approaches will be emphasized that harness the child and adolescent's resources for self-management and encourage self-integration. Dissociation will be understood as the failure of this normal integrative process, and techniques for defeating overlearned dissociative strategies will be emphasized. Particular attention will be paid to self-injurious behavior; a developmental framework for understanding it will be presented, and a variety of practical strategies discussed. The contexts in which the traumatized child lives and learns provide key therapeutic opportunities as well, thus family and school strategies will be addressed. The purpose of this therapeutic approach is to help the child develop mastery and success experiences in normal developmental achievements, while defeating the cognitive, behavioral, and emotional habits originally learned as adaptations to a traumatic environment.

**How to Use and Calculate Likelihood Ratios for Diagnostic Tests**

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

*Endorsed by the Research Methodology Special Interest Group*

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

Likelihood ratios are a method of characterizing the validity of diagnostic and screening tests. They offer important advantages compared to traditional methods such as sensitivity and specificity. Most diagnostic/screening tests are measured on continuous or ordinal scales, but dichotomizing the results to calculate sensitivity and specificity wastes valuable information, because results that are markedly abnormal are lumped together with results that are only mildly abnormal. Likelihood ratios assign a specific value to each level of abnormality, and this value can be used to calculate the probability of disorder (e.g., PTSD, depression) for a given level of a test. The purpose of this workshop is to describe the use and interpretation of likelihood ratios. The workshop will cover: 1) the definition and calculation of likelihood ratios; 2) the use of likelihood ratios to calculate probabilities of PTSD; 3) advantages of likelihood ratios compared to sensitivity and specificity; 4) the link between likelihood ratios and receiver operating characteristic (ROC) curves. The presentation is appropriate for clinicians who use diagnostic tests and for researchers who develop and assess new diagnostic tests. All material will be presented at a basic statistical level. .

**Psychosis, Dissociation, Complex PTSD and Severe Mental Illness**

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

*Kristina Muenzenmaier, Albert Einstein College of Medicine/Bronx Psychiatric Center; A. Nazlim Hagmann, Albert Einstein College of Medicine/Bronx Psychiatric Center; Ann-Marie Shelley, Albert Einstein College of Medicine/Bronx Psychiatric Center; Medeline Abrams, Albert Einstein College of Medicine/Bronx Psychiatric Center*

Prevalence rates of traumatic experiences among people diagnosed with serious mental illness using public mental health services are high. Clinical experience shows that especially this subgroup is poorly responding to traditional treatment approaches. In this panel discussion we will focus on aspects of psychosis, dissociation and complex PTSD as seen in a tertiary care facility. We will present different aspects in how to work with people exhibiting this complex and overlapping symptomatology. First, we will illustrate the difficulties in assessment and diagnostic classification using clinical case vignettes and results from focus groups. Then, interventions will be discussed including cognitive behavior therapy (CBT) using symptom specific coping scripts from our trauma manual. This addresses both dissociative, psychotic as well as PTSD related symptoms, using techniques such as disputing irrational beliefs, stress reduction and relaxation skills and rescripting nightmares. Another approach discussed will be the interaction of traumatized people in the context of the family system. We also will address how to ease the burden carried by traumatized families. Interventions for this population are long-term and need to be comprehensive taking into account psychopharmacology, psychotherapy, cognitions and behavior, systems and family issues.

*This work is supported in part by the NYS Office of Mental Health Bronx Psychiatric Center and by the Center for the Study of Issues in Public Mental Health, NIMH grant #P50 MH51359-09.*

**9:15 a.m.–10:30 a.m.**

**Do We Debrief?**

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

*Harold Kudler, Department of Veterans Affairs, Duke University Medical Center; Jonathan Bisson, Cardiff and Vale NHS Trust; Josef Ruzek, National Center for PTSD, VA Palo Alto Health Care System; Claude Chemtob, National Center for PTSD*

Psychological debriefing is the most widely practiced, best-recognized intervention in the immediate aftermath of psychological trauma yet the evidence for its use is largely anecdotal. Although it is generally well received by survivors, emergency workers, and clinicians, there is little evidence that debriefing prevents PTSD. Further, debriefing may harm some people more than it helps them. It has been suggested that debriefing is more a social movement than a therapeutic method; more a countertransference response than a clinical requirement. The events of September 11, 2001 have called the question in pressing and practical terms: in the face of disaster, do we debrief? In this panel discussion, four clinician/researchers will engage the audience in an effort to reach a practical, evidence-based consensus on debriefing.

**Autonomic Dysfunction in Recent PTSD**

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

*Arieh Shalev, Hadassah University Hospital; Roger Pitman, Massachusetts General Hospital and Harvard Medical School*

Autonomic arousal regularly accompanies exposure to stressful events. The degree to which excessive or unrelenting arousal is a risk factor for PTSD has been debated. This presentation will illustrate how some autonomic abnormalities precede the onset of PTSD whereas others follow the development of the disorder. In this developmental model, both “vulnerability” and “sensitization” have complementary roles in the etiology of PTSD.

**Attentional Bias and Autonomic Reactivity in PTSD**

*Richard Bryant, University of New South Wales*

Attentional bias and physiological reactivity towards threatening stimuli are core features of posttraumatic stress disorder (PTSD). Attentional bias and physiological reactivity in response to trauma-related and neutral words were examined with concurrent recordings of eye fixations, pupil area, and skin conductance response (SCR). Eleven PTSD patients and ten trauma-exposed controls were presented with four words in parafoveal range. PTSD patients, but not controls, revealed significantly more initial fixations and SCRs to threat words. PTSD patients had larger pupil area to all stimuli. Trauma controls avoided trauma words in subsequent fixations, but PTSD patients did not differ from chance. These results suggest individuals with PTSD orient towards threatening stimuli, and that this attentional bias is associated with autonomic reactivity. In addition, control participants tended to orient attention away from trauma stimuli. These findings are discussed in terms of network models of PTSD.

**A Psychophysiological Study of Acute Stress Disorder in Firefighters**

*Rachel Guthrie, University of New South Wales; Richard Bryant, University of New South Wales*

Recent innovations have turned to biological markers to improve our ability to identify people who are at risk of chronic posttraumatic stress disorder (PTSD). Psychophysiological studies have revealed heightened heart rate (HR), skin conductance (SC) and eyeblink electromyogram (EMG) responses in individuals with PTSD. However, there has been no systematic prospective study of biological mechanisms of acute stress disorder (ASD) and their relationship with longer-term PTSD. This project aims to identify the biological markers evident prior to exposure to a traumatic event, as well as identifying reactions that occur immediately after a trauma, that are predictive of subsequent development of PTSD. Eyeblink, skin conductance and heart rate responses to 15, 100dB acoustic startle stimuli have been assessed in 82 firefighters prior to a traumatic event. Twenty-seven firefighters have been re-

Sunday: 9:15 a.m.–10:30 a.m.

assessed within 3 weeks of exposure to a traumatic event. Pre-trauma acoustic startle responses (SC and eyeblink EMG) were strongly associated with (a) post-trauma startle responses, and (b) post-traumatic stress severity. These findings will be discussed in terms of the potential biological mechanisms underlying acute and chronic posttraumatic stress.

**Auditory ERP Abnormalities in Female vs. Male War Veterans**

Linda Metzger, Manchester VA Research Service, Department of Psychiatry, Harvard Medical School; Stephen Paige, Department of Psychology, University of Nebraska at Omaha; Roger Pitman, Department of Psychiatry, Harvard Medical School, Massachusetts General Hospital; Scott Orr, Manchester VA Research Service, Department of Psychiatry, Harvard Medical School

Female Vietnam nurse veterans with post-traumatic stress disorder (PTSD) have been previously found to show heightened autonomic responses during war-related imagery and elevated heart rate responding to startling tones. These results are consistent with findings from other trauma populations and suggest that female nurse veterans with PTSD suffer from the same autonomically responsive PTSD. However, electrophysiologic findings have shown a different pattern in the female nurse veterans. Opposite to previously published reports, female nurse veterans with PTSD produced larger event-related brain potential (ERP) P2 amplitude/intensity slopes and P3b amplitudes compared to veterans without PTSD. These ERP measures are presumed to reflect the properties of a gating mechanism that regulates sensory input to the cortex and the amount of attention/concentration allocated to stimulus processing, respectively. This presentation will compare and contrast the physiologic similarities and differences between female nurse veterans and other PTSD trauma populations. The possibility that the dramatically opposite ERP findings represent biologically-based sex differences in PTSD will be raised, as well as potential theoretical interpretations for these differences, including sex differences in the nature of 5-HT dysregulation in PTSD, and motivational or cognitive differences inherent in the PTSD trauma populations under study.

**Complex Trauma and Survivors' Bodies: Physical Health and Self-Harm**

**Symposium (complex) Harborside A, 4 (HB)**

*Endorsed by the Complex Trauma Task Force*

Laurie Pearlman, Traumatic Stress Institute/Center for Adult and Adolescent Psychotherapy

Childhood abuse and neglect directly affect children's bodies. This symposium will present three perspectives on trauma and the body. Bonnie Green will review research on the physical health consequences of trauma and discuss the implications for mental health care and collaborations with medical personnel. Terri Haven will provide a relational perspective on physical health and dissociation in psychotherapies with survivors. Jean Goodwin will present case material on self-harming behaviors.

**Physical Health Effects of Trauma: Working in Primary Care**

Bonnie Green, Department of Psychiatry, Georgetown University Medical School

Although not usually a research and treatment focus, the effects of trauma exposure on physical health and functioning has been an ongoing interest in the trauma field, one which seems to be increasing. Public events like the September 11 terror attacks have brought more general attention to the effects of trauma, and may provide an opportunity to teach non-psychiatric caregivers about a full range of trauma-related outcomes, including physical health impairment. This presentation provides evidence for the link between trauma and physical health, and between PTSD and health. The implications of these links for screening for trauma and PTSD in medical settings are described, along with their implications for mental health care and medical practice. Although trauma and its consequences are presently under-detected in medical settings, possibilities for increasing quality of care for trauma survivors in medical settings are described, including education of caregivers about trauma and its effects, training for trauma-specific and mental health

interventions, patient education, and models of collaboration between medical and mental health providers and systems. Implications of the physical health effects of trauma for mental health professionals are also described.

**Physical Health and Dissociation in Relational Trauma Psychotherapies**

Terri Haven, private practice

Child maltreatment often includes abuse of and long-term damage to children's bodies. Despite this reality and the fact that client and therapist sit together for many hours discussing intimate topics, it is uncommon for psychotherapies to include discussion of physical health. Many therapy paradigms, including those developed specifically to treat trauma survivors, address only issues that are part of the classic trauma symptom picture of PTSD, that is, avoidance of reminders of traumatic experiences, intrusion of elements of those experiences, and physiological hyperarousal. The purpose of this presentation is to expand the frame of psychotherapy with survivors of childhood maltreatment to include attention to physical health. The focus is (1) to provide a theoretical framework for understanding the role of dissociation in both client's and therapist's disconnection from awareness and discussion of physical health issues, and (2) to offer a relational approach to responding to dissociative processes and reenactments as they relate to the client's physical health and relationship with her body. Understanding the process of dissociation is central to including the client's (and the therapist's) body in trauma work successfully, which, in turn, will allow the healing process to be more fully restorative for our trauma survivor clients.

**Mutiny on the Body: Trauma-Based Treatment of Chronic Self-Mutilation**

Jean Goodwin, Clinical Psychiatry, University of Texas Medical Branch

The body can become a battleground in trauma-dissociative disorders as the traumatized self struggles with fight, flight, freeze and automatic compliance while the apparently normal self attempts to wall off affects and pursue pre-trauma competitive and relational aims. The self may experience the body in bits and pieces only parts of which are inhabitable, or may see it as an enemy, as poisoned forever or as already dead. Both trauma survivors and therapists find these bodily experiences difficult to articulate and almost beyond language. This single case report describes time-limited psychotherapy with a middle-aged professional woman who had been self-mutilating secretly for seven years. Careful analysis of her self-harm sequence led to analysis of the role of each involved body part. In this case her self-critical eye acted as the punitive abuser, the chest her invulnerable apparently normal self, her hands the fight for survival, her muscle tension and sleeplessness an effort at flight and her numb skin the freeze response. The symptom was controlled by the twelfth and last session and vanished during follow-up.

**Emerging Findings on Psychotherapies for PTSD in Community Settings**

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

**Featured Session**

Nancy Talbot, University Rochester School of Medicine

This symposium presents psychotherapy research with women who have PTSD, depression, and comorbid disorders, in community clinics. Dr. Talbot will discuss the emerging research agenda with patients reporting childhood abuse histories. Drs. Feske and Krupnick will present new findings on exposure therapy and interpersonal therapy among low-income and ethnic-minority women.

**Psychotherapy Research with Women Reporting Childhood Abuse Histories**

Nancy Talbot, University of Rochester School of Medicine

This presentation will focus on psychotherapy research with women who have childhood sexual abuse histories and comorbid psychiatric disorders. Childhood sexual abuse amplifies risk for psychiatric disorders that are often

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characterized by greater severity, chronicity, and comorbidity, making them more difficult to treat. Individual psychotherapies with proven efficacy are just beginning to be investigated among women with childhood abuse histories. Comorbid illness and suicidality have historically caused these patients to be excluded from controlled clinical trials. I will discuss an emerging research agenda exemplified by Drs. Feske's and Krupnick's work. Five points will be emphasized: 1) the question of whether abuse-focused therapies have additional benefits beyond generic disorder-specific treatments, 2) the timely expansion of study eligibility criteria to include women with comorbid disorders, especially personality pathology, and 3) the evaluation of therapies in ethnic minority and low-income populations. Researchers must 4) evaluate outcomes across multiple behavioral domains, including interpersonal functioning, high-risk sexual behavior, parenting, and physical health, in an effort to identify 5) single and combined established therapies, as well as novel treatments, that are culturally sensitive and responsive to psychosocial and diagnostic complexities.

#### Treating Low-Income African-American Women with PTSD

Ulrike Feske, *Western Psychiatric Institute and Clinic, University of Pittsburgh Medical Center*

Although there is ample evidence that low socioeconomic status increases the risk for psychological disorders, and that minorities are over represented in low-income populations, the U.S. mental health care system continues to struggle to meet the services needs of these populations. Difficulties in reaching out to disadvantaged and minority populations are particularly evident in the field of psychotherapy research, where, with a few noteworthy exceptions, interventions have been tested with predominantly middle-class and white persons. I will first present preliminary outcome data comparing prolonged exposure to treatment as usual for low-income African-American women with chronic PTSD (N = 12 completers). Treatment was administered by community clinicians without prior training in behavior therapy. Potential strategies for enhancing the benefits of prolonged exposure for use with disadvantaged populations with extensive trauma histories will be discussed. Second, I will present data on trauma histories, DSM-IV diagnoses, and psychological symptoms of low-income African-American female outpatients with and without current PTSD (N = 75). Both our clinical work and assessment data underscore the need for more comprehensive treatment interventions aimed at addressing trauma-related consequences in this population characterized by high rates of chronic and severe childhood abuse, repeated revictimization in adulthood, and high levels of DSM Axis I and II co-morbidity.

#### Interpersonal Psychotherapy Groups with Low-Income Women with PTSD

Janice Krupnick, *Georgetown University Medical Center*

This presentation will describe preliminary results of a treatment development grant aimed at adapting an existing treatment, i.e., Interpersonal Psychotherapy for Depression, to a group modality for the treatment of current posttraumatic stress disorder following histories of multiple interpersonal trauma. Subjects were low-income, predominantly minority, women recruited from public sector family planning and WIC clinics. Following a structured diagnostic interview to determine the PTSD diagnosis, subjects were randomly assigned to an IPT group or a wait-list control condition. Preliminary results suggest that IPT treatment led to a greater decline in severity of PTSD symptoms for the treatment versus the control subjects. Treatment subjects also experienced decreased levels of depression, decreased difficulty with sociability and a marked decline in symptoms of borderline personality disorder. Rates of completion (three-fourths of those randomized to the treatment condition completed the 16-week intervention) were high for this population, indicating that this method is both acceptable and promising for these difficult to recruit and retain patients.

#### Peritraumatic Dissociation and Posttraumatic Stress Disorder in Youth

Symposium (child)

Grand Salon II, 3 (GB)

Ned Rodriguez, *Private Practice and Hathaway Children's Clinical Research Institute*; Frank Putnam, *Children's Hospital Medical Center Mayerson Center for Safe and Healthy Children*

While the adult literature has established that peritraumatic dissociation (PD) plays a role in PTSD development, this symposium features among the first available empirical studies to investigate the PD-PTSD link in youth. Presentations compare findings across community and clinical samples of child and adolescent survivors of acute and chronic traumatic events.

#### Child Dissociative Symptoms: Relationship to Peritraumatic Experiences

Vicky Wolfe, *Children's Hospital of Western Ontario*; Jo-Ann Birt, *Children's Hospital of Western Ontario*

The parent-report Child Dissociative Checklist and a similar child-report version were administered to 176 sexually abused, 63 agency-referred (but not sexually abused), and 73 community boys and girls, ages 8 to 16. Principal component analysis yielded two child-report scales: Forgetful/Confused and Vivid Imaginary Life, and three parent-report scales: Forgetful/Confused, Vivid Imaginary Life, and Unstable Personality. Psychometric analyses supported the scales' internal consistency and concurrent and discriminant validity. Regression analyses examined the relative contributions of abuse characteristics (e.g., severity, frequency, number of and relationship to perpetrator) and recollections of peritraumatic experiences at the time of the abuse (Children's Peritraumatic Experiences Questionnaire: Extreme Reactions, Fear/Anxiety, Anger, Dissociation, and Guilt). Child reported dissociative symptoms were predicted by peritraumatic dissociation and abuse frequency. Parent reported dissociation was predicted peritraumatic Extreme Reactions (feared dying or being killed, felt like killing person, felt like fainting, etc.), as well as having been sexually abused by more than one offender and having experienced physical abuse in addition to sexual abuse. Results are similar to findings with other trauma populations.

#### Trauma Exposure/PTSD in Youth: Peritraumatic Dissociation Mediation

Grete Dyb, *Institute of Psychiatry/Behavioral Medicine, Norwegian University of Science and Technology*; Ned Rodriguez, *Private Practice and Hathaway Children's Clinical Research Institute*; Melissa Brymer, *UCLA Trauma Psychiatry Program, National Center for Child Traumatic Stress*; William Saltzman, *California State University*; Alan Steinberg, *UCLA Trauma Psychiatry Program, National Center for Child Traumatic Stress*; Robert Pynoos, *UCLA Trauma Psychiatry Program, National Center for Child Traumatic Stress*

This study is among the first to investigate the relationships between the objective and subjective features of trauma exposure (A1 and A2, respectively), peritraumatic dissociation (PD), and subsequent PTSD severity in an outpatient sample of youth exposed to multiple acute traumatic events. The sample consisted of 51, multi-ethnic youth clients of a school-based trauma clinic serving a low-SES urban community. Boys and girls were equally represented in the sample. Researchers interviewed youth to assess trauma history and used a standardized self-report measure to evaluate the following trauma-related variables: severity of A1, A2, PD, and current PTSD (all in reference to the traumatic event that youths' rated as currently most distressing). These traumatic events fell into the following 3 categories of trauma types: traumatic bereavement (n=16), witness of community/domestic violence (n=22), direct victim of community/domestic violence (n=13). Results included significant correlations between: A1, A2 and PD; A2 and PTSD; and PD and PTSD. Multivariate analysis showed that PD fully mediated the relationship between A2 and current PTSD. Discussion will explore the clinical and theoretical implications of these findings in the developmental psychopathology of PTSD, including PD screening in traumatized youth.

**Peritraumatic Dissociation and PTSD in Youth in Residential Treatment**

Jeff Sugar, *Hathaway Children's Clinical Research Institute; Clara Lajonchere, Hathaway Children's Clinical Research Institute; Angela Hunt, Hathaway Children's Clinical Research Institute; Ned Rodriguez, Private Practice and Hathaway Children's Clinical Research Institute*

The relationship between the objective and subjective features of trauma exposure (A1 and A2), peritraumatic dissociation (PD) and PTSD is investigated in a sample of chronically traumatized youth. The literature supports a link between PD and the subsequent development of PTSD after controlling for exposure in diverse adult populations. This study will be among the first to report on PD and PTSD in chronically traumatized adolescents in residential treatment. Researchers used a battery of psychometrically standardized interview and self-report instruments to assess trauma history, A1 and A2, PD, PTSD, trait dissociation, and other trauma-related symptoms. The sample will consist of the majority of the youth in a residential treatment center, where social service agencies have placed them, often due to severe abuse and neglect. Data collection is ongoing with an anticipated N of 50 low-SES, multi-ethnic, urban adolescents. Preliminary analyses reveal highly significant correlations both between: A1/A2 and PD; and PD and PTSD. PD will be evaluated as a mediator of the effects of A1/A2 on PTSD. Discussion will focus on the role of PD in the developmental psychopathology of PTSD, including exploration of possible relationships to trait-dissociation and depression.

**Post-Disaster School-based Mental Health Programs**

**Symposium (disaster)**

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

Melissa Brymer, *National Center for Child Traumatic Stress, University of California-Los Angeles; Robert Pynoos, National Center for Child Traumatic Stress, University of California-Los Angeles*

This symposium will describe the role of post-disaster school-based mental health programs in the recovery of children and school personnel. Presentations include four disasters: the Oklahoma City Bombing, the war Bosnia-Herzegovina, the shooting at Santana High School, and the terrorist attacks on the World Trade Center on 9/11.

**School-Based Intervention with War-Exposed Bosnian Adolescents**

Christopher Layne, *Brigham Young University; William Saltzman, California State University; Robert Davies, Brigham Young University; Gary Burlingame, Brigham Young University; Berina Arslanagic UNICEF Bosnia-Herzegovina; Robert Pynoos, National Center for Child Traumatic Stress, University of California-Los Angeles*

The results of an effectiveness evaluation of the UNICEF School-Based Psychosocial Program for War-Exposed Adolescents will be presented. This program was implemented between 1997 and 2001 in selected secondary schools throughout Bosnia and Herzegovina using a network of trained school counselors under the supervision of local mental health professionals. The effectiveness and impacts of the program during its 2000-2001 school year implementation were evaluated using a combination of qualitative (focus groups) and quantitative measures, the latter of which relied on pre-treatment, mid-treatment, and post-treatment follow-up self-report measures. Participation in trauma/grief-focused group psychotherapy was associated with significant reductions in posttraumatic stress, depression, and grief symptoms between pre- and post-treatment. Reductions in distress symptoms were associated with higher levels of psychosocial adaptation. In particular, reductions in posttraumatic stress scores were positively correlated with classroom rule compliance and school interest, and negatively correlated with school anxiety/withdrawal. Moreover, reductions in depression scores were positively correlated with classroom rule compliance and school interest, and negatively correlated with school anxiety/withdrawal. Last, group satisfaction was not correlated with any change score, but was positively correlated with classroom rule compliance, positive peer relationships, and school interest.

**Oklahoma City Bombing: Posttraumatic Reactions in Teachers**

Mark Chilingar, *Pepperdine University; David Foy, Pepperdine University; Betty Pfefferbaum, University of Oklahoma Health Sciences Center; Robin Gurwitsch, University of Oklahoma Health Sciences Center; Robert Pynoos, National Center for Child Traumatic Stress, University of California-Los Angeles*

The data collected for this study were part of a larger research project assessing the clinical needs of adolescents and adults approximately seven weeks following the 1995 Oklahoma City bombing. This study focused on the relationship between providing assistance to students during a community disaster and peritraumatic reactions and posttraumatic stress, among Oklahoma City schoolteachers who were working at school during the bombing. Findings indicated that there was a statistically significant difference between those schoolteachers who assisted students and schoolteachers who did not assist anyone during the bombing, whereby those who assisted students suffered significantly higher levels of peritraumatic reactions and posttraumatic-stress symptoms. These findings are consistent with previous studies suggesting a relationship between providing assistance to others in distress following exposure to a traumatic event, and significant elevations in peritraumatic reactions and posttraumatic stress symptoms.

**Santana High School Shooting: A Public Mental Health Response**

Melissa Brymer, *National Center for Child Traumatic Stress, University of California-Los Angeles; Alan Steinberg, National Center for Child Traumatic Stress, University of California-Los Angeles; Robert McGlenn, Santana Recovery Project; Robert Pynoos, National Center for Child Traumatic Stress, University of California-Los Angeles*

This presentation will focus on the mental health consequences of catastrophic school violence at Santana High School on March 5, 2001, where two students were killed and 11 injured by a student who opened fire on the school grounds. Findings will be presented from a school-wide screening among 1,510 students, evaluating their traumatic experiences, and their post-traumatic stress, depressive, anxiety, and grief reactions. It will also describe the organization and implementation of a long-term post-shooting school-based mental health recovery program for the most effected students and staff. Results of the survey indicated that a significant number of students endorsed high levels of exposure, including being shot at, witnessing someone being wounded or killed, and giving first aid to someone injured. A significant number of students also reported severe levels of posttraumatic stress symptoms, and endorsed items related to complicated grief and thoughts about hurting themselves. Finally, the presentation will discuss common traumatic reminders, including how the terrorist attacks on the World Trade Center on 9/11 rekindled thoughts about the shooting. Implications of the findings from the school-wide screening for planning post-disaster mental health recovery programs in schools will be discussed.

**9/11 School-based Mental Health Screening**

Roy Lubit, *Saint Vincents Hospital; Wendy Kuppenheimer, Saint Vincents Hospital; Mary Courtney, NYU Child Study Center*

Organizing psychological screenings of children after disasters presents a great challenge. Schools are generally very hesitant to permit screenings. Surveys done for research purposes encounter far more obstacles than does research with adults. Obstacles include bureaucratic hurdles, political issues, concern about the morality of using children in research even when there is no real risk of harm, difficulty in getting parental consent, parochial fears of outsiders coming into the schools and finding bad conditions and fear that one may be obligated to treat problems that are uncovered. These obstacles impede our ability to advance our knowledge about helping children after disasters and our ability to appropriately focus services. Understanding and learning how to deal with these obstacles is a major challenge for those interested in children and disasters. Six months after the WTC disaster there have been some screening efforts in some of the most affected schools carried out primarily by counselors working within the schools. A more widespread screening is still being debated. This presentation will discuss the various efforts to screen children after 9/11, the data that has been obtained, and the obstacles to screening that were encountered.

Sunday: 9:15 a.m.—10:30 a.m.

**Treatment of Survivors of the September 11th Attacks**

**Symposium (disaster)**

**Dover B/C, 3 (GB)**

*Grant Marshall, RAND; John Oldham, New York State Psychiatric Institute, Columbia University*

This symposium presents treatment studies of September 11th survivors. The first study is a PTSD medication study of World Trade Center survivors with PTSD. The second presentation uses a collection of case studies of WTC survivors to illustrate central therapeutic issues common across cases. The third presentation will describe a brief, web-based CBT intervention for Pentagon attack survivors.

**Brief Cognitive-Behavioral Treatment for Victims of Mass Violence**

*Brett Litz, Boston University School of Medicine; Richard Bryant, University of New South Wales; Charles Engel, Walter Reed Army Institute of Research*

There is a need for delivering efficient treatments for PTSD to the large number of affected individuals by mass violence. At present, no specific evidence-based procedures can be recommended to meet the special needs of victims of mass violence. Stress Inoculation Training (SIT) a component of CBT has been shown to be effective. The labor-intensive nature of SIT represents a significant obstacle to provision of therapy to thousands of individuals suffering PTSD in the context of mass violence. We will present the design and methods of a study of an abbreviated format of CBT that aims to provide effective self-management skills to individuals with PTSD. The rationale is that with appropriate and intensive therapist input during a single session of therapy, supplemented systematically with subsequent self-directed web-based information and guidance for daily homework activity, patients with PTSD stemming from mass violence can benefit from the strategies that have demonstrated efficacy in reducing PTSD symptoms. Survivors of the Pentagon attack on 9/11 who present after September 2002 at primary care clinics that serve the Pentagon will be randomly assigned to SIT or a supportive counseling control group. Patients' compliance and symptoms will be monitored on the web. Patients will be followed 6 and 12 months post-treatment.

**Randomized Controlled Trial of Paroxetine in Adults with Chronic PTSD**

*Randall Marshall, New York State Psychiatric Institute, Columbia University; Carlos Blanco, New York State Psychiatric Institute, Columbia University; Roberto Lewis-Fernandez, New York State Psychiatric Institute, Columbia University; Blaire Simpson, New York State Psychiatric Institute, Columbia University; Shu-Hsing Lin, New York State Psychiatric Institute, Columbia University; Wendy Garcia, New York State Psychiatric Institute, Columbia University; Katherine Beebe; Glaxo Smith Kline; Eric Dube, Glaxo Smith Kline; Michael Liebowitz, New York State Psychiatric Institute, Columbia University*

Persons exposed to the WTC attack suffer many times from complicated picture of PTSD, comorbid grief, depression and anxiety disorders. This presentation describes a study to evaluate the efficacy of paroxetine in adults with chronic PTSD. Adult outpatients with a primary DSM-IV diagnosis of chronic PTSD received 1 week of single-blind placebo (N=73). Those not rated as significantly improved were then randomly assigned to placebo (N=27) or paroxetine (N=25) for 10 weeks using a flexible dosage design (maximum 60mg by week 7). Significantly more patients treated with paroxetine were rated as responders (66.7%) compared to patients treated with placebo (6/22, 27.3%) (OR 5.38 vs. 1.67, p=.007). Similar findings using mixed effects models showed greater reductions on CAPS total score in the paroxetine vs. placebo groups (p=.03). Paroxetine also appeared superior in several exploratory analyses using the DES (slope comparison p=.015) and the Inventory of Interpersonal Problems (IIP) (slope comparison p=.06). The presence of Axis I diagnoses affected several response variables. In a 12 week maintenance phase, paroxetine response continued to improve. Conclusions: This is the first controlled study to suggest that dissociation and interpersonal problems can also improve on medication in adults with PTSD, a finding relevant to common clinical presentations after severe trauma such as the WTC attack.

**Treatment of WTC-PTSD Survivors: Clinical/Theoretical Considerations**

*Jaime Carcamo, New York State Psychiatric Institute, Columbia University*

Persons who were directly exposed to the horrific events of September 11, 2001 have reported common phenomenological experiences. For many Posttraumatic Stress Disorder-World Trade Center Survivors (PTSD-WTC-S), the collapse of the Twin Towers was experienced within a religious context of an apocalyptic nature (e.g., "doomsday," "the end of the world"). This experience brings new challenges to the therapeutic arena, especially when the therapist is perceived as a "nonbeliever" or "outsider". Given the fact that the Greater New York area is highly ethnically and culturally diverse, it is likely that this issue will arise with great frequency. Since many victims are burdened with a profound sense of personal vulnerability and national, or world, insecurity, therapeutic flexibility is essential to enhance the therapeutic alliance, and facilitate recovery from this large-scale terrorist exposure. A series of case presentations will address some of these common phenomenological experiences, and explore how such pitfalls have been circumvented in persons with PTSD who were also experiencing an amalgam of other adverse psychological effects, including traumatic grief, major depression, and self-destructive behaviors such as alcohol/substance abuse. Cultural aspects of coping with WTC-related trauma will also be discussed in these case presentations.

**Current Issues in Dissociation: Reflections and Misconceptions**

**Symposium (complex)**

**Harborside B, 4 (HB)**

*Endorsed by the Dissociation Special Interest Group*

*Kathy Steele, Metropolitan Psychotherapy Associates*

This symposium will offer perspectives on selected topics relevant to the current state of the art understanding of dissociation. Issues will include alleged iatrogenesis of dissociation, the cost to society of dissociation, and the prevalence of dissociative amnesia in various trauma populations.

**The Iatrogenesis of Dissociative Disorders: A Critical Review**

*Richard Kluff, Temple University School of Medicine*

This presentation will review the history of allegations that dissociative disorders, especially dissociative identity disorder (DID) is or can be produced by iatrogenesis. It will summarize and critique current evidence adduced to support or contradict such allegations. Characteristics and countertransference patterns in those alleged to create such conditions will be discussed, along with characteristics and countertransference patterns in those prone to make iatrogenic false negative diagnoses of dissociative disorders. While it is very easy to make the allegation of iatrogenesis, the step of ruling out alternative hypotheses is usually neglected once such allegations are made. The phenomena produced in experiments designed to demonstrate or support the iatrogenesis hypothesis will be compared to the phenomena described in clinical dissociative disorders, and differences and similarities will be discussed. Relevant findings usually omitted from the literature will be reviewed. Criteria for concluding that a case is iatrogenic will be enumerated.

**The High Cost of Dissociative Disorders**

*Richard Loewenstein, Sheppard Pratt*

This report summarizes current data on the dissociative disorders. I will discuss basic definitions of dissociation, prevalence of dissociative disorders in general and clinical populations, the relationship of dissociative disorders to traumatic experiences, particularly early childhood maltreatment, treatment outcome data, and data regarding cost effectiveness of treatment for these conditions. This report will focus on findings documented by clinical research studies relating to dissociation, dissociative disorders and the prevalence of traumatic experiences and trauma disorders in clinical and general population samples.

## The Evidence for Dissociative Amnesia

Stephanie Dallam, *Leadership Council on Mental Health, Justice, and the Law*

Clinical observations reveal that amnesia or partial memory loss is not uncommon following severe stress and emotional trauma. This paper will present an overview of evidence for post-traumatic or dissociative amnesia drawing from a wide variety of sources: including 19th century psychiatry, WW I, WW II, Vietnam War, Cambodian refugees, and Holocaust survivors. By doing so, this paper will demonstrate that dissociative amnesia has a long history that preceded its discovery in victims of childhood sexual abuse. Attention will then be turned to experimental studies which have demonstrated in animals and humans that prolonged and high levels of stress, fear, and arousal commonly induce memory loss ranging from the minimal to the profound. Research shows that as stress and arousal levels increase, learning and memory deteriorate in accordance with the classic inverse U-shaped curve. Risk and predisposing factors will be reviewed, along with an overview of recent research which has begun to clarify some of the neurobiological processes underlying the development of dissociative amnesia.

## Prospective Studies of Trauma and Dissociation

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

Eric Vermetten, *Department of Psychiatry, University Medical Center, The Netherlands*

This symposium will focus on the findings from prospective studies that shed light on the biology and clinical psychopathology of trauma, stress, and dissociation. New research will be presented on biological and psychological markers of dissociation during stress and on the developmental antecedents of pathological dissociation.

## Developmental Antecedents of Pathological Dissociation

Frank Putnam, *University of Cincinnati School of Medicine*

The observations of Cornelia Wilbur and Richard Kluff were important in linking early childhood trauma with adult dissociative disorders. This relationship was subsequently confirmed by multiple retrospective studies. Prospective longitudinal research with high-risk infants identified a second factor, Type D Attachment Disorder, as contributory to increased dissociation in adulthood. Measurement of dissociation in preschoolers through adults now allows us to investigate the role of childhood dissociation in adult psychopathology. Recent research indicates that childhood dissociation plays a critical mediating role in translating early traumatic experiences into negative adult outcomes.

## Biological and Psychological Markers of Dissociation During Stress

C. Andrew Morgan, *Department of Psychiatry, Yale University School of Medicine/National Center for PTSD*

Peritraumatic dissociation has been associated with subsequent development of PTSD but the supporting data have been largely retrospective in nature. We have previously conducted a prospective study of dissociation involving U.S. Military personnel. The data indicated that symptoms of dissociation were extremely common in healthy subjects. In addition, a history of traumatic stress predicted a propensity for increased dissociation during stress in general troop soldiers, but a reduction in stress induced symptoms of dissociation in special operations soldiers. Subsequent investigations have examined the relationship between stress induced alterations of hormones such as cortisol, NE, and NPY and psychological symptoms of dissociation. These studies suggest that the psychological experience of dissociation during stress is linked to the degree of HPA axis activity during and after stress exposure. The data also demonstrate a link between perceived physical health, hormones and dissociation.

## Getting Published in the Traumatic Stress Literature

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

Paula Schnurr, *National Center for PTSD*; Dean Kilpatrick, *National Crime Victims Research and Treatment Center*

Getting published in any discipline requires not just good work, but also requires knowledge about the publication process. This workshop, led by the Editor and Deputy Editor of the *Journal of Traumatic Stress*, will help participants gain practical information about how to successfully navigate the publication process from manuscript preparation through final acceptance (or rejection, and how to manage it). The material is targeted at beginning authors, but will provide useful information for more senior participants as well. Participants will be encouraged to present actual problems they have encountered, and presenters also will present their own experiences.

## Improving VA PTSD Compensation and Pension Reports

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

Patricia Watson, *National Center for PTSD*; Jeffrey Knight, *National Center for PTSD*; Pamela Swales, *National Center for PTSD*

The purpose of this workshop is to enhance Veterans Affairs practitioners skills for conducting compensation and pension examinations for PTSD, using best practices and guidelines recently developed by experts at the National Center for PTSD, the Mental Illness Research Education and Clinical Center, Seattle, WA, the Department of Veterans Affairs, and the Compensation and Pension Service of the Veterans Benefits Administration. Participants of this workshop should expect to improve outcomes of PTSD examination findings, through increased understanding of the “gold standards” for assessment of PTSD, as well as improved coordination with VBA rating standards and guidelines.

## Teaching Parenting Skills to Childhood Trauma Survivors

**Workshop (practice) Grand Salon X, 3 (GB)**

Shelley Jordan, *Ottawa Anxiety and Trauma Clinic*; Ken Welburn, *Ottawa Anxiety and Trauma Clinic*

Parenting is a complex and difficult task that may be particularly challenging for parents with histories of childhood trauma. Much of the research exploring parenting issues in this population has focused on enduring consequences of trauma, including dissociation, anxiety, and depression. Although long-term treatment approaches can lead to healthier functioning for clients with histories of childhood trauma, these approaches do not directly address more immediate parenting concerns. Based on both qualitative and quantitative research, this workshop explores modifiable factors, including lack of social support, poor problem-solving, and unrealistic expectations of children, that contribute to poor parenting skills in a sample of clients with dissociative and anxiety disorders. The workshop then presents a model for a short-term skills-based group therapy program for parents with histories of childhood trauma.

**The ABCs of CBT for Adult Trauma**

**Workshop (practice)**

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

Patricia Resick, University of Missouri-St. Louis; Pallavi Nishith, University of Missouri-St. Louis

The purpose of this workshop is to review the basic cognitive behavioral techniques that have been demonstrated to be effective for the treatment of posttraumatic stress disorder among adult trauma survivors. The presenters will describe the cognitive behavioral components of the various treatment protocols for treating PTSD that have been subjected to scrutiny. Although treatment protocols across studies vary, they tend to have combinations of the following components: coping skills, exposure, and/or cognitive therapy. Coping skills range from relaxation training or breathing retraining, to full coping packages such as stress inoculation training. Exposure therapy may be conducted as imaginal exposure, behavioral (in vivo) exposures, or through writing and reading. The cognitive component may range from simple cognitive restructuring on current thoughts to more in-depth cognitive therapy regarding the traumatic event or pervasive schemas. After describing the common CBT treatment components, and what is known about their relative treatment effects, there will be discussion regarding optimal implementation and workshop participants will be given a list of treatment manuals that may be helpful for training.

**10:45 a.m.–12:00 p.m.**

**Parallel Plenary Session**

**The Phenomenology of Dissociation and Its Treatment Implications for Complex Trauma**

**Plenary (complex)**

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

*Endorsed by the Complex Trauma Task Force*

Richard Loewenstein, MD, Sheppard Pratt Health Systems; Onno van der Hart, MD, University of Utrecht, Department of Psychology; Richard Bryant, PhD, University of New South Wales; Constance Dalenberg, PhD, Alliant International University

This plenary panel discussion will grapple with diverse ways that dissociation has been conceptualized. The term dissociation has been used to describe a variety of phenomena at diverse distances from empirical observation. Dissociation has been theorized to be a normal characteristic of the psychobiology of human consciousness, an aspect of the hypnotic process, a response of the human mind to overwhelming and traumatic circumstances, an intra-psychic defense, and a psychopathological disturbance that is a central feature of a group of DSM-IV mental disorders (dissociative disorders). Dissociative symptoms also are identified as criterion symptoms for mental disorders in other DSM-IV disorder groups. A single dissociative symptom (amnesia) is a criterion for PTSD (an anxiety disorder) and somatization disorder (a somatoform disorder). Dissociative symptoms are a prominent feature of Acute Stress Disorder (another anxiety disorder). The panel will address the following questions: Do these different theoretical constructs refer to the same process? If not, how do the different dissociation processes relate to one another? Are the manifestations of dissociative symptoms in various disorders essentially the same? If not, how can they be distinctly defined, and, in what way are they related to each other? In what way are they related to the various theorized processes? Should this diversity of theoretical stances or symptom definitions lead to different treatment strategies for individuals who have experienced complex?

**New Perspectives on Veterans with Complex Trauma**

**Plenary (complex)**

**Harborside B, 4 (HB)**

Josef Ruzek, PhD, National Center for PTSD; Fred Gusman, MSW, National Center for PTSD; Roger Pitman, MD, Massachusetts General Hospital and Harvard Medical School; M. Tracie Shea, PhD, Brown University Medical School; Lisa Najavits, PhD, McLean Hospital, Harvard Medical School; Harold Kudler, MD, Duke University Medical Center, Department of Veterans Affairs

Most veterans with chronic PTSD have been exposed to multiple traumatic stressors that include warzone experiences, childhood violence, and community violence. In addition to PTSD symptoms, they present with pervasive cognitive, interpersonal, and emotional problems that have important implications for conceptualizing their difficulties and addressing their treatment needs. This panel presentation will explore concepts of premorbid vulnerability and the role of genetic and environmental influences in development of PTSD, the interaction of personality disorders and PTSD in veterans, and describe ways of addressing the complexities of interpersonal functioning, affect regulation, and cognitive processes in veterans suffering with comorbid PTSD and substance abuse.

Sunday: 10:45 a.m.–12:00 p.m.