Fragmentation and Integration in the Wake of Psychological Trauma

19th Annual Meeting

Final Program and Proceedings

October 29–
November 1, 2003

The Palmer House
Hilton
Chicago, IL USA

THE INTERNATIONAL SOCIETY FOR
TRAUMATIC*stress*
STUDIES

Jointly Sponsored by
Boston University School of Medicine and the
International Society for Traumatic Stress Studies

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

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ISTSS Future Meeting Dates

- 2004 ISTSS Annual Meeting
  November 14–17
  Hilton New Orleans Riverside
  New Orleans, Louisiana

- 2005 ISTSS Annual Meeting
  November 2–5
  Westin Harbour Castle Hotel
  Toronto, Canada

- 2006 ISTSS Annual Meeting
  November 5–8
  Renaissance Hollywood Hotel
  Hollywood, California

- 2007 ISTSS Annual Meeting
  November 14–17
  Baltimore Marriott Waterfront
  Baltimore, Maryland

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THE INTERNATIONAL SOCIETY FOR TRAUMATIC stress STUDIES

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Moving from Posttraumatic Fragmentation to Reintegration

Dear Colleague:

Thank you for joining us at the ISTSS 19th Annual Meeting in Chicago. We hope you will take advantage of the Pre-Meeting Institutes Wednesday, October 29, and Thursday morning, October 30, as well as attending several special evening events, which include a premeeting miniconference, "Turning Trauma and Recovery into Art: Creative Languages or Injury and Resiliency," on Wednesday, the Opening Reception on Thursday, a selection of documentary films on Friday, and the annual Awards Ceremony and Closing Reception on Saturday.

The program features an array of integrative multicultural international presentations. The oral and poster presentations are delivered by several hundred traumatic stress specialists who have carefully developed presentations of the highest quality. A special thanks goes to the deputy chairpersons and reviewers who thoroughly and thoughtfully evaluated hundreds of proposals, selecting the very best. We also want to thank our outstanding colleagues who generously agreed to share their expertise in the exciting lineup of plenary, forum, master therapist and clinical consultation presentations. We owe a special debt of gratitude to the plenary speakers, particularly Laura Prescott and Ellert Nijenhuis, for their unique and memorable contributions to the meeting and to our field.

The goal of the 2003 annual meeting program is to address the biopsychosocial aspects of posttraumatic fragmentation and shed light on the paths taken in our field toward integrative approaches to understand traumatic stress with its many complexities, and to help trauma survivors understand and recover from complex traumatic stress disorders.

Beginning with the opening plenary and carrying through to presentations each day of the meeting, you will hear from scientific, clinical and policy experts, and advocates and survivors who offer a vital invitation to join in a genuine collaboration to change traumatic fragmentation into integrative healing. Moreover, many presentations shift our focus toward early interventions that detect and avert or mitigate the detrimental effects of traumatic stress before complex, chronic impairment occurs in the development and actualization of trauma survivors and their families, communities, nations and societies.

We want to draw your attention not only to the extensive regular program, but also to the specialized training provided by the Pre-Meeting Institutes. These include three full-day presentations on topics of critical interest to clinicians and clinical researchers: How to Implement Prolonged Exposure for Chronic PTSD: Edna Foa, chair; Movement and Action in the Transformation of Trauma: Bessel van der Kolk, chair; and Emerging Practices in Early Post-Trauma Intervention: Josef Ruzek, chair. Half-day Institutes on Wednesday and Thursday address cutting-edge clinical and scientific issues that reflect the diversity of traumatic stress theories (cognitive-behavioral, psychodynamic, experiential, sensorimotor and self/relational development), populations (bereaved children and communities, torture and disaster survivors, asylum seekers, military personnel, domestic or community violence survivors, survivor/perpetrators, indigenous cultures and inner-city residents), clinical syndromes (ASD, PTSD, complex PTSD, and dissociative, comorbid psychiatric and addictive disorders), modalities (psychometric assessment, prevention, individual, group and family psychotherapy, nightmare therapy, acceptance and commitment therapy), and practice issues (therapeutic alliance, practice guidelines, risk management and developing large-scale systemic infrastructures).

We look forward to receiving your comments and feedback and hope that you will find this meeting an informative and interesting opportunity to join in an integrative discussion of a variety of perspectives and cutting-edge clinical, scientific and social-policy findings concerning the critical issues related to the complexities of traumatic stress.

Sincerely,
Julian Ford
Program Chair

Onno van der Hart
President

Program Committee

Program Chair
Julian Ford

President
Onno van der Hart

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Registration

The ISTSS Registration and CE/Membership Service Desk are located on the 4th floor between the State and Grand Ballrooms and will be open at the following times:

Tuesday, October 28	3:00 p.m. –7:00 p.m.
Wednesday, October 29	7:00 a.m.–6:00 p.m.
Thursday, October 30	7:00 a.m.–7:00 p.m.
Friday, October 31	7:30 a.m.–6:30 p.m.
Saturday, November 1	8:00 a.m.–5:30 p.m.

Participation in the ISTSS 19th Annual Meeting is limited to registered delegates. Your full registration includes:

Educational Sessions and Materials

- Admission to Wednesday miniconference
- Admission to all program sessions (except Pre-Meeting Institutes, which require an additional fee)
- Admission to Poster Sessions
- Final program and proceedings

Networking/Social Events

- Opening Reception
- Awards Ceremony and Reception
- Daily coffee and tea networking breaks
- Special Interest Group Meetings

Conference Features

- Opening and closing plenary addresses
- Parallel plenary sessions
- ISTSS Annual Business Meeting
- ISTSS committee and task force meetings
- Exhibits of products and services
- Movie/multimedia sessions
- ISTSS bookstore
- ISTSS Audiotape Service

Events Available for Additional Fee

- Pre-Meeting Institutes

Join the International Society for Traumatic Stress Studies… Register at the Reduced Member Rate and Get Great Benefits All Year

ISTSS meeting registration does not include membership in ISTSS. If you are not already a member of ISTSS, consider joining the society now at the registration table located in the ISTSS registration area. ISTSS membership includes the peer reviewed *Journal of Traumatic Stress, Traumatic StressPoints* newsletter and access to the online ISTSS members-only area including the Membership Directory. ISTSS members may participate in Special Interest Groups and committees. Your ISTSS membership plays an important role in supporting international trauma research and treatment.

Meeting Mentors for First-Time Attendees

As part of ISTSS's welcome to those attending the annual meeting for their first time, throughout the meeting, experienced members of ISTSS are available for questions and comments regarding any aspect of the conference and the organization. These individuals are called Meeting Mentors. How do you find a mentor? When you're at the Annual Meeting, just look for the pink lapel buttons labeled "Mentor," and ask your questions to those wearing the buttons. Alternatively, all first-time attendees are issued pink ribbons. Mentors will recognize those wearing pink ribbons and will reach out to them. Know that the pink "first-timer" ribbons are never used as a way of negatively discriminating or stigmatizing the wearer in any way. We hope you'll find the Mentors accessible, friendly and knowledgeable. For those who wish to volunteer to be a meeting mentor, or for anyone who would like further information, please contact Dr. Elisa Triffleman, Chair, ISTSS Diversity Task Force, at elisa.triffleman@yale.edu.

Meeting Hotel and Meeting Rooms

All sessions and events at the ISTSS 19th Annual Meeting will take place at The Palmer House Hilton. A floor plan of meeting facilities is located on the back cover.

The Palmer House Hilton
17 East Monroe Street
Chicago, IL 60603
Phone: 312/726-7500
Guest Fax: 312/917-1707
www.hilton.com

Transportation to and from the Airport

Continental Air Transport-Airport Express provides shuttle service to and from O'Hare International and Midway airports to the Hilton Chicago & Towers. The shuttle service operates from 6:00 a.m. to 11:30 p.m. daily and reservations are not required. Currently the cost for one-way service is approximately $20/person from O'Hare International and $15/person from Midway Airport. The Continental Air Transport-Airport Express desk is located in the baggage claim areas of both airports. Taxis also are available for approximately $35 each way.

Parking

There is valet parking at the hotel for $31.00 per day and self-parking for $27.00 per day. Parking also is available at Millennium Park, two blocks east of The Palmer House Hilton at the intersections of Monroe and Columbus. The parking rate is approximately $10.00–$13.00 for up to 24 hours.

Badges

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

Attire

Attire for all sessions is business casual.

Smoking Policy

Smoking is prohibited at any ISTSS function.

Message Center

The ISTSS message center is located next to the registration desk at The Palmer House Hilton. Messages for registrants are posted alphabetically by last name. Please remove your messages after you have received them. The ISTSS message center can be reached by calling the hotel operator at 312/726-7500 and asking for the ISTSS registration desk.

Concierge Services/Chicago Tour Information

Please visit the full-service Concierge Desk while you are in Chicago. The desk is located in the ISTSS Resource Center. The concierge will assist you in making last-minute recommendations regarding group meal arrangements and registration for tours around Chicago.

Business Center

Copying, faxing, office supplies, computer and printer stations and other business services are available from the hotel business center.
The business center is located on the lobby level of the hotel. Business hours are Monday — Friday, 6:00 a.m.–10:00 p.m.; Saturday and Sunday, 8:00 a.m.–4:00 p.m.

Special Assistance

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

Meeting Evaluation

The ISTSS needs your input to enhance future ISTSS meetings. An online meeting evaluation survey will be e-mailed to you shortly after the ISTSS Annual Meeting. Your participation in this survey is greatly appreciated.

Speaker Ready Room — Cresthill, 3rd Floor

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

Student Breakfast — PDR #18, 5th Floor

Friday, October 31, 7:00 a.m.–8:15 a.m.
A breakfast will be held for all student participants—a great way to start the meeting!

ISTSS Resource Center — Lower Exhibition Hall, 3rd Floor

New this year, ISTSS will offer a one-stop, one-location area where attendees can view the exhibits and posters, visit the "Take One" area, browse the bookstore, purchase audio tapes or meet with the ISTSS concierge to inquire about Chicago "hot spots," tours and restaurants. The Resource Center will be open during the following hours:

ISTSS Resource Center

Wednesday, October 29	11:00 a.m.–5:00 p.m.
Thursday, October 30	9:00 a.m.–6:30 p.m.
Friday, October 31	9:00 a.m.–6:30 p.m.
Saturday, November 1	9:00 a.m.–6:30 p.m.

Exhibits — Lower Exhibition Hall, 3rd Floor

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

ISTSS Bookstore — Lower Exhibition Hall, 3rd Floor

Visit the ISTSS Bookstore during the meeting, where a large selection of trauma-related publications will be on sale. ISTSS is contracted with Professional Books, Newton, Mass. Visit their Web site for additional titles and materials, www.professionalbooks.com.

ISTSS Audiotape Service — Lower Exhibition Hall, 3rd Floor

Cassette tapes will be sold during the meeting by Professional Programs. Most presentations will be recorded. You also may purchase recordings of sessions from past ISTSS meetings.
Contact Professional Programs at 661/255-7774;
e-mail: orders@proprog-tapes.com

Quiet Reflection Room — Parlor E, 6th Floor

Friday, October 31	8:00 a.m.–6:00 p.m.
Saturday, November 1	8:00 a.m.–6:00 p.m.

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

ISTSS Annual Business Meeting — Grand Ballroom, 4th Floor

Friday, October 31 — 11:30 a.m.–12:30 p.m.

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

ISTSS Special Interest Groups

The purpose of Special Interest Groups (SIGs) is to provide members with a forum for communication and interaction about specific topic areas related to traumatic stress. Another goal of the SIGs is to provide a means of personal and professional involvement in the activities of the society. All meeting participants are welcome to attend the SIG meetings.

See the Schedule at a Glance for room locations. Special Interest Groups will meet during the following times:

Thursday, October 30, 5:30 p.m.–7:00 p.m.
- Child Trauma
- Creative, Body and Energy Therapies
- Dissociation
- Human Rights and Social Policy/Policy and Prevention
- Media
- Physiology, Pharmacology and Neuroscience
- Research Methodology
- Spirituality and Trauma
- Trauma and Primary Care

Friday, October 31, 5:30 p.m.–7:00 p.m.
- Criminal Justice
- Diversity and Cultural
- Early Interventions
- Gender and Trauma
- Intergenerational Transmission of Trauma and Resilience
- Physical Injury, Chronic Illness and Disability
- Traumatic Grief

"Turning Trauma and Recovery into Art: Creative Languages of Injury and Resiliency"

Wednesday, October 29	**Red Lacquer Room, 4th Floor**
4:30 p.m.–5:30 p.m.	Reception
5:30 p.m.–9:30 p.m.	Presentation and Dialogue

You are invited to attend a premeeting miniconference which is FREE and open to ISTSS attendees.

Venture beyond science to explore traumas through artists presenting original works (poetry, literature, theater, photography), a panel discussion on humanities approaches, and dialogue featuring leading artists and scholars. Sponsored by the Dart Center and the UIC International Center on Human Responses to Social Catastrophes. CME credit from Boston University is not available for this session.

Gala Awards Ceremony, Grand Ballroom, 4th Floor
Reception, Red Lacquer Room, 4th Floor

Saturday, November 1

Ceremony	6:30 p.m.–7:30 p.m.
Reception	7:30 p.m.–9:30 p.m.

Help us recognize the recipients of this year's awards from the International Society for Traumatic Stress Studies. Everyone is invited to attend the Awards Ceremony. The ceremony is immediately followed by a reception, which is open to all registered attendees.

Loosen up, relax and enjoy the music of Lurrie Bell, internationally acclaimed blues guitarist who will play live at the awards reception immediately following the awards ceremony.

Any blues fan can tell you that Chicago-area Lurrie Bell is a legend—he's been a headliner at the Chicago Blues Festival, and his latest release, "Blues Had a Baby," features some of his best solos.

Don't miss the awards reception to catch a bit of Chicago blues.

Continuing Education

Educational Needs

The impact of traumatic stress on the mental and physical health of millions of affected children and adults in the United States and internationally is of great concern to professionals, physicians, scientists, educators, advocates and policy-makers. The proposed meeting meets the needs of these target groups for up-to-date and intellectually sound information on which they can base their professional work with people and communities that have been affected by traumatic stress. The meeting provides a forum for participants to learn about new lines of study and breakthroughs in knowledge and interventions, well in advance of other forums (e.g., clinical or scientific publications) with much longer lag times.

Educational Objectives

As a result of attending the meeting, participants will be able to:

- Describe and apply to their professional work the results of recent and ongoing studies of the effects of traumatic stress on children, adults and communities
- Apply new information about the assessment and treatment of traumatic stress disorders to their professional work
- Describe one difference in etiology and one difference in the clinical symptoms that distinguish the complex forms of PTSD from posttraumatic stress disorder (PTSD) as defined by the American Psychiatric Association's Diagnostic and Statistical Manual

Target Audience

This meeting is appropriate for advocates, attorneys, counselors, educators, journalists/media experts, marriage and family therapists, nurses, physicians, policy-makers, psychiatrists, psychologists, social workers and students interested in traumatic stress.

Continuing Medical Education

Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Boston University School of Medicine and the International Society for Traumatic Stress Studies. Boston University School of Medicine is accredited by the ACCME to Provide continuing medical education for physicians.

Credit Designation

Boston University School of Medicine designates this educational activity for a maximum of 26 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

The American Medical Association has determined that physicians not licensed in the U.S. who participate in this CME activity are eligible for AMA PRA category 1 credit.

CME Course Director

Danny Kaloupek, PhD
Boston University School of Medicine

Disclaimer

These materials and all other materials provided in conjunction with continuing medical education activities are intended solely for purposes of supplementing continuing medical education programs for qualified health care professionals. Anyone using the materials assumes full responsibility and all risk for their appropriate use. Trustees of Boston University make no warranties or representations whatsoever regarding the accuracy, completeness, currentness, noninfringement, merchantability or fitness for a particular purpose of the materials. In no event will Trustees of Boston University be liable to anyone for any decision made or action taken in reliance on the materials. In no event should the information in the materials be used as a substitute for professional care.

Continuing Education Credit (non-MD)

The 19th Annual Meeting is co-sponsored by The International Society for Traumatic Stress Studies and The Institute for Continuing Education. Continuing education credit is offered as listed below. If you have questions regarding continuing education, please contact the institute: (251) 990-5030; FAX: (251) 990-2665; e-mail: instconted@aol.com.

Psychology: The Institute for Continuing Education is an organization approved by the American Psychological Association (APA) to offer continuing education for psychologists. The Institute for Continuing Education maintains responsibility for the program.

Counseling: The Institute for Continuing Education is recognized by the National Board for Certified Counselors (NBCC) to offer continuing education for national certified counselors. The Institute for Continuing Education adheres to NBCC continuing education guidelines. NBCC Provider No. 5643.

Social Work: The Institute for Continuing Education is approved as a provider for continuing education by The Association of State Social Work Boards (ASSWB), through the Approved Continuing Education Program (ACE). The Institute for Continuing Education maintains responsibility for the program. ASSWB Provider No. 1007.

Illinois Dept. of Professional Regulation:
Social Work License: 159-000606.

Ohio Board of Counselor/Social Work:
Provider No. RCS 030001.

California Board of Behavioral Sciences:
Provider PCE 636.

Florida Board: BAP #255.

Marriage/Family Therapy: The Institute for Continuing Education is recognized as a provider of continuing education activities by the Illinois Department of Professional Regulation. Marriage/Family Therapist Provider No. 168000108.

Nursing: The Institute for Continuing Education is accredited as a provider of continuing education in nursing by the Alabama Board of Nursing, Provider No. 1124; and the California Board of Nursing, Provider No. CEP 12646. Nurses should contact their state board to determine if approval of this program through the Alabama and California Board of Nursing is acceptable for continuing education in their state.

Alcohol/Drug: The Institute for Continuing Education approved by the National Association of Alcohol and Drug Abuse Counselors (NAADAC) to provide continuing education for alcohol and drug abuse counselors. NAADAC Provider No. 000243.

Disclosure of Presenter's Relationships

It is the policy of Boston University School of Medicine, Department of Continuing Medical Education, that presenters disclose to program participants any real or apparent conflict of interest. This policy is intended to make you aware of presenter's interests, so you may form your own judgments about material presented. Such relationships are disclosed in the addendum. In addition, faculty are asked to disclose when any discussion of unapproved use of pharmaceuticals and devices is being discussed.

Continuing Education Registration and Requirements

A certificate fee of $35 for members and $70 for nonmembers is required. You may not register for credits after November 1.

Continuing education credit will be awarded on a session-by-session basis, with full attendance required for each session attended. To receive continuing education credit, attendees must sign in/sign out daily and complete the continuing education evaluation packet. Stop by the continuing education desk before attending any sessions to receive your packet and to sign in/sign out daily.

Opening Plenary Address

Surviving Violence and Shattering the Silence
(Prescott)
Thursday, October 30, 1:00 p.m.–2:15 p.m.
Grand Ballroom, 4th Floor

Closing Plenary Address

The Emerging Psychobiology of Trauma-Related Dissociation
(Nijenhuis)
Saturday, November 1, 4:00 p.m.–5:15 p.m.
Grand Ballroom, 4th Floor

Parallel Plenary Sessions

Two plenary sessions will occur simultaneously in different rooms allowing more options for attendees. Sessions are:

The Tree of Life: Lessons From Survival in a Peri- and Posttraumatic Culture
(Brom)
Friday, October 31,10:00 a.m.–11:15 a.m.
Grand Ballroom, 4th Floor

Childhood Victimization and Lifetime Revictimization
(Widom)
Friday, October 31, 10:00 a.m.–11:15 a.m.
Red Lacquer Room, 4th Floor

Back from the Future (Does where we have been tell us anything about where we are going?)
(Putnam)
Saturday, November 1, 10:00 a.m.–11:15 a.m.
Red Lacquer Room, 4th Floor

Stories of Healing and Resilience: The Power of Culture and Community
(Munroe, Friedman)
Saturday, November 1, 10:00 a.m.–11:15 a.m.
Grand Ballroom, 4th Floor

Expert Clinical Consultations

Get an expert's answer to your own clinical case questions. Features the following presenters and topics:

Community and Milieu Trauma Treatment
(Bloom)
Thursday, October 30, 2:30 p.m.–3:45 p.m.
Wabash Room, 3rd Floor

Treatment of Adolescents with Complex PTSD
(Pelcovitz)
Friday, October 31, 1:00 p.m.–2:15 p.m.
Crystal Room, 3rd Floor

Phase-Oriented Treatment of Dissociative Disorders
(Steele)
Friday, October 31, 4:00 p.m.–5:15 p.m.
Parlor B, 6th Floor

Family Systems and Culturally Sensitive Trauma Treatment
(Hardy)
Saturday, November 1, 2:30 p.m.–3:45 p.m.
Wabash Room, 3rd Floor

Master Clinician Sessions

Each expert clinician will demonstrate the application of a particular therapeutic approach to a client with symptoms related to complex trauma experiences.

Helping Children Overcome PTSD and Shame Associated with Sexual Abuse
(Deblinger)
Thursday, October 30, 2:30 p.m.–3:45 p.m.
State Ballroom, 4th Floor

Cognitive Behavioral Therapy
(Rothbaum)
Friday, October 31, 1:00 p.m.–2:15 p.m.
State Ballroom, 4th Floor

Complex PTSD Treatment
(Cloitre)
Friday, October 31, 2:30 p.m.–3:45 p.m.
State Ballroom, 4th Floor

Sensorimotor Psychotherapy
(Ogden)
Saturday, November 1, 1:00 p.m.–2:15 p.m.
Wabash Room, 3rd Floor

Forums for Discussion of Integrative Theoretical Models and Funding Programs/Priorities in the Trauma Field

Memory and Identity in PTSD: A New Perspective on Trauma and Treatment
(Brewin, Friedman)
Thursday, October 30, 2:30 p.m.–3:45 p.m.
Grand Ballroom, 4th Floor

Conflict and Reconstruction: International Responses to the Impact on Civilians and Communities
(Turner, Kushner, de Jong, Goenjian, Weine, Danieli)
Friday, October 31, 1:00 p.m.–2:15 p.m.
Grand Ballroom, 4th Floor

Conflict and Reconstruction: Impact on the Military Internationally
(Weisaeth, Ritchie, Creamer, Wessely)
Friday, October 31, 2:30 p.m.–3:45 p.m.
Grand Ballroom, 4th Floor

Trauma Initiatives for Women, Children, and Families
Featured by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)
(Salasin, Brymer)
Friday, October 31, 2:30 p.m.–3:45 p.m.
Monroe Ballroom, 6th Floor

Future Directions and Funding Priorities of Relevance to the Traumatic Stress Field at the U.S. National Institute of Mental Health (NIMH)
(Breiling, Rothbaum, Miller, Boyce)
Friday, October 31, 4:00 p.m.–5:15 p.m.
Monroe Ballroom, 6th Floor

What Is Dissociation? One Philosopher's View
(Braude, van der Kolk)
Saturday, November 1, 8:30 a.m.–9:45 a.m.
Grand Ballroom, 4th Floor

Media Presentations

"Tension"
(Dubrow)
Friday, October 31, 5:30 p.m.–6:15 p.m.
Red Lacquer Room, 4th Floor

"Angel, a Story of Trauma and Recovery"
(Robinson)
Friday, October 31, 6:30 p.m.–7:45 p.m.
Red Lacquer Room, 4th Floor

"Veterans Helping Veterans: Key Insights for PTSD Recovery"
(Root, Reyntjens)
Friday, October 31, 5:30 p.m.–6:15 p.m.
Monroe Ballroom, 6th Floor

"PTSD Among Asian-American and Pacific Islander Veterans"
(Daniels)
Friday, October 31, 6:30 p.m.–8:00 p.m.
Monroe Ballroom, 6th Floor

Poster Presentation Session

Upper Exhibition Hall, 4th Floor

Each poster is presented Thursday, Friday or Saturday, starting at 10:00 a.m. and concluding at 6:30 p.m. Each day concludes with a poster open house from 5:15 p.m. to 6:30 p.m. Presenter attendance at the open house is encouraged to discuss posters with attendees.

Posters are organized by presentation day, and then by track within each day. Within each track, posters are in order by presenting author's last name. In addition, the index provided at the rear of the final program includes the presenting author of each poster. A floor map showing the location of posters is available in the poster hall.

Student Poster Awards

Student poster awards will be given based on overall quality of presented posters. One poster winner will be selected from all entries, as well as honorable mention poster awards. The winner will be honored at the Gala Award Reception on Saturday. Students eligible for the award must meet the following qualifications: 1) they have indicated their student status on their poster submission; 2) they are current members of ISTSS; 3) they completed the poster research while in school; and 4) their poster was accepted by the program committee. The winner will receive a complimentary registration for the 2004 ISTSS Annual Meeting.

Debriefing Session

Saturday, November 1, 5:30 p.m.–6:30 p.m.
Wabash Room, 3rd Floor

As the field of trauma matures, we increasingly recognize that as professionals we are secondarily exposed to trauma by the work we do. How we recognize and deal with our own exposure has direct implications for the quality of services we can provide. ISTSS strives to provide a supportive environment that will assist conference participants in understanding how secondary exposure might be influencing them. A debriefing session will be held so participants can discuss their conference experience. Since the comprehensive nature of the conference may expose participants to a wider range of traumatic events than they are accustomed to, this session is an excellent opportunity to discuss your own responses and to develop self-care strategies for the future. This is useful for those new to the field as well as those who are highly experienced.

Special Arrangement with the International Society for the Study of Dissociation

ISTSS registrants are invited to attend the opening morning of the ISSD annual meeting, which will take place Sunday, November 2, at the Holiday Inn Mart Plaza. The Holiday Inn Mart Plaza is located minutes from the Palmer House Hilton. Just show your ISTSS badge to be admitted to opening morning sessions at no charge.

Note: You are responsible for your own transportation.

Conference Tracks

Sessions will be presented on a wide variety of topics grouped by track:

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

Final Program Notes

* The first person listed is the chair of the session.
* For symposia, the second name under the title is the discussant.
* The Schedule at a Glance names only chairs, presenters and discussants.
* Presentations marked with the Featured stamp means that the symposia addresses a topic of special relevance to the meeting theme.
* Presentations marked with SIG Endorsed stamp means that one of the ISTSS Special Interest Groups has endorsed this particular session. The specific SIG is indicated in the abstract text.
* Each listing shows the room name and floor name as indicated.
  Grand Ballroom, 4th Floor
  The map is located on page 155 and the back cover of the program for your convenience.
* The presenter index on pages 151–154 includes only oral and poster presenters. It does not include coauthors of posters or citations.

Tuesday, October 28

		Room Name	Floor #	Track Abbreviation	Page #
3:00 p.m.–7:00 p.m.	Registration	Grand Ballroom Foyer	4		

Wednesday, October 29

7:00 a.m.–6:00 p.m.	Registration	Grand Ballroom Foyer	4		
7:00 a.m.–7:00 p.m.	Speaker Ready Room	Cresthill	3		
8:00 a.m.–9:00 a.m.	Coffee Break	Grand Ballroom Foyer	4		

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

PMI	**Movement and Action in the Transformation of Trauma** (van der Kolk, Macy, Gross, Johnson Macy, Brighton, Grijalva)	Grand Ballroom	4	frag	24
PMI	**How to Implement Prolonged Exposure for Chronic PTSD** (Foa, Hembree, Riggs)	State Ballroom	4	practice	24
SIG Endorsed PMI	**Emerging Practices in Early Post-Trauma Intervention** (Ruzek, Orner, Bryant, Kassam-Adams, Watson, Shalev, Resnick)	Crystal Room	3	disaster	24

9:00 a.m.–12:30 p.m.

PMI	**Risk Management in Trauma Treatment** (Courtois, Turkus, Brown)	Wabash Room	3	practice	25
PMI	**Community-Based Responding After Violence in Indigenous Communities** (Stamm, Higson-Smith)	Parlor F	6	culture	25
PMI	**Nightmare Therapy: Integration and Resolution of Traumatic Memories** (Daniels, Donovan, Padin-Rivera, Scurfield, Forbes)	Parlor B	6	practice	25
PMI	**Cognitive-Behavioral Treatment for Type II Childhood Trauma Victims** (Boos, Smucker, Braun)	Parlor H	6	practice	25
PMI	**The Multiple Realms of Fragmentation Experienced by Torture Survivors** (Okawa, Gray, Fabri, Piwowarczyk)	Parlor A	6	practice	26
11:00 a.m.–5:00 p.m.	**Resource Center** (Bookstore, Audiotapes, Exhibits)	Lower Exhibition Hall	3		

1:30 p.m.–5:00 p.m.

PMI	**Youth Trauma Assessment: Clinical Training by Instrument Developers** (Rodriguez, Veitch Wolfe, Sugar)	Parlor F	6	child	26
PMI	**Psychodynamic Group Treatment for PTSD** (Weiss, Tichenor, Goodman)	Parlor A	6	practice	26
PMI	**Terrorism and Disaster: Assessment and Triage of Children and Adolescents** (Pfefferbaum, Pynoos, Silverman, Schreiber, Gurwitch, Saltzman, Steinberg)	Wabash Room	3	disaster	27
PMI	**Working with Complex PTSD: Practical Individual Therapy Skills** (Munroe, Fisher, Quinn, Abblett, Pratt)	Parlor H	6	practice	27
PMI	**The Joint VA/DoD Clinical Practice Guideline for Traumatic Stress** (Kudler, Friedman, Butterfield, Crow, McFall)	Parlor B	6	practice	27

Presentation Type Descriptions

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

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

Featured Presentations: Symposia addressing topics of special relevance to the meeting theme of developing integrative approaches to the resolution of posttraumatic fragmentation, through the expertise of distinguished scientists, clinicians, and social policy and human rights specialists.

Forums: Discussion of integrative theoretical models and funding programs/priorities in the trauma field.

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

Media Presentations: Sessions to present films, videotapes, music, artwork and other forms of media relevant to traumatic stress.

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

Pre-Meeting Institutes: Half or full-day programs that provide intensive introductory, intermediate, or advanced training on topics related to traumatic stress.

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

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

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

Wednesday, October 29 (Continued)

		Room Name	Floor #	Track Abbreviation	Page #
4:30 p.m.–5:30 p.m.	**Reception: "Turning Trauma and Recovery into Art: Creative Languages of Injury and Resiliency"** *Sponsored by the Dart Center and the UIC International Center on Human Responses to Social Catastrophes*	Red Lacquer Room	4		
5:30 p.m.–9:30 p.m.	**Presentation and Dialogue: "Turning Trauma and Recovery into Art: Creative Languages of Injury and Resiliency"** *Sponsored by the Dart Center and the UIC International Center on Human Responses to Social Catastrophes*	Red Lacquer Room	4		

Thursday, October 30

7:00 a.m.–7:00 p.m.	**Registration**	Grand Ballroom Foyer	4		
7:00 a.m.–7:00 p.m.	**Speaker Ready Room**	Cresthill	3		
8:00 a.m.–9:00 a.m.	**Coffee Break**	Grand Ballroom Foyer	4		

8:30 a.m.–12:00 p.m.

PMI	**A Model System for Behavioral Health Bioterrorism Preparedness** (Ford, Evans, Dailey, Berkowitz, Marans, Dean)	Wabash Room	3	disaster	28
PMI	**Working with Complex PTSD: Group Models and Interventions** (Niles, Wattenberg, Glynn, Unger, McKeever)	Parlor H	6	practice	28
PMI	**Establishing and Protecting the Relationship with Traumatized Clients** (Dalenberg, Gold, Courtois)	Red Lacquer Room	4	practice	28
PMI	**Treating Childhood Traumatic Grief: A Developmental Perspective** (Ley, Pynoos, Cohen, Leiberman, Layne)	Adams Ballroom	6	disaster	29
PMI	**Human Rights in Clinical Practice: Evaluations of Asylum Seekers** (Fabri, McCarthy, Goldberg)	Parlor B	6	practice	29
PMI	**Management of Panic in Patients with PTSD** (Prins, Falsetti, Swales, Prins)	Parlor F	6	practice	29
PMI	**Rebuilding Multiply Fragmented Lives: Treating Trauma and Severe Mental Illness** (Rosenberg, Frueh, Harris, Mueser)	PDR #5	3	clin res	30
PMI	**Preventing Psychological and Moral Injury in Military Service** (Shay, Stokes, Kudler, Biesold, March, Pierce, Ritchie)	Monroe Ballroom	6	commun	30
PMI	**Prevention of PTSD and AIDS Risk Among High Risk Inner-City Women** (Hobfoll, Suniga, Briggs-Phillips, Stines, Vranceanu)	Parlor A	6	clin res	30
PMI	**Divided Mind, Divided Body: Structural Dissociation of the Personality** (Nijenhuis, Ogden, Minton)	State Ballroom	4	practice	30
PMI	**Traumatized Persons Who Kill: Trauma Research in Death Penalty Cases** (LeBoeuf, Foy, Wayland, Campbell)	PDR #4	3	frag	31
PMI	**Acceptance and Commitment Therapy for PTSD** (Walser, Westrup, Rogers, Gregg, Loew)	Crystal Room	3	practice	31
9:00 a.m.–6:30 p.m.	**Resource Center** (Bookstore, Audiotapes, Exhibits)	Lower Exhibition Hall	3		
10:00 a.m.–6:30 p.m.	**Poster Display 1**	Upper Exhibition Hall	4		

1:00 p.m.–2:15 p.m.

Opening Plenary	**Surviving Violence and Shattering the Silence** (Prescott)	Grand Ballroom	4	frag	32

Thursday, October 30 (Continued)

		Room Name	Floor #	Track Abbreviation	Page #
2:30 p.m.–3:45 p.m.					
Consultation	**Community and Milieu Trauma Treatment** (Bloom)	Wabash Room	3	practice	32
Forum	**Memory and Identity in PTSD: A New Perspective on Trauma and Treatment** (Brewin, Friedman)	Grand Ballroom	4	frag	32
Master	**Helping Children Overcome PTSD and Shame Associated with Sexual Abuse** (Deblinger)	State Ballroom	4	child	32
Panel	**PTSD Following Injury: Explaining Variant Findings** (O'Donnell, Bryant, Marshall, Zatzick, Schnyder)	Parlor A	6	assess	32
Panel	**Development of Treatment Guidelines for Survivors of Clerical Abuse** (Keane, McMackin, Thorp, Sassani)	Red Lacquer Room	4	practice	33
Panel	**Culture, Trauma and Domestic Violence: Current Research, Critical Issues** (Warshaw, Yoshihama, Perilla, Jenkins)	Adams Ballroom	6	culture	33
Symposium	**Broken Spirits: Post-Traumatic Injury to the Self** (Wilson, Gregurek)	WITHDRAWN		frag	
	Broken Spirits: Post-Traumatic Injury to the Self (Wilson)				
	A Jungian Analysis of Self-Fragmentation/Integration Following Trauma (Vukusic)				
	Beyond DESNOS and Complex PTSD (Williams, M.)				
Symposium	**Trauma and Comorbid Psychiatric Disorders in Diverse Populations** (Brady, Osterman)	Parlor H	6	assess	33
	Should the Stressor Criterion Be Used Exclusively for PTSD? (de Jong)				
	Comorbidity: Real or Artifact (Osterman)				
	PTSD and Trauma in Special Populations (Brady)				
Workshop	**Survivors and the News: Interactions That Work** (Scherer, Boggs, Correa, Shapiro)	Parlor B	6	train	34
Workshop	**Application of Dialectical Behavior Therapy to Trauma-Related Problems** (Wagner, Jakupcak, Melia)	PDR #9	3	practice	35
Workshop	**Succeeding in the Political Process: A Primer for Traumatologists** (Berkowitz, Harris, W., Harris, D.)	Crystal Room	3	culture	35
Workshop	**Protecting Children from Inheriting the Effects of Violence** (Dubrow, Peddle, Mandour, Jouda, Awwad)	Parlor F	6	child	35
Workshop	**Community-Based Programs for Youth Traumatized by War and Other Violence** (Chew, Sanderson, Fisher)	PDR #4	3	child	35
Workshop	**Integrative Psychoeducation: A Community Trauma Intervention** (O'Neill, Lukens, Thorning, Cecutti)	PDR #5	3	commun	35
4:00 p.m.–5:15 p.m.					
Panel	**Clergy Abuse and Public Trauma: News Coverage, Survivors, and Healing** (Spratt, Clohessy, Kennedy, Lieblich)	Monroe Ballroom	6	train	36
Panel	**Traumatic Loss and Reconstruction of the Assumptive World** (Landsman, Kauffman, Solomon, Figley)	Crystal Room	3	frag	36
SIG Endorsed Panel	**Reliving the Past: The Long-Term Consequences of Preverbal Trauma** (Kaplow, Saxe, Putnam, Pynoos)	State Ballroom	4	child	36
Panel	**Collaborative School-Based Interventions with Refugee Youth** (Liautaud, Black, Rydberg, Pagones, Quensen-Diez)	PDR #5	3	commun	36
SIG Endorsed Symposium	**Etiological Factors in Youth PTSD: The Role of Peritraumatic Reactions** (Rodriguez, Weiss)	Parlor A	6	child	36
	Peritrauma Factors and Posttraumatic Stress in Injured Children (Kassam-Adams)				
	Peritraumatic Reactions/PTSD in Children Exposed to Domestic Violence (Gaba)				
	The Children's Peritraumatic Experiences Questionnaire (Veitch Wolfe)				
	Peritraumatic Dissociation/PTSD: Dissociation Mediation in Youth (Sugar)				
Symposium	**Early Cognitive Predictors of Posttraumatic Distress Following Trauma** (Marshall, G.)	PDR #9	3	clin res	37
	The Role of Self-Blame in the Development of PTSD Symptoms (Schell)				
	The Role of Perceived Control in Recovery from Sexual Assault (Frazier)				
	A Longitudinal Study of Time Perceptions and Adjustment After 9-11 (Holman)				

Thursday, October 30 (Continued)

4:00 p.m.–5:15 p.m. (Continued)

		Room Name	Floor #	Track Abbreviation	Page #
Symposium	**Heart Rate as an Early Predictor of PTSD: Integrating Research Results** (Zatzick, Pitman) Initial Subjective and Objective Physiological Arousal in PTSD (Esposito) Heart Rate Response Following Trauma and Subsequent PTSD (Shalev) Heart Rate and PTSD Symptom Development: A Population-Based Study (Zatzick) Emergency Department Vital Signs and Traumatic Stress Disorders (Veazey)	Adams Ballroom	6	disaster	38
SIG Endorsed Symposium	**Families Reported for Violence: Fragmentation or Integration?** (Saunders, Berliner) Child Adjustment and Relationships with Parents After Family Violence (Smith, D.) The Impact of Family of Origin on Family Functioning Post-Abuse (Williams, L.) Marital/Sexual Functioning After a Report of Family Violence (Saunders)	Wabash Room	3	child	39
Featured Symposium	**Older Adult Trauma Survivors** (Cook, Schnurr) Feasibility of Identifying Elder Abuse & Neglect in the Emergency Department (Cook) PTSD Screening in Elderly Primary Care Veterans (Durai) Older Women and Trauma: Investigation of Late Life Functioning (Walser)	Parlor H	6	clin res	40
Workshop	**A Grieving Urban Community: Child and Parent Co-Victims of Homicide** (Ley, Ward-Wimmer, Handel)	Parlor B	6	child	40
Workshop	**Identity and Meaning: Psychotherapy with Survivors of Torture** (Busi, Akinsulure-Smith, Nguyen, Smith, Aladjem)	Parlor F	6	culture	41
Workshop	**Narrating Catastrophe: The 9/11 Oral History Narrative and Memory Project** (Cloitre, Clark, Wiederhorn)	Red Lacquer Room	4	commun	41
Workshop	**What Your Advisor Never Told You: Your First Real Job** (Shipherd, Kimerling, Melia, Roemer, Foy)	PDR #4	3	train	41
5:15 p.m.–6:30 p.m.	**Poster and Exhibits Open House**	Upper & Lower Exhibition Hall	3/4		

5:30 p.m–7:00 p.m.

SIG	**Child Trauma**	Crystal Room	3		
SIG	**Creative, Body and Energy Therapies**	Wabash Room	3		
SIG	**Dissociation**	PDR #9	3		
SIG	**Human Rights and Social Policy/Policy and Prevention**	PDR #5	3		
SIG	**Media**	Parlor B	6		
SIG	**Physiology, Pharmacology and Neuroscience**	Parlor H	6		
SIG	**Research Methodology**	Red Lacquer Room	4		
SIG	**Spirituality and Trauma**	Parlor A	6		
SIG	**Trauma and Primary Care**	Parlor F	6		

Friday, October 31

7:00 a.m.–8:15 a.m.	**Student Breakfast**	PDR #18	5		
7:00 a.m.–7:00 p.m.	**Speaker Ready Room**	Cresthill	3		
7:30 a.m.–8:30 a.m.	**Coffee Break**	Grand Ballroom Foyer	4		
7:30 a.m–6:30 p.m.	**Registration**	Grand Ballroom Foyer	4		
8:00 a.m.–6:00 p.m.	**Quiet Contemplation Room**	Parlor E	6		

8:30 a.m.–9:45 a.m.

Panel	**Endangered Journalists: No Safe Haven in Colombia** (Simpson, Smyth, Ricchiardi, Murillo, Ronderos)	Crystal Room	3	train	42
Panel	**Early Interventions in Humanitarian and Uniformed Services** (Weerts, Regel, De Soir, Tobin, Meijer)	PDR #9	3	disaster	42

Friday, October 31 (Continued)

8:30 a.m.–9:45 a.m. (Continued)

		Room Name	Floor #	Track Abbreviation	Page #
Featured Symposium	**Political Violence, Trauma and Narrative** (Weine) Integrating Fragmented Memories: Life Narratives and 9/11 (Clark) Putting Out Fires and Starting New Ones (Cintron) Last Moments of a Man Condemned: Dostoevsky and Execution (Morson)	Grand Ballroom	4	culture	42
Symposium	**Recent Research on Revictimization Following Childhood Trauma** (Gold, Cloitre) Family Environment Characteristics of Survivors of Child Sexual Abuse (Seibel) Child Abuse and Revictimization: Implications for Treatment & Research (Van Bruggen) PTSD and Associated Features as Predictors of Revictimization (Dietrich)	State Ballroom	4	frag	43
Symposium	**Massive Trauma: Approaches, New Areas of Evaluation and Treatment** (Goenjian) A Prospective Study of Posttraumatic Stress and Depressive Reactions (Goenjian) PTSD, Depression: Interference in Conscience Function in Adolescents (Steinberg) Adolescent Quality of Life: Development and Validity of a Scale (Walling) Psychosocial Programs for At-Risk Groups After War (Brymer)	Adams Ballroom	6	disaster	43
Symposium	**An Integration of the Pathophysiology and the Pharmacotherapy for PTSD** (Davis, Friedman) Hypothalamic Pituitary Adrenal Axis and Serotonergic Function in PTSD (Bremner) Gabaergic Modulation in PTSD and Treatment with Anticonvulsants (Davis) Noradrenergic Function in the Pathophysiology and Treatment of PTSD (Southwick)	Monroe Ballroom	6	clin res	44
Symposium	**Predisposing Risk Factors for Trauma Exposure and PTSD** (Koenen, Krueger) Study of Identical Twins Discordant for Combat Exposure in Vietnam (Pitman) Genetic Influences on Subtypes of Post-Trauma Psychopathology (Koenen) Genetic and Environmental Influences on Risk for Trauma and PTSD (Taylor) Personality-Based Externalizing and Internalizing Subtypes of PTSD (Miller)	Parlor B	6	biomed	45
Symposium	**Reducing the Risk of PTSD? New Research with Military Populations** (Whealin) Tolerance to High Stress Training Among Student Naval Aviators (Lords) The Role of Assessment in Determining Propensity to Dissociation (Morgan) Deployment Stress and Neurocognition: A Prospective Approach (Vasterling)	PDR #4	3	disaster	46
Symposium	**The US-Israel Bi-National Trauma Initiative: Adolescent Recovery** (Chemtob, Brom) School Based Intervention: Teachers as Change Agents Coping with Terror (Baum) Developing the US-Israel Bi-National Trauma Initiative (Horwitz) PTSD and Functional Impairment in Adolescents Exposed to Terror (Pat-Horenczyk) Screening for PTSD, Depression, and Functional Impairment in New York City (Abramovitz)	Wabash Room	3	child	47
Symposium	**Children's Traumatic Grief: Emerging Clinical Research** (Brown, Mannarino) Conceptualizing and Measuring Traumatic Grief (Layne) Predictors of Psychiatric Symptoms Among Bereaved Children (Brown) The Diagnostic Picture of Traumatically Bereaved Children (Goodman)	Parlor H	6	child	47
Workshop	**Clinical Application and Integration of Family Systems Theory to Trauma** (Nelson, Hoheisel, Archuleta, Kelley)	Parlor F	6	practice	48
Workshop	**After PTSD Treatment: A Group Therapy to Foster Social Connection** (Powch, Huwe)	PDR #5	3	practice	48
Workshop	**Beyond the Prolonged Exposure Manual: Modifying Procedures for Challenging Cases** (Foa, Hembree)	Red Lacquer Room	4	practice	48
Case	**Two Cases on Military Trauma: Sexual Trauma** (Yaeger, Himmelfarb, Freer, Cammack) **and the Grief of Soldiers** (Brock, Williams-Keeler, Shay)	Parlor A	6	practice	49

Friday, October 31 (Continued)

		Room Name	Floor #	Track Abbreviation	Page #
9:00 a.m.–6:30 p.m.	**Resource Center** (Bookstore, Audiotapes, Exhibits)	**Lower Exhibition Hall**	**3**		

10:00 a.m.–11:15 a.m.

Parallel Plenary	**The Tree of Life: Lessons from Survival in a Peri- and Posttraumatic Culture** (Brom)	**Grand Ballroom**	**4**	**frag**	**49**
Parallel Plenary	**Childhood Victimization and Lifetime Revictimization** (Widom)	**Red Lacquer Room**	**4**	**frag**	**49**
10:00 a.m.–6:30 p.m.	**Poster Display 2**	**Upper Exhibition Hall**	**4**		
11:30 a.m.–12:30 p.m.	**ISTSS Business Meeting**	**Grand Ballroom**	**4**		

1:00 p.m.–2:15 p.m.

Consultation	**Treatment of Adolescents with Complex PTSD** (Pelcovitz)	**Crystal Room**	**3**	**frag**	**50**
Forum	**Conflict and Reconstruction: Impact on Civilians and Communities** (Turner, Kushner, de Jong, Goenjian, Weine, Danieli)	**Grand Ballroom**	**4**	**frag**	**50**
Master	**Cognitive Behavioral Therapy** (Rothbaum)	**State Ballroom**	**4**	**practice**	**50**
Panel	**The British PTSD Class Action by British Soldiers** (Bryant, Foa, Shalev, Pitman, Wessely)	**Wabash Room**	**3**	**culture**	**50**
Panel	**Rebuilding Torture-Affected Communities in Exile** (Gonzalez, Black, Joyce, Ryan, Gonzalez)	**PDR #5**	**3**	**commun**	**50**
Featured **Symposium**	**Prostitution, Violence and Invisibility** (Farley)	**Red Lacquer Room**	**4**	**culture**	**51**
	Hidden in Plain Sight: Clinical Observations on Prostitution (Herman)				
	Prostitution and Traumatic Stress (Farley)				
	Health Problems of Women Internationally Trafficked for Prostitution (Gomez)				
SIG Endorsed **Symposium**	**Race, Ethnicity, and Trauma: Research** (Armstead)	**PDR #9**	**3**	**culture**	**51**
	PTSD in African Americans: An Overview of Prevalence and Risk Factor (Alim)				
	Racial Oppression: A Form of Insidious Trauma Among African Americans (Woodard)				
	Assessment and Correlates of Race-Related PTSD Consistent with the DSM (Loo)				
Symposium	**HPA Axis Adaptation to Traumatic Stress: Understanding the Variability** (Rasmusson)	**Parlor B**	**6**	**biomed**	**52**
	Increased DHEA Reactivity and HPA Axis Upregulation in Women with PTSD (Rasmusson)				
	Reductions in 24-Hour Urinary Cortisol Levels Following CBT for PTSD (Friedman)				
	The Developmental Timing of Stress and Adult HPA Axis Dysregulation (Carpenter)				
	Increased Basal Serial CSF Cortisol in Combat Veterans with PTSD (Baker)				
Symposium	**Fostering Intergenerational Resilience from War and Genocide** (Armsworth)	**Parlor A**	**6**	**commun**	**53**
	Historical Trauma Interventions with American Indian Parents (Yellow Horse Brave Heart)				
	Parents with PTSD: Stopping the Intergenerational Cycle of Trauma (Elmore)				
	Parent-Adolescent Relationship Variables in the Aftermath of War (Layne)				
SIG Endorsed **Symposium**	**Reaching into Refugee Communities** (Piwowarczyk, Keane)	**Parlor H**	**6**	**disaster**	**53**
	Application of the COPC Model to Traumatized Refugee Populations (Piwowarczyk)				
	A Theoretical Model of Outreach to Refugee Communities (Grant Knight)				
	A Mixed-Methods Study of Refugee Families Joining Multi-Family Groups (Weine)				
Symposium	**Using the Life Stressor Checklist to Assess Complex Trauma** (Kimerling, Carlson)	**Monroe Ballroom**	**6**	**assess**	**54**
	Assessment of Stressful Events in Women with Co-Occurring Disorders (Caspi)				
	Voices on Trauma: Experiences of Women with Co-Occurring Disorders (Mazelis)				
	Assessing Traumatic Life Events Among Substance Abusing Patients (Ouimette)				
SIG Endorsed **Symposium**	**Implementing Evidence-Based Treatments** (Murray, Hoagwood)	**PDR #4**	**3**	**child**	**55**
	Training Community Providers in Trauma-Focused CBT for Children (Mannarino)				
	Implementing Evidence-Based Treatments Across Multiple Community Sites (Murray)				
	Effectively Sustaining Intervention Programs in the Larger Community (Layne)				

Friday, October 31 (Continued)

1:00 p.m.–2:15 p.m. (Continued)

		Room Name	Floor #	Track Abbreviation	Page #
Symposium	**Research on Batterers and Their Victim Partners** (Alexander) The Prediction of Readiness to Change in Batterers (Black) Trauma Histories of Batterers and Their Partners (Alexander) Conducting Multi-Site Investigations of Domestic Violence (Morris)	**Adams Ballroom**	**6**	**clin res**	**56**
Workshop	**Becoming the "I" in the Storm: Staying Centered with Abuse Survivors** (Kahn, Schwartz, van der Kolk)	**Parlor F**	**6**	**practice**	**56**

2:30 p.m.–3:45 p.m.

Forum	**Conflict and Reconstruction: Impact on the Military Internationally** (Weisaeth, Ritchie, Creamer, Wessely)	**Grand Ballroom**	**4**	**frag**	**57**
Forum	**Women and Physical and Sexual Abuse Trauma: A National 5-year Study (1998–2003) Sponsored by U.S. Federal Substance Abuse and Mental Health Service Administration (SAMHSA)** (Salasin, McKinney)	**Monroe Ballroom**	**6**	**commun**	**57**
Master	**Complex PTSD Treatment** (Cloitre)	**State Ballroom**	**4**	**practice**	**57**
Panel	**Emerging From Invisibility: Recovery from Prostitution** (Ford, Banks, Ackerman, Farley, Herman, Gomez)	**Red Lacquer Room**	**4**	**culture**	**57**
Panel	**Women, Violence and Trauma: Creating Integrated Urban Service Systems** (Warshaw, Bloom, Tracy, Landis, Jenkins)	**Parlor B**	**6**	**commun**	**57**
Symposium	**Trauma Assessment: Issues and Contexts** (Brown) Development of PTSD Screens for Cognitively Impaired Patients (Carlson) Is Dissociation a Multidimensional Construct? Data from the MDI (Briere) True Trauma or True Drama? Assessing Malingering in Trauma Evaluations (Brown)	**Wabash Room**	**3**	**assess**	**58**
Symposium	**Fragmented Information Processing in Revictimization and Perpetration** (Freyd) Abuse and Revictimization: The Role of Consensual Sex Decision Rules (Zurbriggen, Freyd) Testing a Cognitive Model of Revictimization Risk (DePrince) Previous Victimization and Dissociation Among Sex Offenders (Becker Blease)	**Parlor H**	**6**	**frag**	**58**
Symposium	**Islands of Resiliency—A Community Perspective** (Pat-Horenczyk, Lahad) Helping the Helpers: Compassion Fatigue Among Volunteers (Pat-Horenczyk) Developing Resilience in the Face of Ongoing Terror: Pre-School Project (Baum) Parenting in the Shelters: A Community-Based Intervention Project (Kaplansky) The Integrative Model of Coping and Resiliency (Lahad)	**PDR #5**	**3**	**commun**	**59**
Symposium	**New Research from Brain Imaging Studies in PTSD** (Vermetten) Memory and the Hippocampus in Twins with and Without PTSD (Bremner) Hippocampal Volume in Police Officers with and Without PTSD (Lindauer) Long-Term Treatment Effects on Memory and Hippocampus in PTSD (Vermetten)	**Adams Ballroom**	**6**	**biomed**	**60**
Symposium	**Correlates and Potential Consequences of Memory Dysfunction** (Zoellner) The Nature of Memories of Violent Crime in Young Offenders (Evans) Emotional-Processing in Women with PTSD (Maguen) Autobiographical Memory for Trauma (Bryant) Cognitive Consequences of Memory Dysfunction in PTSD (Zoellner)	**Parlor A**	**6**	**assess**	**61**
Symposium	**A Developmental View of Ethnocultural Variation in Trauma Responses** (Pole, Danieli) Ethnic Differences in PTSD Among Females Across the Lifespan (Seng) Pre-and Post-September 11th Risk for PTSD Among Hispanic Adults (Pole) Ethnic Predictors of Symptoms in Domestic Violence-Exposed Children (Graham-Bermann) Ethnic Differences in Trauma Responses of Preschoolers Following 9-11 (DeVoe)	**Crystal Room**	**3**	**culture**	**62**
Workshop	**Pharmacological Treatments for Traumatized Children** (Cohen, Silva, Berkowitz)	**PDR #9**	**3**	**child**	**63**
Workshop	**Treatment of Young Children Exposed to DV: A Role for Abusive Fathers?** (McAlister Groves, Acker, Smith Stover)	**PDR #4**	**3**	**child**	**63**
Case	**Two Cases on Narrative Construction Following Trauma** (Tuval-Mashiach, Peri)	**Parlor F**	**6**	**practice**	**63**

Friday, October 31 (Continued)

4:00 p.m.–5:15 p.m.

		Room Name	Floor #	Track Abbreviation	Page #
Consultation	**Phase-Oriented Treatment of Dissociative Disorders** (Steele)	Parlor B	6	frag	64
Forum	**Future Directions and Funding Priorities of Relevance to the Traumatic Stress Field at the U.S. National Institute of Mental Health (NIMH)** (Breiling, Rothbaum, Miller, Boyce)	Monroe Ballroom	6	clin res	64
Panel	**Terrorism Disaster Branch: Safeguarding Children and Families** (Pfefferbaum, Shaw, Brymer, Vernberg, Jones)	State Ballroom	4	disaster	64
Panel	**Trauma Survivors in the Current Insecure and Unpredictable Climate** (Joyce, Blais, Portman, Mousin)	PDR #4	3	culture	64
Symposium	**Women Refugees and Victims of Torture: Needs and Interventions** (Allden)	PDR #5	3	culture	64
	The Experience of Loss in the Context of the Relational Model (Gupta)				
	Domestic Violence in Newcomer Populations (Lyons)				
	War-Related Sexual Violence and Torture in Newcomer Populations (Ritter)				
	Female Genital Mutilation Among Asylum Seekers (Allden)				
Symposium	**The Ecology of Traumatic Stress: Resource Loss and Gain Cycles** (Hobfoll)	Wabash Room	3	disaster	65
	Neighborhood Obliteration and Resource Loss (Fullilove, M.)				
	Strategies for Promoting Community Resilience Following Massive Trauma (Saul)				
	Postdisaster PTSD and Social Support over Four Waves of a Panel Study (Norris)				
	Religion, Social Deprivation and Support for Political Violence (Hobfoll)				
Symposium	**New Assessment Measures and Methods for Early Trauma Survivors** (Ruzek)	Adams Ballroom	6	assess	66
	A New Method for Assessing Responses in ER Patients and Families (Carlson)				
	Assessing PTSD Risk in Acutely Injured Children and Youth (Kassam-Adams)				
	The Power of Peritraumatic Responses to Prospectively Predict PTSD (Brunet)				
Symposium	**War-Zone Stress and Health Status: Lessons from the 1st Gulf War** (Vogt)	Parlor H	6	biomed	66
	Depression and PTSD in Gulf War Veterans: Effects of Stress and Coping (Griffith)				
	War-Zone Stressors and Health: Findings from the Devens Cohort Study (Proctor)				
	Risk and Resilience Factors Related to Gulf War Veterans' Health Outcomes (King, D.)				
	The Mental Health Consequences of the Gulf War on Australian Veterans (Creamer)				
Symposium	**Treatment Outcome Studies of PTSD** (van der Kolk)	Red Lacquer Room	4	clin res	67
	Treatment Outcome of Fluoxetine Vs. EMDR in PTSD (van der Kolk)				
	Differential Biological Outcomes of EMDR and Fluoxetine for PTSD (Hopper)				
	CBT Vs. EMDR in the Treatment of PTSD (McFarlane)				
	The Impact of Cognitive Processing Therapy on Survivors of Sexual Abuse (Chard)				
Symposium	**Culture, Trauma, and Cultural Rights** (Danieli)	Crystal Room	3	culture	69
	Ethiopian Jews' Narratives of the Journey to Israel: Culture and Trauma (BenEzer)				
	Teenage Refuge: Life After Wartime for Bosnian Teens in Chicago (Weine)				
	Cultural Rights and Trauma (Stamatopoulou)				
Symposium	**The Changing Face of Trauma: Surviving Continuous Threat and Terror** (Shalev, Ursano)	Grand Ballroom	4	disaster	69
	Cognitive Behavioral Therapy (CBT) for PTSD in an Era of Ongoing Terror (Freedman)				
	Communities Under Terror: Exposure, Fears, Coping and PTSD (Tuval-Mashiach)				
	PTSD in Battered Women: Mediating Role of Learned Helplessness (Bargai)				
	Trauma Will Never Be the Same: How Terror Has Changed Our View of PTSD (Shalev)				
Symposium	**Integrating Psychosocial Services in Post-War Environments** (Kelley)	PDR #9	3	disaster	70
	The Need for Integrated Psychosocial Services in Post-War Situations (van de Put)				
	World Views on Suffering and Post-Conflict Psychosocial Interventions (Kelley)				
	Psychosocial Benefits of an Education Program for Displaced Youth (Betancourt)				
	Youth Coping with Post-War Stressors: Implications for Intervention (Benson)				

Friday, October 31 (Continued)

		Room Name	Floor #	Track Abbreviation	Page #
4:00 p.m.–5:15 p.m. (Continued)					
Workshop	**Programmatic Integration of Protocol-Specific Group Treatments** (Castillo, Schnurr)	Parlor F	6	clin res	71
Workshop	**To Hold the Mirror Up to Nature: Reflections of Trauma in Literature** (Kudler, Shay)	Parlor A	6	frag	71
5:15 p.m.–6:30 p.m.	**Poster and Exhibits Open House**	Upper & Lower Exhibition Halls	3/4		
5:30 p.m.–6:15 p.m.					
Media	**"Tension"** (Dubrow)	Red Lacquer Room	4		72
Media	**"Veterans Helping Veterans: Key Insights for PTSD Recovery"** (Root, Reyntjens)	Monroe Ballroom	6		72
5:30 p.m.–7:00 pm					
SIG	**Criminal Justice**	PDR #4	3		
SIG	**Diversity and Cultural**	Wabash Room	3		
SIG	**Early Interventions**	Parlor H	6		
SIG	**Gender and Trauma**	PDR #9	3		
SIG	**Intergenerational Transmission of Trauma and Resilience**	PDR #5	3		
SIG	**Physical Injury, Chronic Illness and Disability**	Parlor A	6		
SIG	**Traumatic Grief**	Parlor F	6		
6:30 p.m.–7:45 p.m.					
Media	**"Angel, a Story of Trauma and Recovery"** (Robinson)	Red Lacquer Room	4		72
6:30 p.m.–8:00 p.m.					
Media	**"PTSD Among Asian-American and Pacific Islander Veterans"** (Daniels)	Monroe Ballroom	6		72

Saturday, November 1

7:00 a.m.–7:00 p.m.	**Speaker Ready Room**	Cresthill	3		
7:30 a.m.–8:30 a.m.	**Coffee Break**	Grand Ballroom Foyer	4		
8:00 a.m–5:30 p.m.	**Registration**	Grand Ballroom Foyer	4		
8:00 a.m.–6:00 p.m.	**Quiet Contemplation Room**	Parlor E	6		
8:30 a.m.–9:45 a.m.					
Forum	**What Is Dissociation? One Philosopher's View** (Braude, van der Kolk)	Grand Ballroom	4	frag	73
Panel	**New Directions in PTSD Treatment: Integrating Outcomes and Neuroscience** (Braun, Grunert, Weis, Smucker, Riemann)	Parlor B	6	clin res	73
Panel	**Multi-Site Trials of Treatments for PTSD: Questions and Answers** (Schnurr, Foa, Krystal, Resick)	Crystal Room	3	clin res	73
Symposium	**The Ethics of Asking and Not Asking About Trauma History** (Freyd, Newman) Participant Responses to Being Asked About Trauma History (DePrince) Student and Professionals' Reactions to Clinical and Research Activity (Kennedy) Ethical Challenges of Asking and Not Asking Sex Offenders About Abuse (Becker Blease)	Adams Ballroom	6	clin res	73

Saturday, November 1 (Continued)

8:30 a.m.–9:45 a.m. (Continued)

		Room Name	Floor #	Track Abbreviation	Page #
Symposium	**Motor Vehicle Accident Trauma: Coping Processes and Fragmentation** (Benight) A Test of the Goodness-of-Fit Theory in Motor Vehicle Accident Victims (Midboe) Self-Distraction, Denial, and Self-Blame Coping and PTSD Symptoms (Delahanty) Coping with Motor Vehicle Accident Trauma: A Causal Model Analysis (Benight)	PDR #5	3	disaster	74
Symposium	**Predictors of Treatment Outcome in PTSD** (Creamer, Rothbaum) PTSD Treatment Outcome Predictors: Exposure Therapy, EMDR & Relaxation (Taylor) Evaluation of Differential Program Types for C-R PTSD (Forbes) Treatment Outcome: Adult Physical/Sexual Assault Vs. Child Sexual Abuse (Cahill)	Monroe Ballroom	6	clin res	75
Symposium	**Medical Traumatic Stress in Children** (Saxe, Zuckerman) Parent Assessment of Child Acute Stress and Pain After Traumatic Injury (Baxt) Family Treatment of Posttraumatic Stress in Childhood Cancer Survival (Kazak) ASD and PTSD in Children with Burn and Non-Burn Injuries (Saxe)	State Ballroom	4	child	75
Symposium	**Arousal and Human Memory for Stressful Events** (Morgan III) Predicting Accuracy of Eyewitness Memory (Hazlett) Accuracy of Eyewitness Memory During Acute Stress (Morgan III) Noradrengeric Arousal and Enhanced Memory in Humans (Southwick)	Red Lacquer Room	4	assess	76
Symposium	**Police, Fire and Community Psychiatric Responses to Child Trauma** (Murphy) Law Enforcement Training in Childhood Trauma Responses (Macy) Police and Clinical Enhancements for Domestic Violence Exposure (Casey) Children and Residential Fires: An Expanded Role for Firefighters (Jones) Interventions in the Child Development Community Policing Network (Murphy)	Parlor F	6	child	77
Symposium	**Perspectives on Traumatic Grief** (Shear, Marshall, R.) Traumatic Grief Treatment: A Randomized Controlled Trial (Shear) The Psychosocial Predictors and Consequences of Traumatic Loss of 9-11 (Neria) Community Grief as Observed in Project Liberty and LIFENET (Naturale)	Wabash Room	3	clin res	78
Workshop	**A Stages of Change Approach to Preventing PTSD Treatment Failure** (Murphy, Rosen)	PDR #9	3	practice	79
Workshop	**Getting the Clinical Psychology Training You Want** (Koenen, Roemer, Davison, Grant-Knight, Kilpatrick)	Parlor A	6	train	79
Workshop	**The Challenges of Training and Sustaining Trauma Therapists** (Pearlman, Kahn, Migdow, Pearlman)	Parlor H	6	practice	79
Case	**Cases Involving Ethnocultural Issues in Complex PTSD** (Mahoney, Russo, Mirow)	PDR #4	3	practice	79
Case	**Cases on Children as Witnesses to Trauma: Sibling Homicide** (Koverola); **War in Uganda** (Kamya)	PDR #8	3	practice	79
9:00 a.m.–6:30 p.m.	**Resource Center** (Bookstore, Audiotapes, Exhibits)	Lower Exhibition Level	3		

10:00 a.m.–11:15 a.m.

Parallel Plenary	**Stories of Healing and Resilience: The Power of Culture and Community** (Munroe, Friedman)	Grand Ballroom	4	frag	80
Parallel Plenary	**Back from the Future (Does where we have been tell us anything about where we are going?)** (Putnam)	Red Lacquer Room	4	frag	80
10:00 a.m.–6:30 p.m.	**Poster Display 3**	Upper Exhibition Hall	4		

1:00 p.m.–2:15 p.m.

Master	**Sensorimotor Psychotherapy** (Ogden)	Wabash Room	3	practice	81
Panel	**Research to Guide New York City's Services for Children After 9-11** (Rosen, Cohen, Gregorian, Josephson)	PDR #9	3	disaster	81
Panel	**Does Psychotherapy Change the Brain? Presentation and Discussion** (Kimble, Schwartz, Rothbaum, Resick, Brewin)	Adams Ballroom	6	clin res	81

Saturday, November 1 (Continued)

1:00 p.m.–2:15 p.m. (Continued)

		Room Name	Floor #	Track Abbreviation	Page #
Panel	**Treatment of Trauma in Refugees: Systems Integration** (Buwalda, Affey, Langendorf, Szydel, Falk)	PDR #8	3	commun	81
Panel	**A Multisite Treatment Study for PTSD in Sexually Abused Children** (Cohen, Mannarino, Robert)	Monroe Ballroom	6	child	81
Symposium	**An Update on the Biology of Dissociation** (Simeon, Putnam) Flashback and Dissociative Responses in PTSD: FMRI Functional Connect (Lanius) HPA Axis Under Rest and Stress in Chronic Depersonalization (Simeon) Neurobiological Correlates of DID, in Comparison with PTSD AD BPD (Vermetten)	Red Lacquer Room	4	biomed	82
Featured Symposium	**Recent Developments in Clinical Research on Complex PTSD I: Assessment** (Spinazzola, van der Kolk) Complex Trauma in The National Child Traumatic Stress Network (Spinazzola) Child and Adolescent Needs and Strengths: A Child Trauma Assessment Tool (Kisiel) Transcultural Predictors of Disorders of Extreme Stress (DENOS) (de Jong)	Grand Ballroom	4	clin res	83
SIG Endorsed Symposium	**Models of Mental Health Services for Refugee Children** (Birman) The Intercultural Child Traumatic Stress Center of Oregon (Kinzie) International FACES: Framing Culture and Family (Batia) Conceptual Underpinnings of Treatments for Refugee Children (Birman) An Integrated Approach to Treating Refugee Children and Their Families (Grant Knight)	PDR #4	3	culture	83
Featured Symposium	**Complex Sequelae of Disorganized Attachment and Unresolved Trauma** (Stovall-McClough) Disorganized Attachment, Borderline Traits and Child Abuse Potential (Alexander) Disorganized Attachment and the Relational Context of Dissociation (Lyons-Ruth) Unresolved Trauma and CA-Related PTSD in Treatment-Seeking Women (Stovall-McClough)	State Ballroom	4	child	84
SIG Endorsed Symposium	**Race, Ethnicity and Trauma: Treatment, Education and Policy** (Webb, Armstead) Community Violence, Terror from Within (Poag) Howard University, African Americans and PTSD: A Retrospective (Bailey) Post Traumatic Stress Disorder: A Latino Perspective (Martinez)	Crystal Room	3	culture	85
Workshop	**Grantwriting 101** (Koenen, Keane, Street, Valera, Breiling)	Parlor A	6	train	86
Workshop	**Assisted Recovery from Trauma and Substances: A Treatment Approach** (Triffleman, Wong)	Parlor H	6	practice	86
Workshop	**Developing a Curriculum on Trauma for Psychiatry Trainees** (Anzia, Smajkic, Flaherty, Griffith)	PDR #5	3	culture	86
Workshop	**American Indian Trauma Responses in the Wake of 9/11 and Bioterrorism** (Yellow Horse Brave Heart, Yellow Horse, DeBruyn)	Parlor B	6	culture	86
Case	**Cases on Cognitive Behavioral** (Brown, Goodman, Pearlman) **and Client-Centered Therapy for Children's Traumatic Grief** (Goodman)	Parlor F	6	child	86

2:30 p.m.–3:45 p.m.

Consultation	**Family Systems and Culturally Sensitive Trauma Treatment** (Hardy)	Wabash Room	3	culture	87
Panel	**International Trauma Training of Primary Care Providers** (Eisenman, Agani, Rolland, Danieli)	State Ballroom	4	disaster	87
Panel	**Integrating Treatments in the Wake of Trauma: When, Who and How?** (Monson, Friedman, Watts, Rothbaum, Price)	Crystal Room	3	clin res	87
Featured Symposium	**State of the Art: Research in Dissociative Identity Disorder (DID)** (Chefetz) Research on Inter-Identity Amnesia in Dissociative Identity Disorder (Huntjens) Reconceptualizing DID: An Expanded Domain of Dissociative Experience (Dell) The Differentiation of Imitated DID from Genuine DID (Boon)	Red Lacquer Room	4	frag	88
Symposium	**Improving Treatment of Posttraumatic Stress Disorder** (Bryant, Keane) Imaginal Exposure Vs. In-Vivo Exposure in Treating PTSD (Bryant) Bringing a Manualized Treatment for PTSD to the Community (Cloitre) CBT for PTSD for Partial Treatment Responders (Foa) Treating PTSD with Cognitive Processing Therapy or Prolonged Exposure (Resick)	Monroe Ballroom	6	clin res	88

Saturday, November 1 (Continued)

2:30 p.m.–3:45 p.m. (Continued)

		Room Name	Floor #	Track Abbreviation	Page #
SIG Endorsed, Featured — Symposium	**Recent Developments in Clinical Research on Complex PTSD II: Treatment** (Spinazzola, van der Kolk) Group Treatment for Adolescents with Complex PTSD (DeRosa) Treatment of Adolescent Girls with Childhood Abuse (Cloitre) An Integrative Treatment Model of Child/Adolescent Complex Trauma (Lanktree)	Grand Ballroom	4	clin res	89
Symposium	**Intimate Partner Violence: Threat Appraisal, Coping, and PTSD** (Dutton) The Effect of Relationship Dynamics on Battered Women's Experiences (Bell) Emotion-Focused Coping in Battered Women: Correlates and Outcomes (Kaltman) Determinants of Battered Women's Threat Appraisal (Dutton) Risk Factors of PTSD on Battered Women: Anger Expression/Parental Bahavior (Ishii)	Parlor F	6	clin res	90
SIG Endorsed — Symposium	**Clinical Practice, Human Rights, and Impunity: Challenging Crossroads** (Fabri) The Pursuit of Justice Through Anti-Impunity Work (Portman) Anti-Impunity Work with Torture Survivors: The Clinician's Perspective (Gupta) Torture Survivors Creating Meaning Through Anti-Impunity Efforts (Fabri)	Parlor H	6	culture	91
Symposium	**Examining the Complex Puzzle of PTSD and Substance Abuse** (Riggs, Foa) Reductions in Trauma Symptoms During Alcohol and Cocaine Abstinence (Coffey) An Acute Phase Intervention to Prevent Post-Rape Substance Use/Abuse (Acierno) Physical and Sexual Abuse, PTSD and Psychiatric Symptoms in Cocaine Dependent Women (Cook) Treating PTSD and Alcohol Dependence Concurrently: Preliminary Findings (Riggs)	Parlor A	6	clin res	92
Symposium	**Posttrauma Emotional Functioning: Alexithymia and Emotional Numbing** (Vernon, Roemer) Relations Among PTSD, Alexithymia, Attributions, and Trauma Characteristics (Vernon) Emotional Processing in Sexually Assaulted Women (Palmieri) Alexithymia in Battered Women: Increasing Our Understanding (Valera)	PDR #5	3	clin res	93
Symposium	**Dissociative Symptoms and Auditory Hallucinations in Torture Survivors** (Okawa) Psychiatric Treatment for Auditory Hallucinations in PTSD (Griffith) Auditory Hallucinations Among Torture Survivors with PTSD (Gaby) Hallucinations and Other Dissociative Symptoms in Torture Survivors (Okawa)	PDR #4	3	frag	93
Workshop	**Values, Addiction and PTSD: Integrating Self and Spirituality** (Young, Donovan, Padin-Rivera, Drescher)	PDR #8	3	practice	94
Workshop	**Treatment of BPD as a Disorder of Trauma, Attachment and Dissociation** (Howell, Blizard)	PDR #9	3	frag	94
Workshop	**Lessons from Auschwitz: Making a New Life and Sharing a New Meaning** (Kudler, Fried, Albeck)	Adams Ballroom	6	frag	95
Workshop	**Pediatric Illness Injury: Models for Treating Traumatic Stress** (Kazak, Saxe, Stuber)	Parlor B	6	child	95

4:00 p.m.–5:15 p.m.

Closing Plenary	**The Emerging Psychobiology of Trauma-Related Dissociation** (Nijenhuis)	Grand Ballroom	4	frag	95
5:15 p.m.–6:30 p.m.	Poster and Exhibits Open House	Upper & Lower Exhibition Hall	3/4		
5:30 p.m.–6:30 p.m.	Conference Debriefing	Wabash Room	3		
6:30 p.m.–7:30 p.m.	Awards Ceremony	Grand Ballroom	4		
7:30 p.m.–9:30 p.m.	Awards Reception	Red Lacquer Room	4		

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Wednesday, October 29
9:00 a.m.–12:30 p.m. and 1:30 p.m.–5:00 p.m.
Full Day

1 Movement and Action in the Transformation of Trauma

PMI (frag) **Grand Ballroom, 4th Floor**

van der Kolk, Bessel, MD, Trauma Center, Boston University; Macy, Robert, PhD, Trauma Center; Gross, Steven, Trauma Center; Johnson Macy, Dicky, Trauma Center; Brighton, Pam, Trauma Center; Grijalva, Frank, Trauma Center
TECHNICAL LEVEL: Intermediate

Trauma affects the total organism: neurobiologically, psychologically and socially. Traditional psychotherapy has approached the resolution of trauma as something that needs to be understood, worked through and put into the larger perspective of one's life. In the wake of the emerging research on the neurobiology of trauma, its effects on HRV, immune function and other issues related to selfregulation, physical helplessness, loss of executive functioning, and difficulty engaging in collaborative relationships, our Center, with numerous consultants, is engaged in a variety of programs exploring the use of collaborative movement and action, both in the aftermath of trauma, and in the treatment of chronically traumatized individuals. This includes theater groups with traumatized inner city youth in Boston, and a 12 session threat and terror stress inoculation program for elementary and middle school in the Metro Boston and Cambridge Primary School systems. The latter program is an extension of the Classroom Based Intervention (CBI) originally developed for use with 75,000 homeless youth after the Turkish earthquakes of 1999, and, in collaboration with Save the Children and USAID, in the Middle East with children and youth exposed to armed conflict. Outcome data that demonstrate increased self-efficacy, creativity, ability to appreciate other's point of view, and decreased re-enactments and intrusions, will be presented for several of these programs. This pre-conference workshop will explore how experience itself, and controlled bodily action, individually and in groups, can help overcome traumatic repetitions and continued fight/flight/freeze responses. The faculty will demonstrate, with the help of live demonstrations, videotapes, and handouts, how body-centered approaches and improvisational and ritualized theater groups can help people regain a sense of mastery and communality that is unlikely to be achieved by talking and meaning-making alone and present the research methodology and research findings that support the utility of such approaches.

2 How to Implement Prolonged Exposure for Chronic PTSD

PMI (practice) **State Ballroom, 4th Floor**

Foa, Edna, PhD, University of Pennsylvania; Hembree, Elizabeth, PhD, University of Pennsylvania; Riggs, David, PhD, University of Pennsylvania
TECHNICAL LEVEL: Basic

Chronic posttraumatic stress disorder (PTSD) is an often complex and challenging disorder for clinicians to treat. But with a lifetime prevalence ranging from 6% to 12% of the population, and in the aftermath of recent terrorist events in the U.S., it is likely that clinicians will continue to see a sizable number of clients with PTSD and other trauma-related pathology. In this workshop, Edna B. Foa, PhD, Elizabeth A. Hembree, PhD, and David S. Riggs, PhD, will provide instruction in the use of Prolonged Exposure (PE), an empirically validated and highly efficacious cognitive behavioral treatment for chronic PTSD. Following a brief summary of the background theoretical and empirical work underlying PE, the presenters will describe the components of the treatment, and will illustrate these interventions with excerpts from videotaped therapy sessions.

3 Emerging Practices in Early Post-Trauma Intervention

PMI (disaster) **Crystal Room, 3rd Floor**

Endorsed by the Early Interventions Special Interest Group

Ruzek, Josef, PhD, National Center for PTSD, VA Palo Alto Health Care System; Orner, Roderick, PhD, Department of Clinical Psychology, Lincolnshire (England) Healthcare Trust; Bryant, Richard, PhD, University of New South Wales; Kassam-Adams, Nancy, PhD, Children's Hospital of Philadelphia; Watson, Patricia, PhD, National Center for PTSD; Shalev, Arieh, MD, Hebrew University; Hadassah School of Medicine and Early Intervention; Resnick, Heidi, PhD, Medical University of South Carolina
TECHNICAL LEVEL: Intermediate

In this Pre-Meeting Institute, leaders in the development of early intervention methods to prevent trauma-related problems will provide practical guidance about secondary prevention based on clinical experience, ongoing treatment development, and research. First, Dr. Roderick Orner of the Department of Clinical Psychology, Lincolnshire (England) Healthcare Trust, will provide an overview of the current state of early intervention practice. Dr. Richard Bryant of the University of New South Wales will then provide training in cognitive-behavioral interventions being evaluated with motor vehicle accident and assault survivors with acute stress disorder. He will discuss delivery of several of the components of this evidence-based approach, including exposure treatment and cognitive restructuring, using case examples to describe the interventions in detail. Dr. Nancy Kassam-Adams of Children's Hospital of Philadelphia will explore recent thinking regarding the adaptation of adult preventive interventions for children. She will address the interplay between child and family responses to trauma, describe a recently developed practical screening tool for use with children and parents, and discuss ways of involving parents as resources for children's recovery from trauma. The next two presentations will describe adaptations of treatment to fit the delivery contexts of terrorism. Dr. Patricia Watson, from the National Center for PTSD, will discuss an adaptation of cognitive-behavioral treatment for survivors of the 9-11 World Trade Center attacks. Dr. Arieh Shalev, of Hebrew University and the Hadassah School of Medicine, will explore ways of moving the field from a "salient event/acute response" model (the core model of PTSD, given the disorder's status as "post" trauma) into a continuous adversity model, recognizing that many people are experiencing ongoing exposure to terror (e.g., domestic violence, crime, and terrorist attacks), not single events. Finally, Dr. Josef Ruzek from the National Center for PTSD will summarize and consider near-term changes in early intervention practice that are emerging in the field.

Wednesday, October 29
9:00 a.m.–12:30 p.m.
Morning

4 Risk Management in Trauma Treatment

PMI (practice) **Wabash Room, 3rd Floor**

Courtois, Christine, PhD, Psychiatric Institute of Washington and Private Practice; Turkus, Joan, MD, Psychiatric Institute of Washington and Private Practice; Brown, Laura, PhD, Argosy University, Seattle and Private Practice
TECHNICAL LEVEL: Intermediate

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

5 Community-Based Responding After Violence in Indigenous Communities

PMI (culture) **Parlor F, 6th Floor**

Stamm, B. Hudnall, PhD, Institute of Rural Health, Idaho State University; Higson-Smith, Craig, MA, South African Institute for Traumatic Stress
TECHNICAL LEVEL: Intermediate

The interplay between helper and helped in communities affected by cultural trauma and violence requires understanding both the culture of the community and the culture of those who would come from the outside to assist with healing. This workshop discusses theory and research related to working with diverse ethnic groups in community. The workshop is divided into three sections: (a) the culture of the traumatized community; (b) the culture of the helpers; and (c) the interaction of the culture and the helpers. The workshop will open with an overview of the theory of cultural trauma as developed by B. Stamm and H. Stamm. The presentation will continue with a review of the idioms of distress in westernized and non-western cultures as conceptualized by B. Stamm and Matthew Friedman. Following these presentations, Higson-Smith will discuss negative and positive resilience as posed by Merle Friedman and Higson-Smith. The session continues with a discussion of workers in terrifying situations who may experience potentially traumatizing events, either directly or indirectly. The authors posit that there are things that can be done-by the individual, the work group, the agency, and even through culture-that are protective for traumatic stress workers, whether they are community members or outsiders who offer assistance following a community upheaval. The presenters will explain some of the complexities of the experiences encountered by those who work in terrifying situations, where workers simultaneously may be exposed to a malevolent environment through indirect trauma (secondary or vicarious), and/or to direct trauma. The presenters will provide information on biological and psychological risks and protective factors, based on a person-event model, that can influence an individual's work and competency and contribute to both positive and negative resiliency. The materials will be summarized by examining a model of culture (part of culture, not part of culture) by exposure (direct, indirect) and its use in communities affected by violence. The session concludes with recommendations for supporting both community members and outsiders working in the community.

6 Nightmare Therapy: Integration and Resolution of Traumatic Memories

PMI (practice) **Parlor B, 6th Floor**

Daniels, Lori, PhD, Department of Liberal Arts, Hawaii Pacific University; Donovan, Beverly, PhD, Department of Veterans Affairs Medical Center; Padin-Rivera, Edgardo, PhD, Department of Veterans Affairs Medical Center; Scurfield, Raymond, DSW, University of Southern Mississippi, Gulf Coast; Forbes, David, PhD, University of Melbourne
TECHNICAL LEVEL: Intermediate

Traumatic events can result in the fragmentation of a survivor's psyche, resulting in recurrent, traumatically based nightmares and other forms of reexperiencing symptoms. Survivors often report suffering from dreams that reference traumatic incidents. The reoccurrence of traumatic dreams and intrusive memories have long-term, negative impact on other areas of a survivor's life and can result in difficulties with occupational and interpersonal relationships. A clinician's ability to use the content of dreams as a source of information and therapeutic reintegration of traumatic memories can expedite healing and resolution. This four-part institute describes five different techniques designed to reduce the frequency and intensity of trauma-based nightmares. The first part discusses the development of a nightmare assessment instrument with psychometric evaluation information. In addition, a method to create meaning within traumatic nightmares through a group treatment model is also presented with outcome data. The second part introduces a Gestalt method, using a one-session case example to illustrate the processing of traumatic events, and the outcome four years later. The third part discusses two methods of working with traumatic nightmares: sandplay processing and a writing technique. Each of these procedures will be illustrated using case examples and videotaped therapy sessions. The final part will describe treating traumatic dreams through imagery rehearsal. Findings from a recently completed 12-month pilot study using imagery rehearsal will also be presented. A major goal of each nightmare therapy technique is to minimize the influence of traumatic nightmares and resultant negative emotions on survivors. This institute is designed for intermediate or advanced clinical practitioners who wish to enhance their skills addressing specific traumatic memories that impact on their clients' lives.

7 Cognitive-Behavioral Treatment for Type II Childhood Trauma Victims

PMI (practice) **Parlor H, 6th Floor**

Boos, Anne, PhD, Technische Universitaet Dresden; Smucker, Mervin, PhD, Medical College of Wisconsin; Braun, Michelle, MS, University of Wisconsin Milwaukee
TECHNICAL LEVEL: Intermediate

Victims of Type II childhood traumas typically manifest not only chronic PTSD symptoms, but struggle with numerous maladaptive core beliefs (schemas) relating to negatively distorted perceptions of threat, vulnerability, powerlessness, and self-efficacy. Because Type II trauma memories and associated beliefs are often encoded visually and senso-motorically and are not accessible by verbal

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Morning (Continued)

techniques alone, imagery-based interventions have been increasingly applied in the treatment of PTSD where the distressing affect is directly linked to the victim's intrusive images and associated meanings. In this workshop, the presenters will offer an integrated CBT treatment model for Type II trauma victims that involve: (1) transforming the affectively-charged traumatic imagery into narrative language; (2) replacing victimization imagery with mastery/coping imagery; and (3) facilitating emotional self-regulation through the development of self-calming and self-soothing imagery. Through instructional video demonstrations, experiential exercises, case examples, lecture, and discussion, this workshop will demonstrate the use of imagery as a primary therapeutic agent to access, challenge, and modify trauma-related cognitions, intrusive images, and schemas. Participants will learn how the application of imaginal exposure, mastery/coping imagery, and self-nurturing imagery—combined with secondary cognitive processing and schema modification—can be applied to decrease physiological arousal, eliminate intrusive memories, replace victimization imagery with coping imagery, modify trauma-beliefs, create more adaptive schemas, and develop an enhanced capacity to self-nurture and self-calm.

8 The Multiple Realms of Fragmentation Experienced by Torture Survivors

PMI (practice) **Parlor A, 6th Floor**

Okawa, Judy, PhD, Program for Survivors of Torture & Severe Trauma at CMHS; Gray, Amber, MPH, MA, Rocky Mountain Survivors Center; Fabri, Mary, PsyD, The Marjorie Kovler Center for Treatment of Survivors of Torture; Piwowarczyk, Linda, MD, MPH, Boston Center for Refugee Health and Human Rights, Boston University School of Medicine
TECHNICAL LEVEL: Intermediate

Survivors of politically motivated torture frequently describe feeling as if their personalities have been dismantled, fragmented, by their experiences of torture. The uncertain political climate in the U.S. since September 11 makes survivors vulnerable to exacerbation of fragmentation. This presentation will explore the multiple realms in which fragmentation occurs (fragmentation of the self, distortion of perceptions, fragmentation of the body, mind, and spirit, and fragmentation of social relatedness) and interventions will be proposed. The multiple ways in which torture victims experience fragmentation of the self will be explored through examination of the pattern of responses given by 60 survivors to the Trauma Symptom Inventory (TSI) in a review of archival data, revealing a broad range of dissociative symptoms. One of the long-term consequences of torture is a persistent vulnerability to perceptual distortions in times of stress. These distortions are directly related to the strategies of torture to dominate and instill fear and mistrust. Case material will be presented to illustrate examples of perceptual distortion and relational strategies. The meaning of these perceptual distortions within the context of torture and the utilization of the therapeutic relationship as a link to perceptions of reality will be discussed. The use of somatic psychology interventions, used both alone and in conjunction with other therapies, will be described as a means of addressing the disrupted sense of safety and somatic and relational fragmentation. Methods presented will be based on principles of somatic psychology and dance movement therapy and will draw from three case examples of work with survivors of long-term torture and war trauma. It is well known that trauma and torture significantly affect the social cohesion of individuals, families, and communities. Group interventions with a long-term psychotherapy group with Bosnian women and a multi-ethnic Women's Solidarity Dinner Group will be described and contrasted. The fulcrum of the healing process in the first group stemmed from the therapist's challenges to stretch beyond standardized treatment approaches. In the multinational women's group, the identification of common challenges faced by women from diverse backgrounds resulted in cultural identity serving as a grounding vehicle leading to group unity. Presentation will describe and make reference to clients' experiences of torture.

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Afternoon

9 Youth Trauma Assessment: Clinical Training by Instrument Developers

PMI (child) **Parlor F, 6th Floor**

Rodriguez, Ned, PhD, Private Practice and Hathaway Children's Clinical Research Institute; Veitch Wolfe, Vicky, PhD, London Health Sciences Centre, University of Western Ontario; Sugar, Jeff, MD, Hathaway Children's Clinical Research Institute
TECHNICAL LEVEL: Intermediate

Instrument authors will conduct an interactive workshop designed to train clinicians in the use of an assessment battery of standardized measures developed to improve the clinical care of traumatized youth. They will present a comprehensive assessment model including child and parent report of youth's trauma history; peritraumatic reactions; and posttrauma symptoms, including PTSD and dissociation. Scale developers will provide hands-on training in the administration, scoring, interpretation, and integration of structured assessment into ongoing psychotherapy of traumatized children. The workshop will feature participant role-play practice. Participants will learn how to apply structured assessment information to specific clinical cases. Training will be provided on the following instruments: the History of Victimization Form, the History of Maltreatment/Traumatic Events Form, the Youth Trauma Screen, the Child Peritraumatic Reactions Questionnaire, the Children's Impact of Traumatic Events Scale-II, the Youth Peritraumatic Reactions Scale, the PTSD Index, and the Child Dissociative Checklist (Child and Parent Reports). Additional measures of youth depression, attributional style, coping, and anger will be discussed in their relationship to clinical cases. The workshop aims to provide clinicians with the introduction to the use of standardized assessment instruments necessary to incorporate and integrate structured assessment into their ongoing psychotherapy with traumatized youth.

10 Psychodynamic Group Treatment for PTSD

PMI (practice) **Parlor A, 6th Floor**

Weiss, Daniel, PhD, University of California; Tichenor, Victoria, PhD, San Francisco VA Medical Center; Goodman, Marianne, MD, Mt. Sinai School of Medicine
TECHNICAL LEVEL: Intermediate

The main focus of this session will be on conducting group treatment of individuals with chronic PTSD, from any traumatic event, using the perspective of psychodynamic case formulation to identify the key issues that require attention in each member of the group. A second focus will be on the techniques of balancing individual versus group focus, and how the use of common themes that emerge can facilitate this process. Participants will also learn how to weave education elements about PTSD symptoms and course into a treatment approach that stresses group cohesion and individual autonomy rather than a prescribed agenda. Attention to transference issues, both individual and group, will be given, as will examples of various technical interventions to deal with problematic situations that arise uniquely in group treatment such as drop-out of members, conflict between members, and stances of members versus leaders. The primacy of the meaning of aspects of the trauma to both the individual and the remaining members will be a central focus. Finally, suggestions about pre-screening and minimal requirements for admission to this approach to group treatment will be presented.

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Afternoon (Continued)

11 Terrorism and Disaster: Assessment and Triage of Children and Adolescents

PMI (disaster) **Wabash Room, 3rd Floor**

Pfefferbaum, Betty, MD, JD, National Center for Child Traumatic Stress, University of Oklahoma Health Science; Pynoos, Robert, MD, MPH, National Center for Child Traumatic Stress, UCLA; Silverman, Wendy, PhD, National Center for Child Traumatic, Florida International University; Schreiber, Merritt, PhD, National Center for Child Traumatic Stress, UCLA; Gurwitch, Robin, PhD, National Center for Child Traumatic Stress, Univ. of Oklahoma Health Science; Saltzman, William, PhD, National Center for Child Traumatic Stress, UCLA; Steinberg, Alan, PhD, National Center for Child Traumatic Stress, UCLA
TECHNICAL LEVEL: Advanced

Public mental health approaches in preparedness and response to weapons of mass destruction require a shift in clinician skills in conducting longitudinal pre- and post-event assessments of children, adolescents and families. There is an urgent need to develop, test and refine a set of assessment instruments and tools to evaluate the impact of terrorism on children and their families, their schools and communities. This PMI will discuss a comprehensive approach to systematically staging post-event surveillance, screening, triage, tracking, clinical assessment and monitoring course of recovery in the aftermath of terrorism and disaster. Stages of assessment include preparedness, response, mitigation and recovery. Dr. Robert Pynoos will discuss the overall conceptual framework for a public mental health assessment strategy, and the expansion of metrics needed at each stage. Dr. Wendy Silverman will discuss the development of a useful brief screen that can be employed to identify children with anxiety and anxiety sensitivity that are at risk for severe reactions to signs of danger (e.g., warnings, media messages, school safety drills, etc.) and to catastrophic events. Dr. Merritt Schreiber will describe an impact-phase web-based data entry, tracking and triage system called PsySTART, the current status of its development, and a model for linking data with child and family systems of care. Dr. Robin Gurwitch will present data from preschool and school-age children following the Oklahoma City bombing and information gathered after the 9/11 terrorist attacks to discuss the nature, severity and course of psychological and behavioral reactions and best practices for assessment and triage. Dr. William Saltzman will present implementation strategies and metrics for a school-based protocol to screen students in their classrooms after catastrophic events, and to triage for appropriate mental health services at school or in the community. Dr. Alan Steinberg will conclude this PMI with a discussion of paradigms for multi-domain intervention outcome assessment and program evaluation indicators.

12 Working with Complex PTSD: Practical Individual Therapy Skills

PMI (practice) **Parlor H, 6th Floor**

Munroe, James, EdD, Boston VA Outpatient Clinic; Fisher, Lisa, PhD, National Center for PTSD; Quinn, Stephen, PhD, National Center for PTSD; Abblett, Mitchell, PhD, Boston VA Outpatient Clinic; Pratt, Anne, PhD, The Traumatic Stress Institute, The Center for Adult and Adolescent Psychotherapy
TECHNICAL LEVEL: Intermediate

This Pre-Meeting institute is designed to provide an active learning forum for clinicians at the intermediate and advanced levels of conducting individual therapy with complex PTSD. This presentation complements the half-day institute on group therapy with complex PTSD. Much of our research and literature is based on specific traumas and short-term interventions delivered soon after the event. Many clients, however, have suffered a series of traumatic events over a prolonged period of time and they may present for therapy many years after the events. These clients may have been so extensively traumatized that they do not have the basic level of trust necessary to engage in some therapies. Such clients require therapists with a wide range of skills and the ability to engage clients on their own ground. This institute will focus on identifying the therapeutic issues of complex PTSD as well as the practical skills and techniques that clinicians employ to help these clients. It will be facilitated by a number of highly skilled therapists whose diverse experience includes traumas such as combat, rape, domestic violence, and childhood physical and sexual abuse. The format will include structured exercises to promote active discussion of the issues. Issues will include: testing of trust, setting and maintaining boundaries, issues of power, when to do exposure, parallel process, dealing with aggression and threats, splitting, countertransference, re-enactment, ethical considerations, use of self, the effects of this work on therapists, and therapist self care. Participants should be prepared for an active experience and should be willing to engage in an exchange of ideas and experiences. A portion of the time will be provided for participants to present clinical material for discussion by the entire group. The institute will not focus on any particular theoretical approach, but will identify issues that are common to the processes of trauma therapy. Attention will be paid to maintaining the confidentiality of any case material presented and the institute will conclude with a debriefing to emphasize the importance of secondary exposure and therapist self care. Presentation will include material concerning psychotherapy issues that may be stressful for some audience members. Presenters will offer guidance about how to avoid this distressing material, and presenters will monitor the reactions of audience members throughout. There will also be a debriefing at the end of the PMI to address any distress-related issues and to promote self-care strategies.

13 The Joint VA/DoD Clinical Practice Guideline for Traumatic Stress

PMI (practice) **Parlor B, 6th Floor**

Kudler, Harold, MD, Durham VA Medical Center; Friedman, Matthew, MD, PhD, National Center for PTSD, VA Medical Center, Dartmouth; Butterfield, Marian, MD, MPH, Durham VA Medical Center and Duke University Medical Center; Crow, Bruce, PsyD, Madigan Army Medical Center; McFall, Miles, PhD, Puget Sound VA Health Care System
TECHNICAL LEVEL: Intermediate

This workshop will review the process by which United States Department of Veterans Affairs (VA) and Department of Defense (DoD) have developed an evidence-based clinical practice guideline (CPG) for PTSD. Representatives from Army, Navy, and Air Force, VA Medical Centers, Readjustment Counseling Service (a community-based VA program originally created to help veterans of the Vietnam War but now serving combat veterans of all eras), and VA's National Center for Posttraumatic Stress Disorder (PTSD) have all collaborated on this task. The working group included psychiatrists, primary care physicians, psychologists, nurses, pharmacists, occupational therapists, social workers, counselors, and chaplains. A private contractor who has assisted in the production of past joint DoD/VA CPGs coordinated the working group's efforts. The goal of this project was to create an algorithm to aid field personnel and health care workers in identifying, assessing, and/or treating military men and women and veterans who have survived traumatic events. Such trauma may be related to combat, peacekeeping and humanitarian efforts, disaster response, sexual abuse or domestic abuse among others. This project is unique in that it offers a decision tree for prevention, assessment, and treatment with full annotation across a broad range of posttraumatic disorders. The clinical practice guideline informs and supports interventions of those working in the field without constraining them. Whenever possible, guideline recommendations have been fully referenced within the scientific literature but there are many areas in which expert consensus is the only basis for action. End users and consumers reviewed the CPG before it was finalized. The team is developing a set of outcome measures to ensure that the guidelines will have useful impact on practice and on overall health. Efforts will be made to integrate the guidelines into a computerized medical records system so that a clinical note is automatically generated as the clinician follows the algorithm. The CPG will be continuously monitored and refined in order to keep it current, credible, and practical.

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Morning

14 A Model System for Behavioral Health Bioterrorism Preparedness

PMI (disaster) **Wabash Room, 3rd Floor**

Ford, Julian, PhD, University of Connecticut Health Center, Department of Psychiatry; Evans, Arthur, PhD, Connecticut Department of Mental Health and Addiction Services; Dailey, Wayne, PhD, Connecticut Department of Mental Health and Addiction Services; Berkowitz, Steven, MD, Yale University Child Study Center; Marans, Steven, PhD, Yale University Child Study Center; Dean, Kathryn, MSW, University of Connecticut Health Center Department of Psychiatry
TECHNICAL LEVEL: Intermediate

The Center for Trauma Response, Recovery, and Preparedness (CTRP) was established in October 2001 by the Connecticut Department of Mental Health and Addiction Services and Department of Children and Families in partnership with the University of Connecticut School of Medicine and Yale University School of Medicine. The Mission is to provide clinical, educational, and scientific expertise to behavioral health providers (professionals, natural helpers, prevention specialists, provider agencies), the broader healthcare and emergency response systems, policymakers and government agencies, and the general public in order to promote the safety and recovery of people affected by past or future bioterrorism. CTRP created a behavioral health bioterrorism preparedness system (BHBPS) by training and providing ongoing consultation and administrative coordination to regional and local teams, including more than 1000 behavioral health providers, 350 prevention specialists, and 350 advocates. Training and ongoing coordination address guidelines for safe and effective responding to acute post-traumatic stress and grief, and collaborative partnering with disaster recovery, emergency responder (fire, law enforcement, public health, emergency medicine, military), social and health services (hospitals, clinics, agencies, schools, shelters, child care, nursing facilities) providers and organizations to address the acute and long-term stress-related needs of children, parents, families, and older adults. This educational presentation is designed for traumatic stress clinicians, prevention specialists, healthcare and public safety administrators, emergency responders, and policymakers who want to have a template for developing a sustainable infrastructure for a behavioral health system that will be integrated in--yet distinct from--the incident command systems/structures for bioterrorism response. The presentation will include an overview of the developmental steps and organizational structure (funding, mission statement, organizational structure, networking with federal, state, local, and private organizations, community development and advocacy in diverse socioeconomic and ethnocultural communities, operational manual, sample educational presentations and materials, website development for system management and distance learning). The presentation also will provide live demonstrations of skill training and team development for responders, team leaders, and system administrators, including involving attendees in a bioterrorism simulation scenario used by the CTRP to enable regional BHBPS teams to test and enhance their readiness. Participants will engage in a simulation of a behavioral health command center following a hypothetical bioterrorism incident, including viewing a videotape with footage of an actual airline disaster and aftermath.

15 Working with Complex PTSD: Group Models and Interventions

PMI (practice) **Parlor H, 6th Floor**

Niles, Barbara, PhD, National Center for PTSD, VA Boston Healthcare System; Wattenberg, Melissa, PhD, VA Boston Healthcare System; Glynn, Shirley, PhD, University of California at Los Angeles; Unger, William, PhD, VA Providence Healthcare System; McKeever, Victoria, PhD, National Center for PTSD, VA Boston Healthcare System
TECHNICAL LEVEL: Intermediate

Group therapy interventions, long considered optimal for trauma survivors, have only recently become a major focus of clinical research. This Institute complements the half-day institute on conducting individual therapy with complex PTSD and offers intermediate to advanced training in models of group treatment with proven effectiveness. The essential elements of both Trauma Focus and Present-Centered treatment will be presented in the context of data from a 10-site randomized VA trial supporting the efficacy of these treatments for combat veterans with chronic PTSD. These models have also been adapted for treatment of survivors of terrorist disasters, and for treatment of adults with childhood trauma. The Trauma Focus group is based on a skills-building and trauma exposure model and incorporates psychoeducation, coping skills training, exposure therapy, cognitive restructuring, and relapse prevention in a developmental perspective. The Present-Centered group is a supportive, process approach informed by schema theory for PTSD. Symptoms that disrupt orientation to current life are targeted, and group interaction is used as the basis for reframing trauma-based assumptions, affects, and behaviors, with psychoeducation as needed. In addition, three 12-week manual-based skills-building group therapies will be presented: Understanding PTSD (a psychoeducational group), Stress Management (utilizing relaxation skills and promoting healthy lifestyles), and Anger Management (discouraging aggressive and passive coping and supporting assertive behaviors). In this Institute, emphasis will be placed on implementing and maintaining active treatment in the face of challenges regularly encountered with trauma survivors, such as avoidance and numbing, trauma-based attitudes and beliefs, and high levels of affect and arousal. In addition, methods for dealing with common comorbidities (such as substance abuse, mood disorders, and personality disorders) will be offered. The Institute will cover: recommended staging of interventions; eliciting consistent attendance and participation; responding to trust and compliance issues; encouraging mid-range affects; managing dissociation, re-experiencing, and intense hyperarousal; dealing with multiple traumatizations; and addressing family issues affecting treatment. Didactic materials, demonstrations, and role-play exercises will be utilized.

16 Establishing and Protecting the Relationship with Traumatized Clients

PMI (practice) **Red Lacquer, 4th Floor**

Dalenberg, Constance, PhD, Alliant International University; Gold, Steven, PhD, Nova Southeastern University; Courtois, Christine, PhD, The Center: Posttraumatic Disorders Program
TECHNICAL LEVEL: Intermediate

The mutual regard of client and therapist is one of the best empirical predictors of the success of longer-term treatment. The presenters believe that one source of the uneven success for complex trauma survivors in treatment is the disruption of the alliance that often follows from traumatic transference patterns and therapist countertransference. Clients with complex trauma histories often come to therapy with intense unmet dependency needs, distrust of authority, difficulty in attaching and maintaining collaborative relationships, and an inability to self-soothe or manage their dysregulated emotions. Therapists may become overwhelmed with their countertransference in such cases, withdrawing in fear from the dysregulated emotion, becoming frustrated at re-occurring misinterpretations of minor therapist behaviors, becoming angry at boundary pressure, and feeling confused as their empathy and professionalism at times seem to dictate different actions. The presenters will first re-acquaint the professionals with the common themes in such therapies from phenomenological, theoretical and clinical perspectives. Actual transcripts and clips from traumatized survivors will provide

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Morning (Continued)

the stimuli for these discussions. In the second (more major) part of the workshop, the presenters will present a series of actual therapeutic crisis points that put the relationship at risk. At various points in each scene, the action will stop and the audience will be given a chance to comment, or to add twists that they were forced to face in their own practices. The presenters will then give practical examples of clinical interventions, including the theoretical underpinnings for their own choices. Included among the issues will be a) the client who presses for therapist touch, b) the client who abuses telephone contact, c) the client who seems to have no attachment to others, d) the client who rages at the therapist for minor transgressions, and e) the client who sexualizes therapy. Special issues related to termination will be discussed in detail. The neurobiology of interpersonal relationships will also inform the discussion. The participants will be given opportunities to choose among scenarios based on their own interests and to offer their own discussion examples for the panel.

17 Treating Childhood Traumatic Grief: A Developmental Perspective

PMI (disaster) **Adams Ballroom, 6th Floor**

Ley, Susan, LCSW, Wendt Center for Loss and Healing; Pynoos, Robert, MD, MPH, National Center for Child Traumatic Stress, UCLA; Cohen, Judy, MD, Alleghany General Hospital Center for Child Abuse and Traumatic Loss; Leiberman, Alicia, PhD, University of California, San Francisco; Layne, Christopher, PhD, Brigham Young University
TECHNICAL LEVEL: Advanced

Childhood traumatic grief (CTG) is a condition in which trauma symptoms impinge on children's ability to negotiate the normal bereavement process. This PMI will present the concept of CTG and developmentally informed empirically derived treatments for this condition in children from infancy through adolescence. Dr. Pynoos will discuss the concept of CTG and general principles of treatment for these children. Dr. Leiberman will present a parent-child relationship-based model for addressing the trauma of losing a parent or other central attachment figure early in life. This manualized treatment model was derived from Dr. Leiberman's evidence-based treatments for traumatized infants and preschoolers, and focuses on the importance of reestablishing and enhancing safety and attachment in the face of profound loss. Dr. Cohen will present an individual treatment model for school-aged and early adolescent children, which was derived from the evidence based Trauma-Focused CBT model. This treatment includes parallel and joint treatment session for children and their parents/primary caretakers, and includes sequential trauma- and grief-focused interventions. This model is currently being tested in an open study for children experiencing CTG from diverse causes, and in a randomized controlled trial among children who lost their firefighter parents in the 9-11 terrorist attacks in New York. Dr. Layne will present a school based, group treatment model of adolescents, which has been tested in Bosnian youth experiencing war related CTG. The majority of the presentation will focus on specific features of complicated bereavement that have emerged in youth's descriptions of their traumatic losses, and pairing this with specific treatment objectives within the context of trauma/grief-focused group psychotherapy. These include (a) reducing distressing intrusive images and emotional reactions relating to the circumstances of the death, (b) reducing avoidance and/or escape from loss-related cues, (c) increasing group members' capacities to realistically reconnect with their loved ones, and (d) helping group members to develop or restore a sense of purpose and meaning to their lives after the death of their loved ones. Case examples will be used throughout these presentations to illustrate treatment techniques and application of these models to children from diverse backgrounds.

18 Human Rights in Clinical Practice: Evaluations of Asylum Seekers

PMI (practice) **Parlor B, 6th Floor**

Fabri, Mary, PsyD, The Marjorie Kovler Center for the Treatment of Survivors of Torture; McCarthy, Mary Meg, JD, Midwest Immigrant and Human Rights Center; Goldberg, David, MD, John Stroger Hospital of Cook County
TECHNICAL LEVEL: Intermediate

United States immigration law underwent tremendous changes after the 9/11 terrorist attacks. Persons who arrive in the United States fleeing persecution, especially asylum seekers, are at great risk of detention and deportation due to new enforcement policies. This population often includes survivors of torture and war trauma, who by virtue of their experiences, are least able to articulate the events that forced them into exile when faced with immigration proceedings, and are likely to be deported. For these individuals, forensic evaluations of their physical and psychological injuries can be critical for achieving asylum. Over the last decade, the torture treatment movement in the United States has grown, providing mental health professionals and physicians with new opportunities to participate in the treatment and protection of torture survivors. In this session, torture treatment professionals from three Chicago agencies that serve refugee communities, will provide an overview of the health consequences of torture and trauma in recently arrived asylees and discuss the role of health professionals in immigration proceedings. This presentation will consist of three sections. A lawyer from the Midwest Immigrant and Human Rights Center will begin by explaining current United States immigration law pertaining to persons fleeing persecution, the role of experts in asylum proceedings, and standards of evidence in immigration court. A psychologist from the Marjorie Kovler Center for the Treatment of Survivors of Torture will describe how to assess the degree of consistency between the account of torture and psychological symptoms, prepare an affidavit, and provide expert witness testimony. A physician from John Stroger Hospital of Cook County will describe common symptoms and physical findings of torture, and how to approach an examination and document the findings. Case studies will be used to illustrate psychological and medical forensic evaluations. Although the session will concentrate on the evaluation of non-detained torture survivors, participants will also learn about the challenges of working with individuals in Department of Homeland Security detention. The evaluation of unaccompanied abused immigrant children, persons subjected to human trafficking, and gender-based persecution will also be discussed. Finally, opportunities for participation in this meaningful work will be presented. Case summaries are based upon reports obtained from torture survivors, including details of their torture experience. Medical photographs of scars will be presented.

19 Management of Panic in Patients with PTSD

PMI (practice) **Parlor F, 6th Floor**

Prins, Annabel, PhD, National Center for PTSD, San Jose State University; Falsetti, Sherry, PhD, University of Illinois, College of Medicine at Rockford; Swales, Pamela, PhD, National Center for PTSD, VA Palo-Alto Health Care System
TECHNICAL LEVEL: Basic

The purpose of this half-day Pre-Meeting Institute is to familiarize participants with the application and delivery of panic control treatment (PCT) in three traumatized populations: (1) community sexual assault survivors; (2) male combat veterans, and; (3) female veterans with history of military sexual assault. PCT is an empirically supported treatment for panic disorder (PD) developed in the 1980's by David Barlow and his associates. The high comorbidity between PD and PTSD (22-55%) has led to the development of innovative treatments that incorporate PCT in the treatment of PTSD. In this pre-meeting institute, participants will be provided with background information on PCT and then guided through the delivery of each PCT component: psychoeducation, cognitive restructuring, interoceptive exposure, and in-vivo exposure. Participants will be provided with materials to facilitate assessment, in-session exercises, and homework assignments. Issues and applications unique to each trauma group will be presented.

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Morning (Continued)

20 Rebuilding Multiply Fragmented Lives: Treating Trauma and Severe Mental Illness

PMI (clin res) **PDR #5, 3rd Floor**

Rosenberg, Stanley, PhD, Dartmouth Medical School; Frueh, B. Christopher, PhD, Medical University of South Carolina; Harris, Maxine, PhD, Community Connections, DC; Mueser, Kim, PhD, Dartmouth Medical School
TECHNICAL LEVEL: Intermediate

Clients with severe mental illness (SMI) such as schizophrenia and bipolar disorder have high rates of exposure to trauma, and are at sharply increased risk for the development of posttraumatic stress disorder (PTSD). Despite the recognized need for effective interventions, standardized treatment programs have not been empirically validated. In this institute, we will describe three psychosocial interventions designed or modified specifically for treating clients with both SMI and PTSD. The first and newest intervention, developed by Frueh, Cusack, Buckley and Kimble incorporates elements of: a) patient education, b) exposure therapy with cognitive restructuring, c) anxiety management skills training, and d) social skills training. The treatment manual is being finalized in preparation for conducting an open trial in summer of 2003, and a small RCT is expected in early 2004. The second intervention, the Trauma Recovery and Empowerment Model (TREM), developed by Harris, Fallott and collaborators, is a 29-session group-based intervention that addresses PTSD and closely related consequences of sexual and physical abuse. TREM uses cognitive restructuring, psycho-education, and coping skills training to address specific recovery topics, and is organized into three major parts: empowerment, trauma education, and skill-building. TREM emphasizes the development of such trauma recovery skills as self-soothing, self-protection, emotional modulation and problem solving. Open trials, conducted over an 8-year period, have demonstrated decreases in psychiatric symptoms, greater interpersonal safety, enhanced overall functioning, and decreases in the utilization of intensive psychiatric services. Mueser, Rosenberg and collaborators developed and pilot tested a 12-16 session, individual intervention for post-traumatic stress disorder tailored for use with SMI clients. Cognitive restructuring is used to address thoughts and beliefs related to trauma experiences and their consequences. The 12-16 session program also includes psycho-education and breathing retraining. The results of an open trial suggested high retention rates (85%) with reductions in PTSD diagnoses (based on the Clinician Administered PTSD Scale) from 100% at baseline to 60% at post-treatment and 45% at 3-month follow-up. Clients also experienced significant reductions in the affect subscale of the BPRS (Brief Psychotic Rating Scale) from baseline to the 3-month follow-up. A randomized controlled trial of this intervention is currently underway.

21 Preventing Psychological and Moral Injury in Military Service

PMI (commun) **Monroe Ballroom, 6th Floor**

Shay, Jonathan, MD, PhD, Department of Veterans Affairs Outpatient Clinic; Stokes, James, MD, United States Army Medical Corps; Kudler, Harold, MD, Duke University Medical Center; Biesold, Karl-Heinz, MD, Bundeswehr Krankenhaus, Hamburg; March, Cameron, Royal Marines Stress Trauma Project; Pierce, Jack, MD, United States Navy Bureau of Medicine and Headquarters, Marine Corps; Ritchie, Elspeth, MD, United States Army Medical Corps
TECHNICAL LEVEL: Intermediate

An informal, unofficial international exchange among military and mental health professionals on prevention and early treatment of psychological and moral injury in military service. No one will speak officially for their services or for their governments. Their remarks are their own. Attendees agree not to publish or circulate attributed quotations without permission of the person quoted; participation does not imply endorsement of remarks by other presenters. An occupational health framework provides structure: Primary prevention: eliminate war; Secondary: redesign culture, policies, and practices to prevent and reduce injury to troops; Tertiary: early, expert, and far-forward detection, assessment, and treatment of exposures and injuries as they happen, but still within the military institutions. The specific allocation of time among specific levels of prevention, and to specific practices, policies, research overviews and needs for research, will be shaped by the mix of interests brought to the session by attendees. In past years, attendees from all over the world have made enormously valuable contributions, and air time will be provided for attendees who wish to speak at greater length than the usual conference question or comment. The presenters come to learn as well as to teach. The four active duty uniformed presenters from the US and UK may be unable to attend if deployed by their forces, but the three presenters not fitting that description will be able to present.

22 Prevention of PTSD and AIDS Risk Among High Risk Inner-City Women

PMI (clin res) **Parlor A, 6th Floor**

Hobfoll, Stevan, PhD, Kent State University; Summa Health System; Suniga, Sarah, MA, Kent State University; Briggs-Phillips, Melissa, PhD, Kent State University; Stines, Lisa, MA, Kent State University; Vranceanu, Ana Maria, MA, Kent State University
TECHNICAL LEVEL: Intermediate

Participants are advised that the presentation will involve showing videotapes of women responding to strong interpersonal conflict and learning negotiation skills appropriate for conflict management.

Women in general, and inner-city women in particular, are often exposed to violence in childhood and adulthood. This exposure makes them vulnerable to both PTSD and to HIV due to the connection of violence exposure and high risk sexual behavior. We report on and illustrate an NIMH funded prevention program that has been recommended by the CDC, PASHA, and SAMSHA as a model program. The intervention is based on exposure therapy and cognitive behavioral skills training. Group leaders work with high risk women using a studio quality, interactive, video-tape based curriculum that exposes women to increasing levels of interpersonal male-female conflict and simultaneously trains them using role play and cognitive rehearsal in high order negotiation skills used by mediators. Women attend 6 sessions in order to decrease their avoidance and/or aggressive response to interpersonal conflict. They also learn how to avoid violent interactions and the limitations of interpersonal skills when a male partner is violence prone. The workshop will illustrate the use of tapes and exposure procedures to prevent and reduce PTSD symptoms and HIV and provide early results of our most recent controlled clinical trials. The presentation includes videotapes of women responding to strong interpersonal conflict and learning negotiation skills appropriate for conflict management.

23 Divided Mind, Divided Body: Structural Dissociation of the Personality

PMI (practice) **State Ballroom, 4th Floor**

Nijenhuis, Ellert, PhD, Cats-Polm Institute; Ogden, Pat, PhD, Sensorimotor Psychotherapy Institute, Naropa University; Minton, Kekuni, PhD, Naropa University, Sensorimotor Psychotherapy Institute
TECHNICAL LEVEL: Intermediate

Survivors commonly present trauma-related physical symptoms, such as bodily anesthesia, analgesia, and motor inhibitions. These often-neglected somatoform dissociative symptoms can be distinguished from psychoform dissociative symptoms such as amnesia and intrusive images. Dissociative symptoms can be further classified as relating to, and alternating between, avoiding or re-experiencing the trauma. This biphasic pattern has its roots in structural dissociation of the personality, which typically develops along evolutionarily prepared psychobiological action systems. The parts of the personality involving actions systems dedicated to daily functioning attempt to avoid reminders of the trauma in order to complete life tasks, while the parts involving action systems dedicated to survival of the individual, especially under threat to bodily integrity, are fixated in traumatic memories. Treatment traditionally has been

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Morning (Continued)

rather exclusively directed toward the patient's cognitive and emotional functioning, and toward psychoform symptoms. However, a body-oriented approach is also indicated that addresses somatoform dissociative symptoms as manifesting in different parts of the personality. Avoidant parts tend to have negative symptoms (e.g., bodily anesthesia), but can be intruded by symptoms of trauma-fixated parts (e.g., pain, motor inhibitions). The presenters will clarify the theory of structural dissociation of the personality, and explore the treatment of trauma within a phase oriented treatment approach, using principles of Sensorimotor Psychotherapy. They will introduce body-oriented interventions that illustrate working with and integrating somatoform symptoms through role-play and excerpts of videotaped therapy sessions.

24 Traumatized Persons Who Kill: Trauma Research in Death Penalty Cases

PMI (frag) **PDR# 4, 3rd Floor**

LeBoeuf, Denise, JD, Capital Post-Conviction Project of Louisiana; Foy, David, PhD, Pepperdine University; Wayland, Kathleen, PhD, Habeas Corpus Resource Center; Campbell, Marie, Self-Employed Mitigation Specialist
TECHNICAL LEVEL: Intermediate

The family histories of capital defendants reveal extreme familial, community and institutional violence over generations. Defendants typically have extensive trauma histories themselves, including neglect and maltreatment occurring at each stage of childhood development. Legally, the facts of traumatic neglect and maltreatment during childhood are admissible evidence in mitigation, as is any psychological disorder resulting from trauma. During the sentencing hearing of capital trials, capital defenders present their clients' trauma histories to the jury and need expert assistance to explain the effects of traumatic exposure and disseminate trauma research in the courtroom. Trauma experts have a critical role to play in educating the defense team, judge and jury about the extreme consequences of intergenerational violence. Trauma professionals may provide this information in a number of ways, as an evaluating expert, in an educational capacity, or as a non-testifying consultant who educates the defense team about a wide range of issues related to trauma. In some cases, the homicide is directly linked to a diagnosis of PTSD, as, for example, when the behavior during the homicide was a traumatic reenactment of earlier traumatic experiences or was clearly the result of a flashback. In other cases the connection between the homicide and the trauma history is not so direct, and the trauma expert's role is to explain the symptoms and onset of complex PTSD and its effect on perception, judgment, cognition, and general functioning. This PMI will 1) describe patterns of intergenerational violence and trauma in this unique population; 2) present the methodology (documentary evidence, interviews, and research) currently used to develop and present an intergenerational trauma history in a litigation/capital context; 3) address the range of roles that trauma experts play in educating the courts about the complex sequelae that result from extreme and protracted trauma exposure; and 4) discuss the unique legal, ethical, and clinical challenges encountered in this specialized area that intersects trauma, mental health issues and the law. This PMI includes verbal description of case material from death penalty criminal cases that some audience members may find distressing or otherwise disturbing. No graphic visual images are included in the presentation.

25 Acceptance and Commitment Therapy for PTSD

PMI (practice) **Crystal Room, 3rd Floor**

Walser, Robyn, PhD, National Center for PTSD and MIRECC, VA Palo Alto Health Care System; Westrup, Darrah, PhD, National Center for PTSD, VA Palo Alto Health Care System; Rogers, David, LCSW, National Center for PTSD, VA Palo Alto Health Care System; Gregg, Jennifer, MA, VA Palo Alto Health Care System; Loew, Dorene, PhD, Anxiety Treatment Center
TECHNICAL LEVEL: Intermediate

Acceptance and Commitment Therapy (ACT) is a new model of intervention designed to address emotional avoidance while focusing on positive behavior change. An emphasis on making and keeping commitments is largely addressed in this treatment. Many individuals who are suffering with PTSD use maladaptive avoidance to escape internal experience. This avoidance can lead to problems in daily functioning and difficulty in interpersonal relationships. Many current psychotherapies for PTSD work directly to change thoughts and feelings as a means to overt behavior change. Unwanted emotion and the avoidance of painful memories and feelings are seen to be at the heart of multiple life problems and are often the target of treatment. Although this particular approach to therapy can be useful, at times acceptance of these private experiences, without efforts to control them, may be the more effective approach. This concept of acceptance as a treatment approach has long been recognized in many traditions. For instance, Client-Centered Therapy (Rogers, 1961) suggests that "openness to experience" is the predominant goal of therapy and Kabat-Zinn (1990) explains that there is no escape from the human condition and avoidance of our problems will only cause them to multiply. The solution to this dilemma is in mindfulness to experience and "owning" of each moment. Additionally, the concept of emotional avoidance may offer organization to the functional analysis of trauma-related problems and lends coherence to understanding sequelae of trauma. Many individuals who have been diagnosed with PTSD are struggling with traumatic memories, painful feelings and unwanted thoughts. Thus, the avoidance/control of internal experience commonly seems to become the goal of many trauma survivors and powerfully impacts on individuals diagnosed with PTSD. Acceptance can create a new context from which the trauma survivor may view the world and self. If efforts to control private experience are relinquished as a means to mental health, then efforts to take healthy action, without efforts to control, can lead to valued and life enhancing behavioral changes. In this pre-meeting institute, we will present the theory and application of Acceptance and Commitment Therapy as it applies to PTSD. In addition, we will demonstrate several advanced techniques of therapy. This workshop contains experiential exercises that may bring to mind personal events that are upsetting. However, no individual will be required to report on their own experience and all participation in exercises is voluntary.

Thursday, October 30

Opening Plenary Address

Thursday, October 30
1:00 p.m.–2:15 p.m.

Surviving Violence and Shattering Silence

Plenary (frag) **Grand Ballroom, 4th Floor**

Prescott, Laura, BA, Sister Witness International Inc.

Participants are advised that the presentation will describe the sequelae of sexual violence and retruamatization in some detail that may be distressing for some listeners.

The incidence of childhood sexual and physical abuse in the lives of women across services sectors is so pervasive it has been described as a "normative female experience." This presentation uses a first-person account to describe these experiences for women nationally and internationally illustrating the need for trauma-sensitive, client-directed approaches.

Concurrent Sessions—Thursday, October 30

Thursday Concurrent Sessions
2:30 p.m.–3:45 p.m.

Community and Milieu Trauma Treatment

Consultation (practice) **Wabash Room, 3rd Floor**

Bloom, Sandra L., MD, Community Works

Providing trauma-informed services within inpatient and outpatient mental health treatment settings, residential treatment programs for children, substance abuse programs, child protection services, victims' services and domestic violence shelters is a critical component necessary for recovery. This consultation will focus on discussing the necessary elements for creating the proper milieu context for trauma-informed treatment.

Memory and Identity in PTSD: A New Perspective on Trauma and Treatment

Forum (frag) **Grand Ballroom, 4th Floor**

Brewin, Chris, PhD, Subdepartment of Clinical Health Psychology, University College London; Friedman, Matthew, MD, PhD, National Center for PTSD

Many central aspects of PTSD, such as the coherence of the diagnosis, how traumas can be relived in the present, and what it means to "process" or "transform" a trauma memory, are poorly understood at present. A major reason is that PTSD appears to incorporate two quite separate sets of processes. One of these is concerned with specific reactions to extreme threat, including the activation of the HPA axis and the release of catecholamines and stress hormones. The effects on brain structures such as the prefrontal cortex, hippocampus, and amygdala promote the encoding of long-lasting image-based memories but interfere with the encoding of verbal or narrative memories. The construction of adequate verbal memories containing contextual information is a form of fast learning necessary to represent the trauma as a past event and inhibit the repeated reliving of the trauma. Retrieval competition then takes place between these verbal memories and image-based memories in the presence of trauma cues. The second set of processes is concerned with the challenge the trauma poses to the victim's identity, either by undermining positive identities or reinstating previous unwanted identities. This challenge can be overcome with a special form of slow or interleaved learning that enables positive identities to compete more effectively for retrieval. The most parsimonious explanation of spontaneous recovery and treatment suggested by recent research is that "trauma processing" leaves original trauma memories intact and instead involves the construction of alternative, verbal memories. Both these new memories, and new or pre-existing positive identities, are then helped to compete more effectively for retrieval in the presence of reminders of the traumatic event. Reference Brewin, C.R. (2003 Yale University Press).

Helping Children Overcome PTSD and Shame Associated with Sexual Abuse

Master (child) **State Ballroom, 4th Floor**

Deblinger, Esther, PhD, University of Medicine & Dentistry of N.J. , School of Osteopathic Medicine

Child sexual abuse is widespread and often extremely deleterious in its psychological impact. The purpose of this master clinician presentation is to provide information on empirically validated interventions designed to help children who have suffered sexual abuse. The presenter will very briefly present the findings of a series of randomized trials documenting the efficacy of the treatment approach to be presented. The development of therapeutic collaborative relationships with both the child and the nonoffending parent(s) will be emphasized, along with the establishment of structure and goals for treatment. Cognitive behavioral interventions specifically designed to help children overcome PTSD and related feelings of shame and self blame will be presented. Specific interventions include coping skills training, gradual exposure and processing exercises, educational work, personal safety skills training and exercises to enhance parent child communication. In addition, creative strategies for helping clients overcome avoidance of traumatic memories and reminders will be presented. Developmental considerations will also be discussed. The practical implementation of the interventions will be illustrated through interactive discussion, specific case examples, slide presentations, audiotape examples and role-plays.

PTSD Following Injury: Explaining Variant Findings

Panel (assess) **Parlor A, 6th Floor**

O'Donnell, Meaghan, MA, University of Melbourne; Bryant, Richard, PhD, University of New South Wales; Marshal, Grant, PhD, RAND; Zatzick, Douglas, MD, University of Washington; Schnyder, Ulrich, MD, University Hospital Zurich

In recent years, a number of longitudinal studies of PTSD in physically injured trauma survivors have been published with surprisingly variant findings. The aim of this panel is to offer an integrated discussion of this research, with a focus on possible explanations for these apparent discrepancies. Panel discussants are key researchers in this area and include Richard Bryant, Arieh Shalev, Ulrich Schnyder, Mark Creamer, Douglas Zatzick and Grant Marshal. To achieve this, relevant recent research will be reviewed and possible explanations for the variant findings will be explored. Although the discussion will focus on PTSD research, it will also have relevance for other psychological injury research. Key components of the discussion will include an examination of assessment approaches, sampling procedures, and data analytic methods across prospective investigations. The specific topics of traumatic brain injury, peritraumatic substance intoxication/administration, phenomenological overlap between organic and psychogenic symptoms, and considerations surrounding the inclusion of ethnoculturally diverse trauma survivors will be examined. Discussion will include recommendations for future research and a consensual approach to addressing these issues will be explored.

Development of Treatment Guidelines for Survivors of Clerical Abuse

Panel (practice) **Red Lacquer Room, 4th Floor**

Keane, Terence, PhD, National Center for PTSD; McMackin, Robert, EdD, Massachusetts Department of Public Health; Thorp, Barbara, MSW, Archdiocese of Boston; Sassani, John, Office of Spiritual Development, Archdiocese of Boston

Child sexual abuse by clergy is a betrayal of trust that can leave profound psychological, emotional, and spiritual scars on the survivor, his or her family and the community. The Archdiocese of Boston has supported the treatment of over 200 survivors for clerical sexual abuse over the past two years. In order to make informed decisions on the proper care for survivors of clerical abuse the Archdiocese of Boston established a workgroup, composed of mental health and pastoral care professionals, to develop Guidelines of Care or Best Practices that can inform the treatment decision making process. This panel discussion includes the co-chairs of the Archdiocesan Workgroup, Terence Keane, PhD and Barbara Thorp, MSW and the workgroup coordinator, Robert McMackin, EdD. The panel will discuss the workgroup process and how this has help inform the treatment offered to survivors by the Archdiocese of Boston.

Culture, Trauma and Domestic Violence: Current Research, Critical Issues

Panel (culture) **Adams Ballroom, 6th Floor**

Warshaw, Carole, MD, Domestic Violence & Mental Health Policy Initiative, Cook County Hospital; Yoshihama, Mieko, PhD, University of Michigan; Perilla, Juila, PhD, Georgia State University; Jenkins, Esther, PhD, Chicago State University

Domestic violence cuts across cultures and communities yet research on the range of issues faced by diverse communities in responding to the traumatic sequelae of domestic violence and on interventions designed to address these concerns is limited. This presentation will 1) examine the intersection of culture and cultural discrimination in shaping women's experience of trauma and domestic violence; 2) review the current status of research on trauma and domestic violence among women from the African American, Latino and Asian Pacific Islander communities; and 3) describe culturally-specific models for addressing trauma in the context of domestic violence at both the individual and community level. Presentations will include perspectives from the National Latino Alliance to Eliminate Domestic Violence, the Institute on Domestic Violence in the African American Community, the Asian Pacific Islander Institute on Domestic Violence and the National Network on Behalf of Battered Immigrant Women as well as from community-based programs. Discussion will focus on differences and similarities within and across cultures, the layers of experience that influence women's responses to trauma and domestic violence, and the need for integrated models to create community as well as individual change. Suggestions for future research and dialogue on these issues will be discussed.

Broken Spirits: Post-Traumatic Injury to the Self

Symposium (frag) **Withdrawn**

Wilson, John, PhD, Cleveland State University; Gregurek, Rudolf, MD, Clinic for Psychological Medicine, University of Zagreb

Trauma impact to optimal states [illegible] ing can result in a continuum of self-frag[illegible] ges of post-traumatic interpretatio[illegible] presents new conceptual data on how self-diss[illegible] occurs and results in 11 distinct typologies of post-traumatic personality formation.

Withdrawn

Broken Spirits: Post-Traumatic Injury to the Self

Courtois, Christine, PhD, Psychiatric Institute of Washington, Private Practice; Wilson, John, PhD, Cleveland State University; Williams, Mary Beth, PhD, Trauma Recovery Education and Counseling Center; Vukusic, Herman, MD, University of Zagreb Clinic for Psychological Medicine

This symposium will examine the various forms of self-fragmentation occurring after severe trauma experiences. First, trauma's impact to the six major components of the self st[illegible]e., coherence, continuity, autonomy, vitality [illegible] are examined. Second, based [illegible] research, typologies of post-traumatic self-alte[illegible] described as falling on an adaptational continuum from fragmentation and severe dissolution to integrated, re-synthesized, self-actualizing modes of functioning. Third, the processes and mechanisms of the various pathways of self-fragmentation following trauma are described in detail. Fourth, the integrative processes of self and identity are explained in terms of identity-diffusion, identity integration, self-continuity, and self-discontinuity in ego-processes. Fifth, the inadequacy of understanding PTSD by the constraints of DESNOS, Complex PTSD and the current DSM-IV diagnostic criteria are discussed. Finally, the implications for treatment and research are presented

Withdrawn

A Jungian Analysis of Self-Fragmentation/Integration Following Trauma

Vukusic, Herman, MD, Clinic for Psychological Medicine

Recent analytic investigation and research has identified the criteria to conceptually define the Trauma A[illegible]A) and Trauma Complex (TC) within a Ju[illegible] 10 criteria which operationally [illegible] complex will be presented. It will be suggested [illegible] der to understand self-fragmentation and integration following trauma, a model of personality processes which employees a super-ordinate construct such as the Trauma Complex, extends the understanding of post-traumatic impacts to the self beyond the notions of complex PTSD, desires and similar conceptualization of traumatized states.

Withdrawn

Beyond DESNOS and Complex PTSD

Williams, Mary Beth, PhD, Trauma Recovery Education and Counseling Center

This presentation will present an overview of the conceptualization of PTSD as a complex and prolonged stre[illegible]onse syndrome. It will be highlighted that both th[illegible]NOS criteria do not sufficiently delinea[illegible] the self-structure, personal identity or e[illegible] Further, without a clearly established model of the s[illegible] structure, it is not possible to specify the different ways that the self undergoes dissolution and fragmentation. This presentation will lay a foundational, theoretical framework for understanding fragmentation and integration of the self following trauma.

Withdrawn

Trauma and Comorbid Psychiatric Disorders in Diverse Populations

Symposium (assess) **Parlor H, 6th Floor**

Brady, Stephen, PhD, Boston University; Osterman, Janet, MD, Boston University School of Medicine

The symposium presenters will describe their clinical experiences and the results of a number of recent studies in which they have participated that have examined trauma, psychiatric disorders and comorbidity. They will also call into question the validity and limitations of the PTSD diagnoses which does not adequately reflect current knowledge pertaining to the impact of stress and trauma on a range of symptoms and is the only diagnoses which requires a precipitating (life threatening -Criteria A) event in order for a diagnosis to be made. The presenters will describe their clinical work and research pertaining to urban patients in the U.S. with sever mental illness, women with AIDS, and respondents in post-conflict settings in

Algeria, Cambodia, Ethiopia and Gaza. The data are quite compelling that PTSD frequently co-occurs with other diagnosable disorders particularly depression, substance abuse and other anxiety disorders (social phobia, simple phobia, panic disorder, and generalized anxiety disorder). It is also apparent that even without a criterion A event required to make a diagnoses of PTSD, many patients otherwise meet the criteria for a trauma related disorder. The Chair of the Symposium, Dr. Stephen Brady, will describe his clinical work and the results of two modest studies he has completed which examine PTSD in a sample of urban men and women with schizophrenia, bipolar illness and comorbid substance abuse disorders. He will also describe a study which examined the traumatic life experiences of a sample of U.S. women with AIDS. Dr. de Jong will examine the results of a study he and his colleagues undertook to assess mood disorder, somatoform disorder, posttraumatic stress disorder and other anxiety disorders in a random sample of over 3000 respondents from Algeria, Cambodia, Ethiopia and Gaza. Dr. Osterman who will serve as the Discussant for the symposium will raise questions about the validity of our current western diagnostic constructs and the trend to diagnose multiple comorbid disorders.

Should the Stressor Criterion Be Used Exclusively for PTSD?

de Jong, Joop, MD, PhD, Transcultural Psychosocial Organization; Osterman, Janet, MD, Boston University School of Medicine; Brady, Stephen, PhD, Boston University School of Medicine

The CIDI 2.1 was used to assess mood disorder, somatoform disorder, posttraumatic stress disorder (PTSD), and other anxiety disorder (OAD) in a random sample of 3048 respondents from communities in Algeria, Cambodia, Ethiopia, and Gaza. The frequency of exposure to armed conflict-associated violence was 92% in Algeria, 81% in Cambodia, 79% in Ethiopia and 59% in Gaza. Respondents with history of armed conflict-associated violence, most frequently reported PTSD, 19% in Ethiopia to 40% in Algeria; while respondents without exposure to armed conflict-associated violence, most commonly reported OAD: 3% in Ethiopia to 30% in Cambodia. Somatoform disorders were least reported: 0.4% in Ethiopia (no exposure) to 8.7% in Algeria (with exposure). Compared to findings in the West, we found low rates for comorbidity. The 2 most common forms of comorbidity were PTSD with other anxiety disorder and PTSD with mood disorder. Reported rates of disorder were highest in Algeria and lowest in Ethiopia. Experience of armed conflict-associated violence was associated with higher rates of disorder and ranged from (adjusted Odds Ratio (aOR)) 2.1, (95% confidence interval (CI), 1.4-2.9 for anxiety in Algeria to (aOR) = 10.0, (CI) 5.3-16.7 for PTSD in Gaza. A relationship between armed conflict-associated violence, psychiatric disorder, and comorbid psychiatric disorder was established in settings of armed conflict. A 3 to 10-fold increase of PTSD was found among those exposed to violence. We also found a 1.2 to 6-fold increase of mood disorder and other anxiety disorder. Disability was more associated with mood disorder and anxiety disorder than with PTSD. This calls for a paradigm shift among professionals who focus on primarily on PTSD within trauma rehabilitation or intervention programs to address the impact of traumatic stress on mood disorders and other anxiety disorders. One wonders whether it is still justified to use the stressor criterion exclusively for PTSD.

Comorbidity: Real or Artifact

Osterman, Janet, MD, Boston University School of Medicine, Boston, MA; de Jong, Joop, Transcultural Psychosocial Organization; Brady, Stephen, PhD, Boston University School of Medicine

PTSD is typically, in western settings, associated with a range of co-morbid disorders. The most commonly reported co-morbid disorder in the National Co-morbidity study conducted in the US include mood disorders (major depressive disorder and dysthymia), alcohol and substance abuse disorders, and other anxiety disorders (social phobia, simple phobia, panic disorder, and generalized anxiety disorder). Mood, anxiety, and substance abuse disorders tend to cluster independently of PTSD. The diagnostic nomenclature, whether the ICD or DSM system, has been developed primarily through phenomenology. A review of the neurobiology of PTSD, anxiety, and depression raises questions about the validity of our current western diagnostic constructs and the trend to diagnose multiple co-morbid disorders. In addition, a review of diagnostic symptom criteria for PTSD, anxiety disorders, and mood disorders reveal much overlap. A higher level of endorsement for PTSD symptoms increase the likelihood of endorsing mood or other anxiety disorder symptoms, raising questions of true co-morbidity vs. severity. Questions of pre-morbid disorders are critical to understand trauma exposure and subsequent risk for trauma-related disorders, and associated "co-morbid" disorders.

PTSD and Trauma in Special Populations

Brady, Stephen, PhD, Boston University School of Medicine; de Jong, Joop, MD, PhD, Transcultural Psychosocial Organization; Osterman, Janet, MD, Boston University School of Medicine

Post-Traumatic Stress Disorder continues to be under diagnosed among individuals with severe mental illness and substance abuse. In a convenience sample of 64 patients with severe mental disorders being treated at an urban outpatient clinic, 24% met full criteria for PTSD based upon a comprehensive assessment protocol with only 3% were diagnosed with PTSD in the medical record (Cochrans Q= 11.267, df 1, p.001). In contrast, there was a high rate of diagnostic agreement for psychotic and affective illnesses as well as substance abuse. More attention needs to be given to utilizing a standard protocol for diagnosing PTSD among severely mentally ill individuals because even highly skilled diagnosticians miss the complex presentations of symptoms with which these patients present for treatment. In a systematic review of the medical record for a sample of the first 100 women with AIDS enrolled in a state subsidized healthcare organization the presenter and his colleagues collected extensive data about the nature and extent of their traumatic life experiences. Virtually all of the women (95%) had documentation of a history of childhood sexual abuse, rape, domestic violence and other physical assault. The author will review these data and make recommendations regarding the assessment and diagnosis of trauma by medical providers treating women with AIDS in the U.S.

Survivors and the News: Interactions That Work

Workshop (train) **Parlor B, 6th Floor**

Scherer, Migael, BA, Dart Center for Journalism and Trauma, University of Washington; Boggs, Jim, PhD, EffectiveArts; Correa, Fanny, MSW, Separation and Loss Services, Virginia Mason Hospital; Shapiro, Bruce, BA, Dart Center for Journalism and Trauma and Yale University

When news breaks, reporters look for expert sources who can give them accurate information as well as survivors who can put a face on the traumatic event for readers and viewers. Yet clinicians are wary—often with reason—to expose survivors to news media. Given that news media shapes how the community sees and responds to trauma and that survivor stories are important, is there an ethical way to lower the barrier between reporter and survivor? This workshop provides an experiential platform for exploring this question. Through the same technique used to teach reporters how to interview victims of trauma, you'll observe two live interviews between a real reporter and a victim/survivor who is portrayed by a professional actor. Each interview will be followed by a debriefing led by a survivor, a journalist, and a victim advocate. After both interviews, the victim-actor will join a general discussion to help identify preliminary guidelines for constructive interaction with journalists.

Application of Dialectical Behavior Therapy to Trauma-Related Problems

Workshop (practice) **PDR #9, 3rd Floor**

Wagner, Amy, PhD, University of Washington, Department of Psychiatry & Behavioral Sciences; Jakupcak, Matthew, PhD, Seattle VA Hospital; Melia, Kathleen, PhD, Clinical Psychologist, Private Practice, Concord Wellness Center

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

Succeeding in the Political Process: A Primer for Traumatologists

Workshop (culture) **Crystal Room, 3rd Floor**

Berkowitz, Steven, MD, Yale University, School of Medicine; Harris, William, PhD, KidsPac; Harris, David, MSEd, Columbia University

The presentation will describe and review the importance and utility of working with local, state, and national political processes for clinicians and researchers who practice in the field of psychological trauma. An academic, a lobbyist, and a city official will focus on the why, what, and how of embedding traumatology in public policy. Policy analysis is the study of what's going on in some area of inquiry. Political analysis is the study of why it is going on. If, as a senior administration official said recently, "Ideology trumps data," how can a trauma clinician/researcher access government resources to support their work. An elected wants to know: What do traumatologists do? Who needs trauma services? What are their demographics? Why do they need your services? How do they present? Where? Who pays? Does what you do make any difference? How do you know? What happens to the client if no services are provided? Learn how to apply clinical experience to working with elected officials and their staffs, how a traumatologist accesses the political system, how to take a political history, the context of your meeting, the utility for electeds, the rationale for your ask, and the timing/sequencing of your political approach.

Protecting Children from Inheriting the Effects of Violence

Workshop (child) **Parlor F, 6th Floor**

Dubrow, Nancy, PhD, Taylor Institute; Peddle, Nancy, PhD, Taylor Institute/Prevent Child Abuse America; Mandour, Mohamed, MD, Palestine Red Crescent Society; Jouda, Amal, PhD, Al-Aqsa University Gaza/Palestine Red Crescent Society; Awwad, Elia, PhD, Palestine Red Crescent Society

For over two years, civilians, including children, youth and families have been caught up in the Palestinian uprising against Israeli military occupation. They have endured death, physical and psychological injury, economic hardship, and destruction of property, curfews and closures. According to UNICEF (2001), almost all the Palestinian children, an estimated 1.5 million, are being exposed to violence either directly through physical attacks and harassment or indirectly by watching television and hearing horrific stories or a combination of these events. The Taylor Institute and the Palestine Red Crescent Society have worked together for fifteen years to implement various mental health projects. This workshop will be presented jointly by Taylor Institute staff and our Palestinian colleagues. We will share our experience in developing culturally relevant curriculum for multi-disciplinary groups such as teachers, social workers and youth workers and implementation of community-based activities and programs for children, youth and families.

Community-Based Programs for Youth Traumatized by War and Other Violence

Workshop (child) **PDR #4, 3rd Floor**

Chew, Marion, PhD, Center for Multicultural Human Services; Sanderson, Andrea, MS, Center for Multicultural Human Services; Fisher, Katherine, MSW, Center for Multicultural Human Services

This training features the work of a National Child Traumatic Stress Network site that serves many immigrant and refugee families. These approaches are appropriate interventions for cultural and ethnic minorities as well as the general child and adolescent population who have experienced trauma such as abuse, domestic violence, community violence, war or resettlement. The presenters will review strategies for working with traumatized children and adolescents in a variety of community settings including schools, community centers, religious meeting places and other facilities. They will share successful methods of approaching and engaging individuals and/or communities in need. Participants will become familiar with the techniques of designing programs to address the specific needs of the recipients. This portion of the workshop will focus on the consultative role of mental health professionals who assist schools in coping with crises and disasters. Examples of specific therapeutic activities will also be presented.

Integrative Psychoeducation: A Community Trauma Intervention

Workshop (commun) **PDR #5, 3rd Floor**

O'Neill, Peggy, PhD, New York State Psychiatric Institute, The Center for Family Education and Research; Lukens, Ellen, PhD, Columbia University School of Social Work, New York State Psychiatric Institute, CFER; Thorning, Helle, MS, CSW, New York State Psychiatric Institute, Center for Family Education and Research; Cecutti, Jaime, MS, CSW, New York State Psychiatric Institute, Center for Family Education and Research

September 11, 2001, prompted an urgent need to develop and implement effective trauma-related intervention and prevention models for the general public. This is particularly salient in our changed society characterized by evolving terrorist threats, financial repercussions and the reality of living in a country at war. In collaboration with five urban community-based agencies, the intervention is adapted to be culturally, linguistically and circumstantially relevant. The collaborative process of assessment, curriculum development, training and evaluation incorporates attention to the needs and experiences of providers working in the shared context of community trauma. This brief four or twelve session intervention draws on evidence-based theory and method, rooted in ecological systems theory, social learning theory, cognitive behavioral theory, and models of resiliency and social support. Key integrative psychoeducation principles include: resilience in the context of community trauma; collaborative community of care across systems; information dissemination-knowledge as power; and culturally relevant processes and content. These strengths-based groups are designed to create safety within and outside of the group; to help participants develop emotion management and care skills; to facilitate grief processes; and, throughout, to assist participants in identifying and building resiliency.

Thursday, October 30

4:00 p.m.–5:15 p.m.

Clergy Abuse and Public Trauma: News Coverage, Survivors, and Healing

Panel (train) **Monroe Ballroom, 6th Floor**

Spratt, Margaret, PhD, Dart Center for Journalism and Trauma/University of Washington, Seattle; Clohessy, David, Survivors Network of Those Abused by Priests (SNAP), Dart Center; Kennedy, Eugene, PhD, Professor Emeritus, Loyola University, Dart Center for Journalism and Trauma; Lieblich, Julia, Dart Center for Journalism and Trauma

The clergy abuse scandal received widespread coverage in media outlets worldwide, though some survivors and victim advocates argue that the healing process, and the victims' point of view, has garnered little public attention. This panel discussion brings together a journalist, a victim's advocate, and a nationally-known religion writer and psychology professor to consider the effect news coverage may have on victims of clergy abuse. The panel will explore how such coverage may be improved, in part by better addressing the connection between healing, the spiritual beliefs of survivors, and betrayal by trusted church officials.

Traumatic Loss and Reconstruction of the Assumptive World

Panel (frag) **Crystal Room, 3rd Floor**

Landsman, Irene, PhD, Private Practice; Kauffman, Jeffrey, MA, MSS, Private Practice; Solomon, Roger, PhD, Critical Incident Recovery Resources Inc.; Figley, Charles, PhD, Florida State University School of Social Work and Traumatology Institute

Practitioners and theorists from the fields of trauma and bereavement are exploring ways in which formerly disparate approaches may be integrated in a comprehensive conceptualization of traumatic loss. The concept of the assumptive world and its disintegration arises from work in both bereavement and trauma. This crisis constitutes a major element in the psychological disturbance following traumatic loss. Three presentations and an overview highlight recent advances in theory and practice. A review and integration of theory from both traumatology and thanatology highlights important differences among approaches to understanding world assumptions, distinguishing between concepts of "ordinary" and "existential" meaning, with implications for both despair and transcendence. The first clinical perspective explores traumatic sequelae in a psychodynamic framework: lost assumptions constitute a loss of part of the self; fragmentation and efforts to re-integrate the self characterize the phenomenology of post-traumatic experience. Another clinical perspective identifies traumatic interference with restoring or revising world assumptions, illustrating treatment directly focused on facilitating adaptive integration. Finally, an overview and commentary on these presentations is given, highlighting ways in which theory and practice related to trauma and grieving have informed and enriched one another, and the emergence of an integrated approach to conceptualizing and treating traumatic loss.

Reliving the Past: The Long-Term Consequences of Preverbal Trauma

Panel (child) **State Ballroom, 4th Floor**

Endorsed by the Child Trauma Special Interest Group

Kaplow, Julie, PhD, Center for Medical and Refugee Trauma/Boston University Medical Center; Saxe, Glenn, MD, FRCP, Center for Medical and Refugee Trauma/Boston University Medical Center; Putnam, Frank, MD, Center for Safe and Healthy Children/Cincinnati Children's Hospital; Pynoos, Robert, MD, MPH, National Center for Child Traumatic Stress/David Geffen School of Med, UCLA

There is a great need to better understand the impact of traumatic events very early in life on the course of children's future development. This panel discussion will focus on the manifestations of traumatic stress in children who have no explicit (declarative) memory for the trauma because of the very early age at which the trauma occurred. To exemplify this phenomenon, we will present an intriguing case of an 11-year old girl who was witness to the murder of her mother by her father at the age of 2. The girl had no recollection of this incident and no significant mental health problems until age 10 when she became severely symptomatic in response to a traumatic reminder. This case illustrates the dramatic impact that preverbal traumatic memories can have on children's later functioning and speaks to the importance of assisting toddlers and preschoolers in the processing of traumatic events. The goal of the panel discussion is to utilize this case presentation as a starting point for providing different perspectives on the issue of preverbal traumatic memory formation and the profound influence that these memories can have over the course of development.

Collaborative School-Based Interventions with Refugee Youth

Panel (commun) **PDR #5, 3rd Floor**

Liautaud, Joan, PsyD, International Family, Adult and Child Enhancement Services; Black, Mary, MA, International FACES; Rydberg, Thad, MA, International FACES; Pagones, Paul, MEd, International FACES; Quensen-Diez, Erica, MA, International FACES

This panel discussion will focus on alternative interventions with traumatized refugee youth through collaborations with Chicago Public Schools (CPS) in three distinct school environments: a school-based health center, a refugee student "Newcomers Center" and an ESL classroom. Traumatizing events have led these students and their families to flee their countries of origin, forcing them to face cultural, societal and educational differences when they are highly vulnerable. Most refugee students have not had the opportunity to address their trauma; their traumatic histories consequently impact their performance and behavior at school. The need to educate teachers in recognizing the signs of trauma in their students initiated a collaboration between CPS and the International FACES program. Through the use of in-services, creative arts based interventions in the classroom and family support, the International FACES program supports the psychic healing of refugee youth as they integrate into their new lives in the United States.

Etiological Factors in Youth PTSD: The Role of Peritraumatic Reactions

Symposium (child) **Parlor A, 6th Floor**

Endorsed by the Child Trauma Special Interest Group

Rodriguez, Ned, PhD, Private Practice, Hathaway Children's Clinical Research Institute; Weiss, Daniel, PhD, University of California, San Francisco

While researchers have studied adults' peritraumatic reactions (PR), few have explored the PR-PTSD link in youth. Presentations: investigate PR-PTSD relationships; report some of the first available data on youth peritraumatic dissociation; and compare findings across prospective and retrospective studies of child/adolescent survivors of acute and chronic trauma types.

Peritrauma Factors and Posttraumatic Stress in Injured Children

Kassam-Adams, Nancy, PhD, Children's Hospital of Philadelphia; Baxt, Chiara, PhD, Children's Hospital of Philadelphia; Winston, Flaura, MD, Children's Hospital Philadelphia

Data from a prospective study of posttraumatic stress in injured children will be presented to examine the relationship between peritrauma factors and later ASD and PTSD symptoms in children. We enrolled 243 children (age 8–17) admitted to a large urban pediatric hospital for injuries sustained as a pedestrian, bicyclist, or vehicle passenger. Peri-trauma factors were assessed as soon as possible post-injury (50% within one week), acute symptoms were

assessed within one month of injury, and for 177 children (64%) PTSD symptoms were assessed at least four months post-injury. Peri-trauma factors included objective and subjective measures of exposure severity and peri-trauma reactions (including dissociation). Objective elements of the crash and of emergency medical treatment were more strongly associated with ASD symptoms than with later PTSD symptoms. Subjective life threat, self-reported exposure to traumatic elements of the crash and its aftermath (such as a frightening ambulance ride or others' injuries), as well as peri-trauma fear and horror were all associated with ASD and PTSD symptoms. Peri-trauma dissociation was strongly associated with other ASD symptoms; both were predictive of later PTSD symptom severity. Implications of these results for understanding the etiology of post-traumatic stress after acute child trauma will be discussed.

Peritraumatic Reactions/PTSD in Children Exposed to Domestic Violence

Gaba, Rebecca, PhD, Children's Institute International; Seilikovich, Irma, MA, Children's Institute International; Ross, Leslie, PsyD, Children's Institute International; Foy, Patrick, BS, Children's Institute International; Foy, David, PhD, Graduate School of Education and Psychology, Pepperdine University

Relationships between severity of domestic violence exposure and PTSD symptoms in children have been addressed in several recent studies. However, the extent to which children's reactions during exposure to domestic violence are related to the development of PTSD has yet to be established. Perceived life-threat may be a critical element in linking immediate reactions to increased risk for PTSD in children living in homes where intimate partner violence is occurring. The present study is designed to examine this relationship in children (n= 57), ranging in age from 5 to 10 years (X= 7.9), receiving services at our agency. We used standard instruments with established psychometric properties, the Conflict Tactics Scale and the Los Angeles Symptom Checklist, for assessing domestic violence exposure, including perceived life-threat, and PTSD severity. Preliminary analyses revealed that 41% of our sample reported life-threat during their experiences of domestic violence. Comparing mean PTSD severity scores between children reporting life-threat and those who did not, we found no significant differences between the groups. However, a significant positive correlation was found between CTS severity and PTSD severity ($r=.23$, $p<.05$). Results will be updated and discussed in terms of our understanding of PTSD etiology in children exposed to domestic violence, and clinical implications for early intervention efforts.

The Children's Peritraumatic Experiences Questionnaire

Veitch Wolfe, Vicky, PhD, London Health Sciences Centre; Birt, Jo-Ann, PhD, London Health Sciences Centre

The CPEQ assesses DSM-IV PTSD Criterion A2 (peritraumatic "intense fear, helplessness, and horror"), and can be used to assess peritraumatic reactions immediately after a trauma or recollections of peritraumatic reactions at subsequent points, such as when PTSD is assessed. CPEQ psychometric properties were investigated, based upon comparisons of three groups of youth ages 8 to 16 (N = 326; sexually abused, agency-referred, and community controls). For the sexual abuse sample, assessments were conducted up to three years post disclosure, and both peritraumatic reactions and trauma symptomology were assessed simultaneously. Principal component analyses yielded five scales: Extreme Reactions, Fear/Anxiety, Anger, Dissociation, and Guilt. With the exception of Guilt, all scales showed strong internal consistency (alphas > .80) and discriminated the sexually abused from the comparison participants. As evidence of construct validity, CPEQ Extreme Reactions predicted PTSD and Dissociative Reactions predicted Dissociative Symptoms, suggesting a link between specific peritraumatic reactions and specific trauma symptomatology. Further investigation will examine links between CPEQ Fear/Anxiety and Anger and fear and anger symptoms. The results highlight the need for further research using the CPEQ subsequent to traumatic events to determine consistency of recollections across time and to examine links between initial CPEQ responses and subsequent symptomatology.

Peritraumatic Dissociation/PTSD: Dissociation Mediation in Youth

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

While the co-occurrence of symptoms of PTSD and dissociation has been widely reported in trauma survivors, few researchers have investigated the link between these symptom categories. This study is among the first to investigate the relationship between trauma exposure, including peritraumatic dissociation (PD), post-trauma dissociative symptoms (DS), and PTSD in youth. Working from an information-processing model of PTSD etiology, we reasoned that PD would lead to DS, and that higher levels of DS would complicate the resolution of PTSD and lead to more severe PTSD symptoms. Specifically, we tested the hypothesis that DS would mediate the relationship between PD and PTSD. The sample consisted of 100 multi-ethnic chronically traumatized adolescents residing in a residential treatment center. Assessment incorporated psychometrically standardized measures of trauma exposure, peritraumatic reactions and PTSD (PTSD Index), and DS. Multivariate analysis showed that PD accounted for 32% of the variance in PTSD, with DS accounting for an additional 7% of the variance in PTSD. While DS partially mediated the relationship between PD and PTSD, PD remained the strongest predictor of current PTSD. Implications regarding the etiology of Youth PTSD, Criterion A2 in children and adolescents, and the assessment and treatment of chronically traumatized youth will be discussed.

Early Cognitive Predictors of Posttraumatic Distress Following Trauma

Symposium (clin res) **PDR #9, 3rd Floor**

Marshall, Grant, PhD, RAND

This symposium will present empirical findings based on prospective studies of persons exposed to diverse traumatic events. Findings will address the importance of early perceptions of personal control, self-blame, and temporal orientation to subsequent posttraumatic distress following trauma exposure. Theoretical and clinical implications will be discussed.

The Role of Self-Blame in the Development of PTSD Symptoms

Schell, Terry, PhD, RAND; Marshall, Grant, PhD, RAND

This prospective study examined predictors of posttraumatic distress using data collected from approximately 400 survivors of community violence requiring hospitalization for injuries. Data were collected in three face-to-face interviews conducted shortly after injury, at 3-months posttrauma and again at 12-month. The assessment battery included measures of pre-event variables (e.g., demographic characteristics, prior exposure to violence, prior use/abuse of alcohol), objective event characteristics (e.g., injury severity), and personal/social coping resource variables (e.g., event attributions, personality constructs, perceived social support). A series of regression analyses revealed that several of these baseline measures were correlated with PTSD symptom severity at 12-months. In particular, victims' attributions of self-blame assessed within days of trauma exposure emerged as an important predictor of 12-month PTSD symptom severity after adjusting for a range of other constructs. In addition, most of the association between self-blame and 12-month PTSD symptoms remained after controlling for respondents' baseline

levels of PTSD symptoms. This suggests that self-blame is not only correlated with immediate traumatic distress but may play an additional role in long-term posttraumatic adaptation. The clinical and theoretical implications of these findings will be discussed.

The Role of Perceived Control in Recovery from Sexual Assault

Frazier, Patricia, PhD, Department of Psychology, University of Minnesota

The purpose of this study was to test a new model of the role of perceived control in recovery from trauma developed by Frazier, Berman, and Steward (2002). Data were collected from female sexual assault survivors (n = 171) at four points postassault from 2 weeks to 12 months postassault. Participants initially were seen at a hospital-based rape crisis program. Consistent with the temporal model of control (Frazier et al., 2002), past, present, and future control were differentially related to posttrauma distress. Specifically, both personal past (behavioral self-blame) and vicarious past (rapist blame) control were associated with higher distress levels. In addition, the belief that future assaults were less likely was more strongly associated with lower distress levels than was future control (i.e., taking precautions to prevent future assaults). Present control (i.e., control over the recovery process) was most adaptive. Hierarchical linear modeling analyses revealed that changes in perceived control were associated with changes in distress, after accounting for change in distress over time (e.g., increases in perceived control over the recovery process were associated with decreases in distress). The data suggest that it is less adaptive to focus on why an event occurred in the past, or even on how a trauma can be avoided in the future, than to focus on aspects of the trauma that currently are controllable (e.g., the recovery process).

A Longitudinal Study of Time Perceptions and Adjustment After 9-11

Holman, Alison, PhD, University of California, Irvine; Silver, Roxane, PhD, University of California, Irvine; McIntosh, Daniel, PhD, University of Denver; Poulin, Michael, BA, University of California, Irvine; Gil-Rivas, Virginia, MA, University of California, Irvine

The relations between temporal orientation and ongoing psychological responses to the terrorist attacks of September 11, 2001, were examined in a national random sample of 1382 individuals. Data were collected at 2, 6, and 12 months post 9/11 using an anonymous Web-based survey methodology. Pre-9/11 mental and physical health data are available on most of these individuals. Past temporal orientation—focusing attention of prior life experiences—assessed 6 months after the attacks was associated with elevated levels of posttraumatic stress symptoms and global distress one-year after the attacks, even after controlling for pre-9/11 mental health, prior trauma, demographics, 9/11-related exposure and loss, and early levels of intrusive/ruminative symptoms. The degree of temporal disintegration that respondents reported having experienced immediately after the attacks—whereby the present becomes isolated from continuity of past and future time—was associated with high levels of past orientation and subsequent posttraumatic stress symptoms/distress. Temporal disintegration was highest among individuals reporting (a) prior mental health problems; (b) prior traumatic life events; and (c) high levels of exposure to, and loss from, the 9-11 attacks.

Heart Rate as an Early Predictor of PTSD: Integrating Research Results

Symposium (disaster) **Adams Ballroom, 6th Floor**

Zatzick, Douglas, MD, University of Washington School of Medicine; Pitman, Roger, MD, Mass General Hospital

Emergency departments provide initial care for injured survivors of individual and mass events. Early evaluation procedures would be enhanced if vital signs could be reliably used to predict PTSD. This symposium explores the disparate methodological approaches and results of investigations that have assessed the association between heart rate and PTSD.

Initial Subjective and Objective Physiological Arousal in PTSD

Esposito, Karin, MD, PhD, University of Miami School of Medicine/Jackson Memorial Hospital; Roatta, Victoria, University of Miami School of Medicine/Jackson Memorial Hospital; Bustamante, Victoria, University of Miami School of Medicine/Jackson Memorial Hospital; Mellman, Thomas, MD, Dartmouth Medical School

Increased psychological and physiological responses to traumatic reminders are key features of PTSD and may also characterize the initial reactions of those who develop PTSD. Recent studies have examined relationships among indices of physiological arousal in victims of trauma and subsequent PTSD symptoms, with conflicting results. In this report, we examine the relationships among vital signs recorded soon after trauma, subjective reports of physiological symptoms at the time of trauma, and the subsequent severity of PTSD symptoms in a population of injured accident victims. Vital signs were collected in the field and on arrival to the trauma center for 106 subjects. PTSD symptoms and initial reactions were assessed as soon as subjects were medically stable and PTSD was assessed six weeks later. Subjects were not intoxicated and were conscious and alert on arrival. Heart rate and blood pressure did not correlate with subsequent PTSD. Reports of "shortness of breath" and "rapid heart beat" correlated with respiratory rate but not with heart rate, blood pressure, or subsequent PTSD. Overall somatic reactions as well as "dizziness/feeling faint" and "sweating" did correlate with subsequent PTSD. These findings raise the possibility that vagally-mediated as well as sympathetically-mediated reactions may relate to development of PTSD.

Heart Rate Response Following Trauma and Subsequent PTSD

Shalev, Arieh, MD, Hadassah University Hospital; Pitman, Roger, MD, Harvard Medical School; Yehuda, Rachel, PhD, Mt. Sinai School of Medicine; Orr, Scott, PhD, Harvard Medical School; Banet, Yair, Hadassah and the Hebrew University Medical School; Tuval-Mashiach, Rivka, PhD, Department of Psychology, Bar Ilan University; Bargai, Neta, PhD, Department of Psychiatry, Hadassah University Hospital; Freedman, Sara, MsC, Department of Psychiatry, Hadassah University Hospital; Dalia, Brandes, MA, Department of Psychiatry, Hadassah University Hospital

Physiological arousal during traumatic events may trigger the neurobiological processes that lead to posttraumatic stress disorder. We prospectively examined the relationship between heart rate and blood pressure recorded immediately following traumatic event and subsequent development of PTSD in three separate studies. Two hundred and ten trauma survivors who presented at the emergency department of general hospital were followed up for six months. Heart rate and blood pressure were recorded on arrival at the emergency department one week, one month, and four to six months later. PTSD was predicted by higher heart rate in the emergency room in one study (n=84), but this finding was not replicated in subsequent studies. Physical injury and medical treatment received prior to arriving to the ER may reduce the predictive power of early physiological arousal. We discuss the implications of this finding for future studies of physiological predictors of PTSD.

Heart Rate and PTSD Symptom Development: A Population-Based Study

Zatzick, Douglas, MD, University of Washington School of Medicine; Russo, Joan, PhD, University of Washington School of Medicine; Pitman, Roger, MD, Mass General Hospital; Roy-Byrne, Peter, MD, University of Washington School of Medicine

Purpose: Preliminary investigations in select samples of injured trauma survivors suggest an association between elevated emergency department (ED) heart rate and the subsequent development of PTSD. Method: Patients were 120 randomly selected male and female survivors of intentional and unintentional injuries ages 18 or older. Patients were evaluated in the ED of a level 1 trauma center, admitted to surgical inpatient units for treatment of their injuries, and enrolled in an early mental health intervention trial. Patients' vital signs were assessed upon initial presentation to the ED. PTSD symptoms were assessed 1, 3 and 6 months after the injury with the Posttraumatic Stress Disorders Checklist (PCL). Results: Initial mean heart rate in the ED was 93 bpm (SD = 19). In bivariate, and multivariate analyses that adjusted for relevant clinical, injury and demographic characteristics, there were no significant associations between initial ED heart rate and longitudinal PTSD symptom development. Conclusions: In a representative sample of injured patients, elevated heart rate was not a robust marker for later PTSD symptom development. Future investigations that explore biological parameters in real world trauma exposed populations may productively benefit from the incorporation of public health methodological approaches.

Emergency Department Vital Signs and Traumatic Stress Disorders

Veazey, Connie, PhD, Houston Center for Quality Care and Utilization Studies; Blanchard, Edward, PhD, Center for Stress and Anxiety Disorder, University at Albany; Hickling, Edward, PsyD, Center for Stress and Anxiety Disorder, University at Albany; Galovski, Tara, PhD, University of Missouri at St. Louis; Broderick, John, MD, Albany Medical College

Emergency department (ED) heart rate (HR) and blood pressure were examined in 76 motor vehicle accident (MVA) survivors. These participants were seeking treatment for Posttraumatic Stress Disorder (PTSD) approximately 13 months following their MVA. They were screened with the PTSD Checklist and included if they were currently symptomatic on this measure. Sixty-eight of these participants were then assessed with the Clinician Administered PTSD Scale (CAPS) for both current diagnostic status and retrospective diagnostic status for the month immediately post-MVA. Both current and retrospective PTSD participants had lower ED HR than those who were not diagnosed with PTSD at the two time points. There was only one significant difference on the BP measures; those currently diagnosed with PTSD had significantly lower DBP than those without PTSD. In a separate study, 33 participants transported to the ED after a MVA were assessed at two weeks for Acute Stress Disorder (ASD) and one month for PTSD. At the two weeks, there were no significant differences between participants diagnosed with ASD and those not diagnosed with ASD on ED HR or BP measures. Nineteen participants completed the one-month assessment, and there were no significant differences between those diagnosed with PTSD and those not diagnosed with PTSD on the measures.

Families Reported for Violence: Fragmentation or Integration?

Symposium (child) **Wabash Room, 3rd Floor**

Endorsed by the Child Trauma Special Interest Group

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

This symposium will examine the relational impact of violence in families. Using intergenerational and longitudinal data from the Navy Family Study, three papers will examine family of origin and procreation relationships among a sample of 530 Navy families reported to authorities for either child sexual abuse, child physical abuse, or partner violence.

Child Adjustment and Relationships with Parents After Family Violence

Smith, Daniel, PhD, Medical University of South Carolina, National Crime Victims Center; Saunders, Benjamin, PhD, Medical University of South Carolina, National Crime Victims Center; Williams, Linda, PhD, Wellesley College; Hanson, Rochelle, PhD, Medical University of South Carolina, National Crime Victims Center

Children in families characterized by violence are at risk for a range of difficulties, including disrupted family relationships. These problematic relationships may in turn potentiate other problems, including psychopathology and delinquent behavior. This paper will describe the relationship patterns and relations among parent-child relationship quality and child adjustment using longitudinal data from the Navy Family Study (NFS). The NFS is a prospective examination of 530 families referred to naval authorities for intrafamilial sexual abuse, physical abuse or partner violence. Families were initially assessed within 6 weeks of the time of the report to authorities. Follow-up assessments were conducted 9 and 18 months post-report. Assessments consisted of interviews with the offending caregiver (OP), non-offending caregiver (NOP), and index child over 7 years of age (n=195), and paper-and-pencil questionnaires addressing individual and family functioning. Results will describe and compare the changes in family status over time (e.g., family disruptions and integrations) according to violence type (partner violence, sexual abuse, or physical abuse). Further, repeated measures analysis will be used to examine both NOP's and children's ratings of parent-child relationship quality (using the Parenting Practices Inventory) and child functioning as a function of family status (intact versus fragmented).

The Impact of Family of Origin on Family Functioning Post-Abuse

Williams, Linda, PhD, Wellesley Centers for Women; Saunders, Benjamin, PhD, Medical University of South Carolina

This paper will utilize data from a multi-site, longitudinal study of 530 families reported to the Navy's Family Advocacy Program (FAP) for family violence (including child physical abuse, child sexual abuse by a parent, and intimate partner violence.) In this study mothers and fathers (both offending and non-offending parents) and an index child were interviewed and completed psychological assessments. This paper will make use of intergenerational data about each adult's family of origin to examine the relationship between family of origin fragmentation and current family and individual functioning. Using adults' reports of dysfunction, violence and dissolution in their family of origin we will examine the relationship between family of origin functioning and current family functioning and adult social and psychological functioning following the report of child abuse or partner violence. Data from interviews with 485 mothers and 378 fathers will be analyzed. Measures include a structured in-person interview, the Family of Origin Scale, the Sexual Satisfaction scale of the DSFI, the SCL-90-R, and the Trauma Symptom Inventory. Implications for future research and interventions will be discussed.

Marital/Sexual Functioning After a Report of Family Violence

Saunders, Benjamin, PhD, Medical University of South Carolina; Williams, Linda, PhD, Wellesley College

Using longitudinal data from the Navy Family Study, this paper will examine the status of marital and sexual relationships among couples reported to authorities for family violence during the 9 to 12 months after the report. Relationship change over time, and potential explanatory factors for any relationship change, such as type of

violence reported, self-reported violence, relationship length, interventions received, and psychological functioning of the partners, will be tested. Participants include 453 nonoffending parents and 364 offending parents from 504 Navy families reported to authorities for child sexual abuse, child physical abuse, or partner violence. The participants include both partners in 313 married or cohabitating couples. Data were collected 2-4 weeks and 9-12 months after the report of family violence. Measures included a structured in-person interview, the Dyadic Adjustment Scale, Sexual Satisfaction scale of the DSFI, the SCL-90-R, and the Trauma Symptom Inventory. Preliminary data analysis indicated that at the initial assessment, both partners in 59% of the couples scored in the clinical range of the DAS, 34% of the couples had at least one partner in the clinical range, and only 7% had both partners in the nonclinical range. Implications for future research and clinical intervention will be discussed.

Older Adult Trauma Survivors

Symposium (clin res) — Parlor H, 6th Floor

Featured Symposium

Cook, Joan, PhD, University of Pennsylvania and Philadelphia VA Medical Center; Schnurr, Paula, PhD, National Center for PTSD, White River Junction and Dartmouth Medical School

While research on frequency and impact of trauma in younger adults exists, there is little information about the prevalence, impact, and characteristics of traumatic exposure in older adults. This symposium will present empirical evidence from three studies (i.e., women residing in the community, VA primary care patients, emergency department patients).

Feasibility of Identifying Elder Abuse and Neglect in the Emergency Department

Cook, Joan, PhD, University of Pennsylvania & Philadelphia VA Medical Center; Datner, Elizabeth, MD, Philadelphia VA Medical Center; Shofer, Frances, PhD, Philadelphia VA Medical Center; Hornig, Mady, MD, Philadelphia VA Medical Center; Mechem, C. Crawford, MD, Philadelphia VA Medical Center; Shepherd, Suzanne, MD, Philadelphia VA Medical Center

The exact magnitude of elder abuse is not known. Empirical evidence on the prevalence and risk factors comes mainly from surveys of professionals or from highly selected samples (e.g., those reported to Adult Protective Services). This study evaluates the feasibility of assessing elder abuse and neglect in the emergency department (ED), and provides an initial estimate of its prevalence and correlates. 826 patients over the age of 60 were approached and only 426 were willing to participate. Of these 29 reported abuse or neglect by a caretaker. Information on type of abuse, abusers' characteristics, prior ED use, physical and financial independence, and current living situation will be presented. The ED is an important and often the only point of contact with abused elders in the community. However there are significant barriers to the use of routine screening to identify elders and get them into appropriate services such as elders' trust in confidentiality, and readiness to accept third-party interventions. Rather than relying on screening instruments, it may be more efficient to educate ED professionals in maintaining a high index of suspicion for signs of abuse and to prepare them to inquire in an effective and non-threatening manner.

PTSD Screening in Elderly Primary Care Veterans

Durai, U. Nalla, PhD, Chicago VA Health Care System, West Side Division; Cook, Joan, PhD, University of Pennsylvania, Philadelphia VA Medical Center; Coakley, Eugenie, MA, MPH, JSI Research and Training Institute; Llorente, Maria, MD, Miami VA Medical Center; Kirchner, JoAnn, MD, North Little Rock VA Medical Center; Oslin, David, MD, Philadelphia VA Medical Center; Krahn, Dean, MD, William S. Middleton Memorial Veterans Hospital; Olsen, Edwin, MD, Miami VA Medical Center; Bartels, Stephen, MD, Dept. of Psychiatry, Dartmouth College

Purpose: To compare the socio-demographic characteristics and health status correlates of elderly veterans in primary care with and without PTSD symptoms. Methods: Cross-sectional analysis of screening data, collected as part of the PRISMe study, was conducted using univariate and bivariate methods on 14,662 (half are 75 years or older and 75% white) patients from five VA facilities. Findings: Approximately 30% of the sample (n=4, 407) had experienced a significantly traumatic event and 1,631 (11.1%) of them had ongoing PTSD symptoms. Patients with PTSD are more likely to exhibit the following characteristics (p=<0.001): divorced/separated, tobacco/alcohol use, perceive their overall health status to be worse and fell more socially isolated. The level of emotional distress, measured by GHQ, was three times higher in patients with PTSD and only 16.3% were under current mental health care. Among patients subsequently enrolled in the PRISMe study, who met criteria for depression, anxiety and/or at risk alcohol use, comborbid PTSD was found to have a significant association with lower SF-36 mental health component scores. Conclusion: PTSD appears to be common in elderly veterans, but vastly underdiagnosed. Patients with PTSD exhibit increased risk of impairments in several psychosocial and health-related indices.

Older Women and Trauma: Investigation of Late Life Functioning

Walser, Robyn, PhD, National Center for PTSD/VA Palo Alto Health Care System; Cook, Joan, PhD, University of Pennsylvania, Philadelphia VA Medical Center; Ruzek, Josef, PhD, National Center for PTSD/VA Palo Alto Health Care System; Sheikh, Javaid, MD, VA Palo Alto Health Care System and Stanford University

Psychological and physical functioning of an individual may be powerfully impacted by exposure to trauma. Many younger women exposed to trauma have been found to have PTSD, high rates of lifetime depression, dysthymia, nonspecific distress, co-occurrence of PTSD and other axis I disorders. Often these women continue to have serious emotional, psychosocial, life satisfaction and other adjustment problems throughout their lifetime. The impact of trauma on older women, however, is not largely studied. The current study investigated the relationship between trauma history, symptoms of PTSD and general health. PTSD symptom severity, as measured by the TSC40 and PCL, was associated with poorer physical functioning in older women. Increased symptoms were more specifically related to decreases in general health, increased problems with pain, and less vitality. It may be that early trauma influences later health experiences. If this association holds, it will be important to develop information that can better inform clinical practice. Older women may need to be referred to counseling as a means to address trauma related issues. Becoming aware of trauma history and its impact can guide clinicians to provide appropriate interventions and services. Research findings and clinical implications will be presented.

A Grieving Urban Community: Child and Parent Co-Victims of Homicide

Workshop (child) — Parlor B, 6th Floor

Ley, Susan, MSW, Wendt Center for Loss and Healing, Washington; Ward-Wimmer, Dottie, MA, Wendt Center for Loss and Healing; Handel, Stephanie, MSW, Wendt Center for Loss and Healing

There is a consistent theme of violence in our urban communities. Washington, D.C., ranks among the top five metropolitan cities in the U.S. for deaths related to homicide. Here, thousands of family members are left each year to grieve the homicide death of a loved one. Children, in particular, face unique challenges in their attempts to heal from the impact of violence and the stigma that usually accompanies homicide. This interactive workshop will share what child and parent co-victims of homicide have taught us. We will discuss techniques, themes, practical issues, process and proto-

cols that have been utilized in developing a homicide specific support group model. Information about two complimentary programs, Camp-Forget-Me-Not and a City-Wide Homicide Memorial, will also be shared.

Identity and Meaning: Psychotherapy with Survivors of Torture

Workshop (culture) Parlor F, 6th Floor

Busi, Kimberly, MD, Bellevue/NYU Program for Survivors of Torture; Akinsulure-Smith, Adeyinka, PhD, Bellevue/NYU Program for Survivors of Torture; Nguyen, Leanh, PhD, Bellevue/NYU Program for Survivors of Torture; Smith, Hawthorne, PhD, Bellevue/NYU Program for Survivors of Torture; Aladjem, Asher, MD, Bellevue/NYU Program for Survivors of Torture

Psychiatrists and psychologists from the Bellevue/NYU Program for Survivors of Torture propose to lead a Workshop to help participants explore the themes of identity and meaning making encountered in our work with traumatized refugees and torture survivors. First, participants will be introduced to ways that multiple reference group identities of both the client and therapist impact on treatment. Emphasis will be placed on helping clinicians develop an understanding of these identities to empower clients to make meaning of self and experience. Next, clinicians will illustrate ways in which themes of identity and meaning have been manifested in their work with two specific groups of patients seen at our center: women survivors of war-related sexual violence and individuals persecuted for their sexual orientation. The aims here will be to explore the impact of trauma on the negotiation of gender and sexual orientation respectively. Three panel members, all senior clinicians with the Program will give 15 minute presentations on the above topics. The Chief Psychiatrist with the Program will lead a 30 minute discussion. Presenters will answer specific questions and solicit audience participation by raising issues for discussion.

Narrating Catastrophe: The 9/11 Oral History Narrative and Memory Project

Workshop (commun) Red Lacquer Room, 4th Floor

Cloitre, Marylene, PhD, Institute for Trauma and Stress, NYU Child Study Center; Clark, Mary Marshall, MA, Columbia University Oral History Research Office; Wiederhorn, Jessica, MA, Columbia University Oral History Research Office

Through this workshop, trauma specialists and oral historians will explore the common ground of life history narratives in developing individual and community resilience to severe traumatic stress. Mary Marshall Clark, director of the Columbia University Oral History Research Office, past president of the Oral History Association and founder of "The September 11, 2001, Oral History Narrative and Memory Project," through which over 500 people were interviewed following 9/11; Jessica Wiederhorn, associate director of the Oral History Research Office and past manager of academic affairs at Survivors of the Shoah Visual History Foundation; and Marylene Cloitre, Cathy and Stephen Graham Professor of Psychiatry, director of the Institute for Trauma and Stress, NYU Child Study Center and founder of the New York City Coalition for Effective Trauma Treatment after September 11, will lead an interactive workshop. Clark, Wiederhorn and Cloitre are working in partnership to develop multigenerational and cross-cultural oral history programs for youth and adults in New York City exposed to extreme and violent trauma and loss to "tell" their lives in new ways following the catastrophe of September 11, 2001. The presenters will speak about the relevance of oral history as a naturalistic form of storytelling to traditional therapies, with particular relevance to building resilience within communities and families.

What Your Advisor Never Told You: Your First Real Job

Workshop (train) PDR #4, 3rd Floor

Shipherd, Jillian, PhD, VA Boston Healthcare System, National Center for PTSD, Boston University; Kimerling, Rachel, PhD, National Center for PTSD; Melia, Kathleen, PhD, Concord Wellness Center; Roemer, Lizabeth, PhD, University of Massachusetts at Boston; Foy, David, PhD, Pepperdine University

There are many challenges to be faced with each transition an emerging psychologist must make in his or her development. During many of these stages, a plethora of advice and guidance is available about how to advance through the process smoothly. For many of us, advice and information was abundant on how to get into graduate school, and how to obtain and survive internship/post-doc years. However, another difficult transition can be the one from trainee to independent professional. This workshop is designed to provide an overview of the common challenges faced during your first "real" job in psychology. We will provide a perspective from several different environments including an academic setting, a clinical practice setting, a medical setting, and a government setting. Our goal is to discuss some of the following issues; Pros and cons of staying where you trained versus leaving, navigating politics, balancing time between personal and professional life, structuring your work hours to your best advantage (otherwise known as getting ahead/tenure), learning how to supervise and becoming a mentor. Within this context, we will highlight some of the common internal and external struggles that must be faced. Sponsored by the Gender and Trauma Special Interest Group.

Concurrent Sessions—Friday, October 31

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

Endangered Journalists: No Safe Haven in Colombia

Panel (train) **Crystal Room, 3rd Floor**

Simpson, Roger, PhD, University of Washington; Smyth, Frank, MA, Committee to Protect Journalists; Ricchiardi, Sherry, PhD, University of Indiana, American Journalism Review; Murillo, Marta, Private Practice; Ronderos, Maria, Foundation for Freedom of the Press in Colombia

Journalists who serve Colombia's news media work under some of the most dangerous conditions in the world. Urban journalists face dangers growing out of the volatile politics of the country, in addition to stresses of competition, low pay, and inadequate corporate and government support. No less heroic are the many journalists who work in small cities and rural areas controlled by corrupt politicians. Journalists face assassination, torture, and unceasing threats to themselves and families. Presenters discuss a growing movement to recognize the sacrifices of journalists in Colombia and to create greater support for them, including special attention to the emotional effects of their work. Interventions within Colombia, such as the Foundation for Freedom of the Press in Colombia and efforts of Colombian therapists, and interventions supported from the U.S. will be described and evaluated.

Early Interventions in Humanitarian and Uniformed Services

Panel (disaster) **PDR #9, 3rd Floor**

Weerts, Jos, MD, Veterans Institute; Regel, Stephen, Nottinghamshire Healthcare Trust; De Soir, Erik, Royal Military Academy; Tobin, Kevin, South Yorkshire Police; Meijer, Marten, PhD, Veterans Institute

Recent articles on the efficacy of debriefing show that the risk for symptoms of PTSD does not decrease as a consequence of participating in a single session debriefing. However, there is serious criticism on these publications, because of the variety in potential traumatic events, the quality of the debriefing procedure, timing of the intervention and of measurements, and the heterogenity of the populations investigated. Based on empirical data from uniformed services, like the armed forces, emergency services and police personnel, group wise discussion of events and reactions appear to contribute to lessons learned, transmission from one operation to the next, and general satisfaction on personnel policy of the organizations. In this symposium, common practices in early interventions will be presented and discussed, for instance among the Royal Netherlands Marines Corps, Belgium firefighters and British police officers, as well as humanitarian aid workers. Based upon differences and similarities in these strategies, general goals will be formulated, as well as working mechanisms of these interventions. Within the organizational climate of masculinity in the uniformed services, the value of outreaching mental health services will be explored. Especially, we will contrast the pathogenic approach that often prevails in mental health work to a more salutogenic approach in early interventions in the uniformed services and humanitarian aid workers.

Political Violence, Trauma and Narrative

Symposium (culture) **Grand Ballroom, 4th Floor**

Featured Symposium

Weine, Stevan, MD, University of Illinois at Chicago

The knowledge and meanings derived from experiences of political violence comes into existence largely through the trauma stories told by survivors and witnesses. In this symposium, scholars from literature, oral history, and ethnography present work representing several narrative frames that can contribute to trauma approaches to addressing political violence.

Integrating Fragmented Memories: Life Narratives and 9/11

Clark, Mary Marshall, MA, Columbia University Oral History Research Office

In this symposia I will talk about the value of the life history approach, through oral history, in allowing those who have been directly exposed to political and/or apocalyptic violence to create narratives of the self and community that restore a sense of connection with the past. Working with selected oral history life narratives from "The September 11, 2001, Oral History Narrative and Memory Project"—a longitudinal oral history project I founded with the sociologist Peter Bearman to study the impact of the catastrophe in New York on individual lives and communities through documenting the lives of 400 people over time—I will explore the dynamic of constructing a historical narrative in situations where lives were radically changed or disrupted through a direct encounter with literal and symbolic violence, particularly apocalyptic violence (which I define as "violence about the end as well as violence that has no end.") More specifically, I will explore the impact of the narration, or "telling" on both the interviewers and the interviewees - who have a shared experience of trauma.

Putting Out Fires and Starting New Ones

Cintron, Ralph, PhD, University of Illinois at Chicago; Weine, Stevan, MD, University of Illinois at Chicago; Agani, Ferid, MD, University of Pristina

Kosova is what Pierre Bourdieu might have called a "difficult spot…difficult to describe and think about." The difficulty, in part, is that Kosova is immersed in a kind of fog largely generated, unwittingly or not, by the international community whose burden is to prove their competence and produce results—rapidly. Meanwhile, transitions, traumas, carelessness, and opportunism are operating at hyper-speed, and Kosovar hope may solidify quickly into alienation. The fluidity of these conditions begs for a project of long-term, engaged, collaborative, and multi-disciplinary documentation and analysis of Kosova as a site of post-conflict humanitarian and political intervention. The burgeoning theoretical literature about globalization is helpful, but attempts to integrate this theorizing with a case study of a humanitarian and political crisis within the global scene are missing. This then is a rhetorically focused study based upon data gathered through participant observation that is intended to add another perspective to those engaged in Kosova and to the work of humanitarian and political interventionists in general, and trauma in particular. It finds that claims made by humanitarian interveners about helping post-conflict societies through healing the wounds of war and building a civil society are often undermined by the ways that powerful states and their interests exercise their power in weak states, with often unbridled expressions of colonization, the expansion of global capitalism, and the drive to modernize.

Last Moments of a Man Condemned: Dostoevsky and Execution

Morson, Gary, PhD, Northwestern University

As his readers all knew, Dostoevsky was once sentenced to death, led out to the Senate Square to be executed, and pardoned at the last possible moment. The experience decisively shaped his views of human nature and our relation to time. The hero of *The Idiot* includes three descriptions of the last moments of a person about to be executed. I propose to discuss these descriptions to show Dostoevsky's ideas on the specifics of trauma and what the knowledge of certain death shows about life in both traumatic and ordinary situations. In doing so I will draw from my book *Narrative and Freedom* which investigates how narratives may either distort and close down historical time, or convey the openness of time, which is a highly relevant concern for approaching trauma stories.

Recent Research on Revictimization Following Childhood Trauma

Symposium (frag) — State Ballroom, 4th Floor

Gold, Steven, PhD, Nova Southeastern University; Cloitre, Marylene, PhD, New York University Child Study Center

Although the fragmenting aspects of childhood trauma can include revictimization experiences, targeting empirically identified risk factors may assist in preventing revictimization. Knowledge of these factors and their connection to earlier trauma may facilitate more complete processing of early trauma/losses by clients, and assist in integration through the learning of new schemata and behaviors.

Family Environment Characteristics of Survivors of Child Sexual Abuse

Seibel, Stacey, MS, Nova Southeastern University; Griffin, Meredith, MS, Nova Southeastern University; Gold, Steven, PhD, Nova Southeastern University

Although researchers have closely examined the differences between the families of origin of sexually abused children and non-victimized children, few have focused on the differences between those sexually abused by one perpetrator and those sexually abused by multiple perpetrators. The purpose of this study is to compare the scores on the Family Environment Scale and the Exposure to Abusive and Supportive Environments - Parenting Inventory (EASE-PI) of adult survivors of childhood sexual abuse (CSA) victimized by one perpetrator to those who have been victimized by multiple perpetrators. This study is an expansion of previous research (August, 2001) that utilized only the FES. Previous results revealed significant differences between the families of origin of survivors reporting one perpetrator and those who reported multiple perpetrators. Those who had been revictimized by multiple perpetrators come from families of origin that demonstrate higher levels of Conflict and lower levels of Cohesion, Intellectual-Cultural Orientation, and Active Recreational Orientation when compared to the families of those who had experienced single victimizations.

Child Abuse and Revictimization: Implications for Treatment and Research

Van Bruggen, Lisa, MA, University of Victoria; Runtz, Marsha, PhD, University of Victoria

Research has demonstrated that experiencing child sexual abuse (CSA) increases the risk potential for experiencing future sexual victimization. However, the mediating variables underlying this association have not been fully explored. In addition, researchers have tended to exclude other forms of child abuse, such as child physical abuse (CPA) and child psychological abuse (CPsycA) as risk factors for sexual victimization. The aim of this study was to examine the relationship between different forms of child abuse and sexual victimization during adolescence and early adulthood, by exploring the mediating variables of sexual self-esteem, sexual concerns, and dysfunctional and uncommitted sexual behaviors. Female university students (N = 402) completed questionnaires regarding experiences of childhood maltreatment before age 14 and sexual victimization since age 14, as well as measures of the mediating variables. Structural equation modeling indicated that both CSA and CPsycA are necessary to include in mediational models to help understand the risk factors for sexual victimization. However, CPA did not aid in the understanding of risk factors of sexual victimization. The implications of these results with regard to future research and practice in the area of sexual victimization, as well as suggested areas for intervention, will be discussed.

PTSD and Associated Features as Predictors of Revictimization

Dietrich, Anne, PhD, The University of British Columbia

Individuals with childhood sexual abuse histories are at increased risk of sexual revictimization. Empirical studies have examined the roles of childhood abuse, family environment, posttraumatic stress disorder symptoms, and various associated features to PTSD as possible predictors of sexual revictimization, with some mixed results. Variations in findings may be due to differences in methodology, including variations in sample demographics, definitions of childhood abuse and revictimization, study design, and the instruments used in the various studies. In this study, the potential predictive roles of PTSD (as measured by Briere's normed and standardized Detailed Inventory of Posttraumatic Stress) and various associated features to PTSD (affect dysregulation, various types of dissociation, altered perceptions of self and altered relationships) are examined as possible predictors of adult victimization (psychological, physical, sexual). Participants with self-reported childhood maltreatment histories (N = 224) were recruited from the internet, a clinical sample, and correctional facilities. Almost all (90.8%) reported some form of victimization during adulthood. Hierarchical stepwise logistic regression was conducted, with demographics entered on the first block, family environment variables and childhood maltreatment on the second block, and PTSD and associated features on the final block. Predictors varied depending on the type and severity of revictimization.

Massive Trauma: Approaches, New Areas of Evaluation and Treatment

Symposium (disaster) — Adams Ballroom, 6th Floor

Goenjian, Armen, MD, National Center for Child Traumatic Stress

This symposium includes presentations concerning earthquakes in Greece and Armenia, and war in Kosovo. Presentations will describe the psychometrics and findings from a quality of life scale for adolescents; findings regarding disturbances in conscience functioning and behavioral correlates; findings from non-school-based psychosocial programs for youth; and longitudinal course and outcome among treated vs non-treated adolescents.

A Prospective Study of Posttraumatic Stress and Depressive Reactions

Goenjian, Armen, MD, National Center for Child Traumatic Stress

This presentation will describe the severity and longitudinal course of posttraumatic stress and depressive reactions among four groups of adolescents (N=125) that had been differentially exposed to the 1988 Spitak earthquake in Armenia. In addition, it will describe the findings from a school-based trauma/grief focused psychotherapy intervention provided at 1_ years post-earthquake. Posttraumatic stress and depressive reactions among treated and untreated subjects were evaluated at post-intervention and 5 years after the earthquake. The three groups that had been exposed to extreme earthquake-related trauma had initial severe levels of PTSD, while the fourth group, with mild to moderate severity of exposure, had moderate levels of PTSD. At 5 years post-earthquake, PTSD scores in all groups had decreased significantly. However, only the group that received psychotherapy had clinically significant decreases of

PTSD. At both evaluation intervals, levels of depression among the three most affected groups fell near the cutoff for clinical depression. The findings from this study indicate that after exposure to extreme trauma, PTSD symptoms may be intractable. Brief psychotherapy specifically addressing symptoms of trauma and grief can improve these symptoms over the course of years. Additional strategies to ameliorate depressive reactions may also be needed.

PTSD, Depression: Interference in Conscience Function in Adolescents

Steinberg, Alan, PhD, National Center for Child Traumatic Stress

This presentation will discuss findings regarding moral development and psychopathological interference with conscience functioning (PI) among adolescents exposed to different degrees of earthquake-related trauma, the relationship of moral development and PI to severity of PTSD symptoms and post-earthquake adversities, and the relationship of PI to behavioral problems. Adolescents (N=193) from two cities at different distances from the epicenter were evaluated. The Stilwell Structured Conscience Interview was used to assess moral development and PI. Structured self-report instruments were used to obtain ratings of posttraumatic stress symptoms, post-earthquake adversities and behavioral problems. Adolescents in the city near the epicenter manifested concomitant accelerated moral development and greater severity of PI as compared with their counterparts in the less affected city. Current severity of PTSD symptoms and post-earthquake adversities were independently positively correlated with PI, but not with moral development. PI was positively correlated with endorsement of a number of behavioral problems. In the aftermath of a catastrophic natural disaster, children may undergo an advancement of their moral development. Yet, at the same time, negative schematizations of self, others, the world and social institutions, may give rise to disturbances in conscience functioning that has behavioral implications.

Adolescent Quality of Life: Development and Validity of a Scale

Walling, David, PhD, Collaborative NeuroScience Network Inc., Goenjian, Lara, Collaborative NeuroScience Network Inc.

Quality of life (QOL) is an increasingly important variable in clinical outcome research. Quality of life is a subjective measure that allows for the examination of an individual's functioning and ability to participate in/enjoy life's activities. However, while many instruments have been developed to assess the QOL domain, few have been specifically tailored to adolescents and the achievement of age-related developmental tasks. The present study was conducted to assess QOL among adolescents (n = 1,467) following the 1999 earthquake in Greece. The purpose of this study was two-fold: 1) to examine the development and use of an adolescent QOL measure; and 2) to assess those variables that comprise QOL following an earthquake. The Quality of Life Questionnaire (Adolescent Version) is a 27-item self-report measure on which subjects rate their functioning on a five point Likert scale. Assessed domains include social functioning, family relations, leisure activities, and life satisfaction. Psychometric data will be presented regarding validity, factor structure and internal consistency of the instrument. Additionally, the presentation will provide data on the relationship of QOL to demographic factors, the extent of post-earthquake adversities, and current severity levels of posttraumatic stress reactions.

Psychosocial Programs for At-Risk Groups After War

Brymer, Melissa, PsyD, National Center for Child Traumatic Stress, UCLA

This presentation will describe the design and implementation of UNICEF psychosocial programs for special needs populations of children and adolescents affected by the war in Kosovo. These programs included 1) a program for youth within the juvenile justice system; 2) a program for youth who had sustained severe physical injury related to land mines and cluster bombs; and 3) a program for young mothers in maternity wards at hospitals throughout Kosovo. These three programs were designed to provide evaluation and services for these important at-risk groups that are typically underserved. Critical components of these programs were: linking these groups with existing educational, health and social institutions; attending to prevention and recovery issues; and addressing sustainability issues. Data from each of these programs will be presented and discussed. Specific intervention strategies for each of these programs will be described, with suggestions for future outcome research. The importance of expanding psychosocial programs after war or crisis-events to at-risk groups that are not attending school will be discussed.

An Integration of the Pathophysiology and the Pharmacotherapy for PTSD

Symposium (clin res) **Monroe Ballroom, 6th Floor**

Davis, Lori, MD, Univ of AL at Birmingham; Friedman, Matthew, MD, PhD, National Center for PTSD, VA Medical Center

This symposium integrates the biological pathophysiology of PTSD with clinical pharmacological treatment approaches. Specifically, noradrenegic, serotoninergic, corticotropin, glutaminergic and GABAergic function in fear responses and PTSD are presented as rationale for specific pharmacologic targets in the treatment of PTSD. Treatment with alpha2-adrenoceptor agonists, serotonin reuptake inhibitors, and anticonvulsants are discussed.

Hypothalamic Pituitary Adrenal Axis and Serotonergic Function in PTSD

Bremner, James, MD, Emory University

Stress results in long-term alterations in several neurochemical systems including the hypothalamic-pituitary-adrenal (HPA) axis and serotonergic systems. With acute stressors there is an increase in corticotrophin releasing factor (CRF) from the hypothalamus with associated increased adrenocorticotropin hormone (ACTH) from the pituitary and cortisol release from the adrenal. In chronic PTSD the evidence supports elevated CRF; however cortisol appears to be normal or low at baseline, with early evidence for increased cortisol response to traumatic reminders. Stress results in dysregulation of serotonergic systems, with some evidence for serotonergic function in PTSD based on challenge and platelet studies. Serotonergic reuptake inhibitors (SSRIs) in animal studies promote neurogenesis in the hippocampus, and in PTSD studies result in improvement in PTSD symptoms and increased hippocampal volume and memory function. New treatments such as CRF antagonists or agents with serotonergic effects may target these specific neurobiological disturbances.

Gabaergic Modulation in PTSD and Treatment with Anticonvulsants

Davis, Lori, MD, University of Alabama at Birmingham; Petty, Fred, MD, PhD, Creighton University

The current preclinical and clinical knowledge concerning the role of amino acid neurotransmitters (g-aminobutyric acid (GABA) and glutamate) in the pathophysiology and the treatment of posttraumatic stress disorder (PTSD) will be presented. Specifically with regard to stress, GABA and glutamate are neurotransmitters that modulate the hypothalamic-pituitary-adrenal axis and limbic system. These systems play major roles in controlling the emotional states of "freeze-flight-or-fight." Recent results of trials of anticonvulsants, namely divalproex, topiramate, lamotrigine, will be reviewed in detail. Specifically, our research shows significant reduction in PTSD symptomatology in an open-labeled 8-week trial of divalproex and a placebo-controlled study is ongoing. Other investigators have shown positive results with lamotrigine and topiramate. We conclude the symposium with an integrated map of the neurohormonal dysregulation involved in the pathophysiology of PTSD that includes norepinephrine, serotonin, and the amino acids GABA and glutamate. The treatment of PTSD likely rests on a multifaceted approach based rationally pharmacotherapy in which the mechanism of action reflects the theorized pathophysiology for PTSD.

Noradrenergic Function in the Pathophysiology and Treatment of PTSD

Southwick, Steven, MD, Yale University

Preclinical and clinical evidence suggests that central noradrenergic nuclei play a critical role in the response to life threatening stimuli, fear conditioning, and the pathophysiology of PTSD. In traumatized humans there is evidence for a sensitized and hyperreactive noradrenergic system in those who develop PTSD. Findings include increased psychophysiologic reactivity to traumatic reminders, elevated 24 hour urine excretion of norepinephrine and epinephrine, reduced platelet alpha-2 adrenergic receptors, elevated CSF norepinephrine levels, exaggerated behavioral physiological and biochemical responses to IV yohimbine, and altered cerebral blood flow to noradrenergic stimulation. Interventions designed to directly regulate noradrenergic hyperreactivity in trauma survivors with PTSD will be reviewed, with emphasis on the therapeutic effects of the alpha-2-adrenergic agonists (guanfacine and clonidine), the beta-adrenergic blocker propranolol, and the alpha-1 adrenergic receptor agonist prazosin.

Predisposing Risk Factors for Trauma Exposure and PTSD

Symposium (biomed) Parlor B, 6th Floor

Koenen, Karestan, PhD, National Center for PTSD; Krueger, Robert, PhD, University of Minnesota

PTSD is defined as resulting from a traumatic event. However, not all characteristics of trauma-exposed individuals are caused by the traumatic event. The presenters in this symposium will discuss findings from novel research designs aimed at examining how premorbid vulnerability influences risk for trauma exposure and post-trauma psychopathology.

Study of Identical Twins Discordant for Combat Exposure in Vietnam

Pitman, Roger, MD, Harvard Medical School

Because PTSD is defined as resulting from a traumatic event does not necessarily imply that all abnormalities found in PTSD patients are caused by the etiologic event. An abnormality may be a pre-trauma vulnerability factor, i.e., it may have been present prior to the event's occurrence and increased the individual's likelihood of developing PTSD upon traumatic exposure. Alternately, an abnormality may be an acquired PTSD sign, i.e., it may have developed after the traumatic exposure, along with the PTSD. Identical twins discordant for traumatic exposure provide an opportunity to resolve these competing explanations. If an abnormality is genetic or due to environmental influences shared by twins during their rearing, i.e., if the abnormality is a "familial" pre-trauma vulnerability factor, it should also be found in the non-trauma-exposed co-twins of trauma-exposed twins with PTSD. If the abnormality results from an environmental factor unique to exposed twins, e.g., a traumatic event, then their co-twins should not share the abnormality. We have found that increased heart rate responses sudden, loud tones, and the P3b event-related potential response conform to the pattern of an acquired PTSD sign. In contrast, diminished volume of hippocampus, and size of cavum septum pellucidum conform to the pattern of a familial vulnerability factor.

Genetic Influences on Subtypes of Post-Trauma Psychopathology

Koenen, Karestan, PhD, National Center for PTSD

Recent findings suggest that individual differences in propensity towards externalization versus internalization influence the behavioral expression of trauma response, including patterns of comorbidity. This study used to data from the Vietnam Era Twin (VET) Registry to examine whether 1) previous findings of externalizing and internalizing patterns of post-trauma response would replicate in an epidemiological sample and 2) these patterns reflect premorbid familial or genetic vulnerability aggravated in response to trauma exposure. Cluster analyses of symptom counts for diagnoses from the Diagnostic Interview Schedule for DSM-III-R completed by 6744 twins from the VET Registry replicated the three cluster solution: low pathology, internalizing, and externalizing. The internalizing and externalizing clusters did not differ on level of pre-military education, age of entry into the military, SES, or combat exposure. A co-twin control design was then used to examine whether these three clusters were familial - genetic or due to environmental influences shared by twins during their rearing. Our findings suggest a general vulnerability to psychopathology influences both internalizing and externalizing responses to trauma exposure but that a substantial genetic predisposition to externalizing disorders shapes externalizing type responses to trauma exposure. Findings are discussed in relation to comorbidity and genetic studies of PTSD.

Genetic and Environmental Influences on Risk for Trauma and PTSD

Taylor, Steven, PhD, Department of Psychiatry, University of British Columbia

This paper presents recent findings from a general population twin registry, maintained by one of the authors (KLJ) at the University of British Columbia. Results are reported for 222 monozygotic twin pairs and 184 dizygotic pairs, who completed measures of trauma exposure, PTSD symptoms, and personality disorder traits. Results suggested two basic dimensions of trauma exposure: assaultative trauma (e.g., robbery, sexual assault) and non-assaultative trauma (e.g., motor vehicle accidents). Only assaultative trauma was heritable. PTSD symptoms were moderately heritable. The remaining variance in trauma exposure and symptoms was due to unique environmental experiences. The risk of assaultative trauma was predicted by antisocial personality traits. Results suggested that the genes for these traits may also play a role in conferring risk for assaultative trauma. Results from a separate group of 45 PTSD patients treated with cognitive-behavior therapy suggest that the heritability of PTSD symptoms is unrelated to treatment-related symptom reduction. This suggests that heritability may be unrelated to the effects of environmental events (e.g., therapy) on symptoms.

Friday, October 31

Personality-Based Externalizing and Internalizing Subtypes of PTSD

Miller, Mark, PhD, VA Boston HCS, National Center for PTSD , Boston University School of Medicine

This paper will present findings from two studies that examined the hypothesis that the symptoms and behavioral expression of PTSD are influenced by individual differences in tendencies towards the externalization versus internalization of distress. The studies were based on large samples of combat veterans, and in both, cluster analyses of personality inventories (the MPQ in one, and the MMPI-2 PSY-5 scales in the other) showed evidence of temperament-related externalizing and internalizing subtypes of PTSD. Externalizers, characterized on personality measures by high negative emotionality and aggression combined with low constraint, showed high rates of comorbid alcohol and substance-related disorder and antisocial personality disorder. In contrast, the personality profiles of internalizers were characterized by high negative emotionality coupled with low positive emotionality/introversion and these individuals showed high rates of comorbid anxiety and major depressive disorders. These findings provide support for an externalizing and internalizing typology of PTSD that aims to account for heterogeneity in patterns of behavioral disturbance and psychiatric comorbidity in this population. They also highlight links between the psychopathology of PTSD and broader research on the structure and organization of mental disorders.

Reducing the Risk of PTSD? New Research with Military Populations

Symposium (disaster) PDR #4, 3rd Floor

Whealin, Julia, PhD, Veterans Affairs National Center for PTSD

This symposium examines new, prospective studies of military personnel that contribute to a better understanding of individual responses to stress during warzone and training deployments. Presentations are followed by a discussion of issues relevant to the etiology of stress symptomatology and factors that may ultimately prevent the development of PTSD.

Tolerance to High Stress Training Among Student Naval Aviators

Lords, Amanda, EdD, Naval Aerospace Medical Research Laboratory; Andrasik, Frank, PhD, Institute for Human and Machine Cognition, University of West Florida; Prevost, Michel, PhD, Naval Survival Training Institute; Morgan III, Charles, Yale University School of Medicine

Investigations have shown that students participating in the highly stressful Survival, Evasion, Resistance, and Escape (SERE) training exhibit psychobiological and neuroendocrine changes that account for significant variance in both psychological responses to stress and objectively assessed military performance. This study involved investigating biopsychological and neuroendocrine responses of student naval aviators to another highly stressful training event, the 9D5 Underwater Egress Trainer in order to 1) objectively assess the impact of the stressful event and 2) evaluate whether there are significant relationships between training performance and psychobiological variables. A total of 265 participants were administered measures of anxiety and dissociation at baseline, pretraining, posttraining, and recovery. Additionally a subsample of 185 participants provided heart rate variability samples, and saliva samples to measure cortisol at the same time points. Students with higher levels of state anxiety at baseline preformed poorer during 9D5 training, additionally students who exhibited poorer performance during 9D5 training reported significantly higher incidents of dissociation during training. Additionally, the poor performing student aviators had higher levels of cortisol at baseline and immediately prior to egress training. Heart rate variability data will be presented. The relationships between the biopsychological variables and performance will be discussed with regard to the identification of individuals most likely to dissociate. Early identification of individuals with low tolerance for stress may eventually lead to a more refined selection process. Selecting potential aviators who respond most favorably under stressful situations may reduce the incidence of the development of stress related disorders.

The Role of Assessment in Determining Propensity to Dissociation

Morgan III, Charles, MD, West Haven VA/Yale University School of Medicine; Hazlett, Gary, JFK Special Warfare Center

Peritraumatic symptoms of dissociation have been thought to index a vulnerability to stress related disorders such as PTSD. In a previous investigation we reported on the incidence of stress induced symptoms of dissociation in health special forces and general troop soldiers who were participating in military survival school training. In that study, symptoms of dissociation were significantly lower at baseline and during stress in special forces soldiers, compared to general troop soldiers. In the present study we assessed the degree to which this difference in propensity to dissociation may be accounted for by the Special Forces Selection and Assessment (SFAS) Program. Dissociation was assessed in over 700 soldiers During baseline and following a highly stressful three week selection course Designed to weed out the large majority of the candidates. Successful candidates exhibited significantly fewer symptoms of dissociation before and during SFAS compared to soldiers who were not successful. These findings suggest that one of the reasons Special Forces soldiers exhibit fewer symptoms of dissociation is due to the "weeding out" effect of SFAS on individuals who have a propensity to dissociate. Potential implications of these data on traumatic stress etiology will also be discussed.

Deployment Stress and Neurocognition: A Prospective Approach

Vasterling, Jennifer, Veterans Affairs; Proctor, Susan, DSc, Boston VAMC, Boston University; Kane, Robert, PhD, Baltimore VAMC, University of Maryland Medical Center

This presentation will describe a study examining the effects of stress and environmental exposures on neurocognitive outcome in 300 Iraq-deployed and 450 nondeployed Army troops. For the purposes of this presentation, we will focus on hypotheses involving stress exposure as an independent variable. Study methods include assessment of stress exposure, mood, PTSD symptomatology, and neurocognitive variables prior to deployment and again subsequent to deployment. Additionally, predeployment and deployment medical record data and deployment environmental data will be obtained. Because the length of deployment at this time is unknown, it is likely that only predeployment data will have been collected at the time of the presentation. Therefore, we will focus the presentation on background work leading to the study, study hypotheses relevant to stress exposure, and the methodological approach adopted. Regarding stress-related hypotheses, we hypothesize that high levels of war-zone stress exposure, when accompanied by stress-related emotional dysfunction, will negatively impact cognitive functioning in the domains of attention and new learning but will likely exert minimal impact on language and motor tasks. We do not predict that stress exposure will exert significant impact if not accompanied by emotional distress. Emotional factors may be less salient if significant environmental exposures are encountered.

The US-Israel Bi-National Trauma Initiative: Adolescent Recovery

Symposium (child) Wabash Room, 3rd Floor

Chemtob, Claude, PhD, Mount Sinai School of Medicine; Brom, Danny, PhD, Israel Center for Trauma, Herzog Hospital

This symposium describes bi-national collaboration between Israel and US focusing on post-terror recovery. As part of this initiative, we conducted school-based screening of terror-exposed adolescents for PTSD and depression using the same methods of assessment in both countries. The symposium describes the overall initiative; presents results of the screening in each nation, and introduces a jointly developed model of intervention with teachers to increase their case identification competence.

School-Based Intervention: Teachers as Change Agents Coping with Terror

Baum, Naomi, PhD, Israel Center for the Treatment of Psychotrauma; Pat-Horenczyk, Ruth, PhD, Israel Center for the Treatment of Psychotrauma; Brom, Danny, PhD, Israel Center for the Treatment of Psychotrauma

School children in Israel have been exposed to ongoing terror for the last two and a half years, and various studies have shown elevated rates of PTSD and post trauma symptoms in the school aged population. Teachers from three elementary schools were targeted as potential change agents in facilitating an environment receptive to discussion, examination and acceptance of feelings and trauma related symptoms. Empowerment of teachers was considered a priority in dealing with the ongoing terror situation. Pre and post intervention measures were employed to track change in knowledge, opinions, attitudes, perceived skill level, and willingness to integrate new tools into the classroom. The training consisted of three groups sessions comprised of psychoeducation, increasing self-awareness and self-care, development of personal and professional resources, and skill development and tools that can be employed in the classroom. Follow-up and evaluation focused on the teachers' experiences in integrating the skills learned into their personal work in the classroom.

Developing the US-Israel Bi-National Trauma Initiative

Horwitz, Shelley, MSW, UJA Federation of New York

This presentation will review the challenges and opportunities of establishing bi-national trauma collaboration from the perspective of the funder. It will describe the initial start-up, the challenges of maintaining collaboration across cultures, maintaining commitment by both funders and participants, and supporting the successful completion of both infrastructure tasks and specific projects. The presentation will put the papers to be presented in the broader context of UJA Federation of New York successfully establishing a Trauma collaborative network in Israel as a means to developing a new generation model of strategic trauma services.

PTSD and Functional Impairment in Adolescents Exposed to Terror

Pat-Horenczyk, Ruth, PhD, Israel Center for the Treatment of Psychotrauma; Abramovitz, Robert, MD, Jewish Board of Family and Children's Services; Baum, Naomi, PhD, Israel Center for the Treatment of Psychotrauma; Horwitz, Shelley, MSW, UJA New York; Brom, Danny, PhD, Israel Center for the Treatment of Psychotrauma; Chemtob, Claude, PhD, Mount Sinai School of Medicine, Jewish Board of Family and Childrens Services

Parents and school staff tend to underestimated PTSD-related distress, and direct school-based screening has been suggested as the most effective way to identify adolescents in need of professional help. 1028 students, (459 boys and 551 girls; ages 12-18) from Jerusalem and the nearby settlements (in the West Bank), attending three junior-high and high schools, completed a self-report battery of questionnaires. The study was carried out after 20 months of ongoing terror of recurrent shooting and numerous suicide bombings. The questionnaires assessed extent of exposure to terror, self-reported behavioral changes following the ongoing terror, symptoms of PTSD, depression, somatization, and functional impairment. PTSD was diagnosed in 5.4% of the sample, and partial PTSD was identified in 12.4% of the respondents. As compared to boys, girls showed higher rates of full PTSD and partial PTSD, more somatic complaints, more behavioral changes and restrictions in activities. However, boys reported more functional impairment and more suicidal thoughts. Adolescents living in the Settlements, although exposed to more terrorist attacks, exhibited less full and partial PTSD than the students residing in Jerusalem. This study confirms the value of a public health approach to case detection following exposure to terror and is among the first to examine the relationship between psychological symptoms and functional impairment.

Screening for PTSD, Depression, and Functional Impairment in NYC

Abramovitz, Robert, MD, Jewish Board of Family and Childrens Services; Berger, Pinchas, Jewish Board of Family and Childrens Services; Chemtob, Claude, PhD, Mount Sinai School of Medicine

This presentation will report on screening for symptoms of PTSD and depression as well as for functional impairment in two New York City (NYC) Jewish Day Schools. We used the same measures in New York City as in Israel. This will permit comparison of the results. Nine-hundred adolescents screened were directly and indirectly exposed to terror in both NYC and Israel. Exposure to terror in each country was assessed. We assessed the prevalence of PTSD, depression, and suicidal symptomatology. Our measures permitted us to distinguish between PTSD related to terror exposure in Israel and in NYC. Girls reported more severe symptoms but boys were more likely to report functional impairment. We also report on the help-seeking patterns of students following exposure to terrorism.

Children's Traumatic Grief: Emerging Clinical Research

Symposium (child) Parlor H, 6th Floor

Brown, Elissa, PhD, New York University School of Medicine; Mannarino, Anthony, PhD, Allegheny General Hospital

The goal of the proposed symposium is to extend our understanding of children's traumatic grief (CTF). Theory and emerging research suggest that CTF exists when symptoms related to a traumatic event interfere with the tasks of bereavement. Presenters will report on empirical studies of the construct and measurement, diagnostic picture, and predictors of CTF.

Conceptualizing and Measuring Traumatic Grief

Layne, Christopher, PhD, Brigham Young University; Legerski, John-Paul, Brigham Young University; Odom, Jennifer, Brigham Young University; Pasalic, Alma, Brigham Young University; Pasalic, Hafiza, Brigham Young University; Katalinski, Ranka, Brigham Young University; Saltzman, William, Brigham Young University; Pynoos, Robert, Brigham Young University

This presentation will focus on issues surrounding the conceptualization and measurement of traumatic grief as a clinical phenomenon. In particular, a number of conceptual frameworks have been advanced that seek to describe—both in terms of clinical signs and symptoms, in addition to theorized underlying processes—a constellation of complicated bereavement reactions following the traumatic death of a loved one. Attention will first be directed towards comparing and contrasting the major conceptual models of the phenomenon in an effort to underscore both the variety in perspectives and the commonalities in features. Particular emphasis will be given to mapping out the numerous facets of traumatic grief that have thus far been proposed, including the mechanisms theorized to "drive" the phenomenon. Next, the ongoing development of a measure of traumatic grief (The Extended Grief Inventory) will be described, which will include the presentation of underlying theory

in addition to descriptive, factor analytic, and criterion-related statistical data. Implications pertaining to the assessment and treatment of traumatic grief will then be described, with special emphasis given to developmental, cultural, and trauma-related factors that may influence the expression, course, and treatment of traumatic grief.

Predictors of Psychiatric Symptoms Among Bereaved Children

Brown, Elissa, PhD, New York University School of Medicine, New York; Goodman, Robin, PhD, New York University School of Medicine; Tokayer, Naama, PsyD, New York University School of Medicine; Valerian, Alison, PhD, New York University School of Medicine; Nottage, Sage, PsyD, New York University School of Medicine; Khan, Shamir, New York University School of Medicine

Research indicates that children exposed to traumas, such as the terrorist acts of September, 11th, 2001, may experience posttraumatic stress disorder (PTSD), separation anxiety, depression, and externalizing behavior problems. Death of a loved one during the trauma may exacerbate the symptom picture. In studies of children exposed to traumas, physical proximity, emotional proximity, premorbid functioning, secondary adversities, and families' coping style and social support have been predictive of children's mental health outcomes. The goal of the proposed presentation is an examination of the impact of these predictors on the psychiatric symptoms of children who are bereaved as a result of the trauma of September 11th, 2001. The proposed paper is based on a study of children whose fathers worked for uniformed services (fire department, police department, port authority, emergency medical services) and were killed on September 11th, 2001. To date, about 100 children and their mothers have participated in comprehensive evaluations of demographic characteristics, pre-9/11 functioning, trauma exposure, family environment, use of coping skills, social support, and psychiatric symptoms. Following the presentation by Goodman et al. on the diagnostic and behavioral functioning of these children, we will present the comparative analyses of the variance accounted for in symptom severity by the aforementioned predictors. Implications for clinical service delivery will be discussed.

The Diagnostic Picture of Traumatically Bereaved Children

Goodman, Robin, PhD, New York University School of Medicine; Brown, Elissa, PhD, New York University School of Medicine; Nottage, Sage, PsyD, New York University School of Medicine; Paris, Sandra, PhD, New York University School of Medicine; Pearlman, Michelle, PhD, New York University School of Medicine; Sena, Amanda, New York University School of Medicine; Doyle, Megan, New York Unniversity School of Medicine

We are only beginning to understand the phenomenon of childhood traumatic grief, wherein symptoms typical of a stress reaction overlap and interfere with the course of bereavement. There is an abundance of clinical literature, yet a paucity of scientific inquiry, detailing the symptom picture of children who have experienced the traumatic death of a significant person. Determining appropriate diagnoses for traumatically bereaved children is particularly difficult given the limitations of the DSM-IV criteria, which exclude bereavement. The goal of the presentation is to describe the externalizing and internalizing symptom picture of a group of children who are bereaved as a result of the trauma of September 11th, 2001. The proposed presentation is based on evaluations of close to 100 children whose fathers were uniformed workers (firemen, policemen, port authority staff, emergency medical service workers) and died in the line of duty. Diagnoses were determined by standardized semi-structured diagnostic interviews and questionnaires designed to assess trauma-related symptoms (posttraumatic stress disorder, generalized and separation anxiety, depression) and behavior problems (e.g. oppositionality, aggression). Symptom information was completed on the children by the children themselves, their caregivers, and their teachers. The information will be presented in the context of understanding the trajectory of development and resolution of symptoms for traumatically bereaved children.

Clinical Application and Integration of Family Systems Theory to Trauma

Workshop (practice) **Parlor F, 6th Floor**

Nelson, Briana, PhD, Kansas State University; Hoheisel, Carol, MS, Kansas State University; Archuleta, Kristy, Kansas State University; Kelley, Sharit, Kansas State University

When working with individuals coping with trauma, the consideration and evaluation of the family context adds a dimension of information useful to the clinician. Traumatic or challenging experiences affect each member of the system in a unique way, and in turn, each family member's reaction affects the larger system and the future of those relationships. This workshop will describe the theoretical foundations of the marriage and family therapy model and the application of various family systems theories to couples and families affected by traumatic events. In the proposed workshop, participants will be presented with established approaches to working with couple and family systems, with special focus on integrating trauma history into systemic therapy. A brief history and clinical application description will be presented for emotionally-focused, solution-focused, and structural therapy theories. The effects of trauma on the interpersonal and relational dynamics of couples and families will be described and applied to clinical approaches integrating traumatic stress and family therapy.

After PTSD Treatment: A Group Therapy to Foster Social Connection

Workshop (practice) **PDR #5, 3rd Floor**

Powch, Irene, PhD, Portland VA Medical Center; Huwe, Jennifer, PsyD, Portland VA Medical Center

The traditional group psychotherapy treatment for male VA patients with complex PTSD has included symptom management and trauma processing approaches. Although these treatment approaches may contribute to a general reduction of PTSD symptoms, they often have little impact on the fragmentation of relationships and families in the traumatized veteran's life, and fail to reconnect patients with the community outside the mental health setting. As a result, many patients either remain in an unhealthy state of reliance on treatment groups for social support, or return to isolation at the conclusion of their treatment and eventually relapse and cycle through the system again. This workshop presents a six-month, manualized group treatment to systematically support male patients in establishing a lifestyle of social connection and support outside the treatment setting through the implementation of individualized "growth plans." Participants will learn motivation enhancement techniques designed to: (a) move patients from a contemplation to an action stage, and (b) increase both the agency (goal-directed determination) and pathways (planning of ways to meet goals) components of hope. The presenters will provide practical training in implementing structured tasks, goal-setting worksheets, success tracking sheets, and anecdotal feedback from their clinical experiences to promote effective use of these materials.

Beyond the Prolonged Exposure Manual: Modifying Procedures for Challenging Cases

Workshop (practice) **Red Lacquer Room, 4th Floor**

Foa, Edna, PhD, University of Pennsylvania; Hembree, Elizabeth, PhD, University of Pennsylvania

Clinicians in many settings often find using exposure therapy quite challenging with diverse and typically complex chronic PTSD clients. Detailed treatment manuals provide clear guidelines and descriptions of procedures, but it is impossible to include all of the nuance and "art" of the therapy. In this advanced workshop, the developers of the highly efficacious "Prolonged Exposure" (PE) treatment program will offer the clinical wisdom that years of experience have taught us about how to modify treatment procedures in order to

optimize successful outcome. Flexibility in following the manual and tailoring the treatment to the client's response to exposure will be emphasized. Recommendations will include how to: 1) build a strong foundation for the therapy; 2) create an effective in-vivo exposure hierarchy; 3) facilitate optimal emotional engagement during imaginal exposure; and 4) modify procedures for clients who over- or underengage in imaginal exposure. The format of the workshop will include instruction, case presentation, illustration of interventions via excerpts from videotaped therapy sessions, and discussion This advanced workshop is limited to participants who have had previous training in Prolonged Exposure, and preferably have also already used exposure therapy with PTSD clients.

Sexual Trauma During Military Service: Comparisons with Civilian Rape

Case Presentations (practice) **Parlor A, 6th Floor**

Yaeger, Deborah, MD, VA Greater Los Angeles Healthcare System; Himmelfarb, Naomi, PhD, VA Greater Los Angeles Healthcare System; Freer, Janya, MD, UCLA Department of Psychiatry and Biobehavioral Science; Cammack, Alison, UCLA; Rosen, Lt. Marc, U.S. Navy

Sexual trauma experienced during military service, commonly known as military sexual trauma (MST), is a unique event that differs from civilian rape. A recent rash of reports of rape at the country's elite Air Force Academy underscores the prevalence of MST, and highlights the difficulties faced by victims. We will present several cases of women raped during military service, mainly since the Tailhook scandal. These cases illustrate the unique issues faced by women soldiers after an assault, and how these issues can complicate their trauma and psychological recovery.

The Grief of Soldiers: Shatan Revisited

Brock, Susan, PhD, Chartier, Arnold, Brock & Associates; Williams-Keeler, Lyn, MA, Associates for the Treatment of Trauma Effects and Responses (AFTTER); Shay, Jonathan, MD, PhD, Boston VA Outpatient Clinic

In 1972, Chaim Shatan presented a paper entitled "The Grief of Soldiers" at the annual meeting of the American Orthopsychiatric Association, in Detroit. The paper outlined how Vietnam combat veterans had struggled to find meaningful help for themselves in the prototype of the self-help movement that would be the cornerstone of PTSD treatment for decades to come. It is now 2003 and there is a new war in a familiar place but in the intervening 21 years, there have been many other peacekeeping missions that have been marked by sporadic but fierce combat. This case study presentation will discuss the cases of two peacekeepers, and will reflect upon what Shatan referred to as "post-combat syndromes" and will discuss the timeless and still-relevant concepts of "mental foxholes," "impacted grief" and the "membrane of reality" that Shatan eloquently refers to in his original paper. Shatan also discussed the vital component of rehumanization as part of the reintegration process in recovery. The two case studies will also reflect the efforts of these Canadian veterans to heal their own sense of fragmentation, post-war and to connect with others and society as a way of rebuilding a personal sense of integrity as war veterans.

Parallel Plenary Session 10:00 a.m.–11:15 a.m.

The Tree of Life: Lessons from Survival in a Peri- and Posttraumatic Culture

Plenary (frag) **Grand Ballroom, 4th Floor**

Brom, Danny, PhD, The Israel Center for the Treatment of Psychotrauma

In times that war and terror are coming closer to every home in the world, the lessons from a country under existential threat are becoming relevant to many nations. Israel is built upon a history of continuous trauma. Trauma has been present in Jewish religious culture, in the pre-state genocidal reality of the Jewish people, and in the existence of Israel throughout its wars and terror. Thus, trauma is a daily and deeply rooted phenomenon in Israeli society. The way Israeli society has related to trauma and to care for the traumatized can teach us about societal mechanisms of survival of acute danger and adaptation to continuous levels of high stress. Survival in acute and recurring lifethreatening situations creates high levels of energy and creativity, and at the same time a very selective perception of fear and a stong focus on here and now. Adaptation to ongoing terror and war intrudes into personal and societal life in ways that change enduring patterns of meaning attribution.

This presentation will deal observations about people coping with terror in a continuously unsafe situation, and about how a society responds to ongoing threat. The way in which Israeli society has arranged its trauma-related services can teach us about some of the natural tendencies of organization, including the emphasis on immediate solutions and the process of estrangement between immediate victims and the society at large. In the reality of ongoing trauma, traumatologists can be important agents of awareness of these processes, so as to prevent disintegration of society.

Childhood Victimization and Lifetime Revictimization

Plenary (frag) **Red Lacquer Room, 4th Floor**

Widom, Cathy, PhD, School of Criminal Justice, The University at Albany

Clinicians and researchers have begun to document and understand the potential traumatic stress consequences of childhood victimization and lifetime revictimization. However, despite an extensive theoretical literature on these relationships, the empirical evidence is limited. This presentation will begin with a brief review of theory and past research, pointing out gaps in knowledge and characteristics of the existing literature. Second, new findings will be described based on the results of a recently completed NIMH supported study representing the first large scale, prospective, and long-term assessment of the relationship between childhood victimization and lifetime revictimization, using substantiated cases of childhood physical and sexual abuse and neglect and a matched comparison sample followed up into adulthood (mean age = 40). Results will present on the extent to which childhood victimization increases risk for lifetime revictimization and traumatic stress and the extent to which this risk varies by gender, race/ethnicity, and type of abuse or neglect. Finally, the presentation will describe two possible pathways (traumatic reactions and risk exposure) through which these childhood experiences may lead to subsequent revictimization and will conclude with a discussion of clinical and policy implications.

Friday, October 31

1:00 p.m.–2:15 p.m.

Treatment of Adolescents with Complex PTSD

Consultation (frag) **Crystal Room, 3rd Floor**

Pelcovitz, David, PhD, North Shore University Hospital, NYU School of Medicine

This consultation will focus on the treatment of adolescents who are exposed to interpersonal trauma and are currently experiencing significant psychological distress as a result of continued exposure to ongoing violence and instability in their homes or community. The treatment is process-based, rather than event-focused, and is based on CBT and DBT informed approaches. The primary target of the treatment addressed in this consultation is enhancing the adolescents' resiliency as well as their ability to cope with a range of complex trauma symptoms including their ability to modulate affect, improve interpersonal skills, manage problems with attention, concentration, dissociation, and somatic complaints as well as struggles with self-concept.

Conflict and Reconstruction: Impact on Civilians and Communities

Forum (frag) **Grand Ballroom, 4th Floor**

Turner, Stuart, MD, FRCP, FRCPsych, Refugee Therapy Centre, University College London; Kushner, Adam L., MD, MPH, Human Rights General Surgeon; de Jong, Joop, MD, PhD, Transcultural Psychosocial Organization, Vrije University; Goenjian, Armen, MD, FAPA, National Center for Child Traumatic Stress, UCLA; Weine, Stevan, MD, University of Illinois at Chicago; Danieli, Yael, PhD, Group Project for Holocaust Survivors and Their Children

This symposium will address some ways in which the international community can start to respond in the aftermath of armed conflict such as the recent war in Iraq. Special attention will be paid to the ethical aspects and to the importance of ensuring interventions are both culturally appropriate and sustainable. Adam Kushner was part of an assessment team for Physicians for Human Rights, in Iraq in May and June 2003. He will comment on the implications of physician complicity with torture and on the mental health situation in Basra and Nasiriyah. Joop de Jong is director of the Transcultural Psychosocial Organisation and will describe a public mental health approach to working with adult survivors of warfare in their own communities. Armen Goenjian will describe the problems faced by adolescent survivors of earthquakes (Armenia, Greece), hurricanes (Nicaragua) and political violence (Azerbaijan) during the past decade. Stevan Weine is co-chair of an ISTSS task force that developed the ISTSS' International Trauma Training Guidelines. He will describe approaches to training local mental health workers and the relationship between NGOs and state services. Yael Danieli will describe the role of the United Nations and parameters for meaningful reconstruction after conflict.

Cognitive Behavioral Therapy

Master (practice) **State Ballroom, 4th Floor**

Rothbaum, Barbara, PhD, Emory University School of Medicine

Exposure therapy for anxiety disorders comprises a set of techniques designed to help patients confront their feared objects, situations, memories, and images in a therapeutic manner. Exposure therapy is the most well supported intervention for PTSD across trauma populations, improving symptoms on average 60 - 80%. Exposure therapy is based on the same mechanisms of action as extinction training. Prolonged imaginal exposure typically involves the patient repeatedly recounting the traumatic memories in a therapist's office. Following the imaginal exposure in each session, the material that comes up in the exposure is discussed or "processed." Typically, these include themes of guilt, shame, fear, and responsibility. In vivo exposure involves actually confronting realistically safe situations, places, or objects repeatedly that are reminders of the trauma until they no longer elicit such strong emotions. A new medium for conducting exposure therapy, Virtual Reality Exposure, presents the user with a computer-generated view of a virtual world that changes in a natural way with head motion. In this way, Vietnam veterans with PTSD have been repeatedly exposed to their most traumatic memories but immersed in Vietnam stimuli.

The British PTSD Class Action by British Soldiers

Panel (culture) **Wabash Room, 3rd Floor**

Bryant, Richard, PhD, University of New South Wales; Foa, Edna, PhD, University of Pennsylvania; Shalev, Arieh, MD, Hadassah University Hospital; Pitman, Roger, MD, Harvard Medical School; Wessely, Simon, PhD, Institute of Psychiatry

In 2001-2003 the largest class action concerning PTSD was held in a British court. This case was brought by over 2000 British soldiers who were engaged in conflicts between 1975 and 1995. The case focused on whether the British military authorities provided adequate care for military personnel who were affected by trauma. Major issues arising from the case included the application of early interventions for combat personnel, the available evidence for treatments of PTSD, and the integration of research findings into policies employed by military organizations. Expert witnesses from around the world provided evidence in the case, including Edna Foa, Simon Wessely, Arieh Shalev, Terry Keane, Matt Friedman, Roger Pitman, Richard Bryant, and others. This panel will involve a significant proportion of these experts, and will focus on the key substantive issues that arose during this trial.

Rebuilding Torture-Affected Communities in Exile

Panel (commun) **PDR #5, 3rd Floor**

Gonzalez, Mario, MA, Marjorie Kovler Center for the Treatment of Survivors of Torture; Black, Mary, MS, Marjorie Kovler Center for the Treatment of Survivors of Torture; Joyce, Marianne, MA, Marjorie Kovler Center for the Treatment of Survivors of Torture; Ryan, Margaret, MA, Marjorie Kovler Center for the Treatment of Survivors of Torture; Gonzalez, Mario, MA, Marjorie Kovler Center for the Treatment of Survivors of Torture

The use of officially sponsored torture systematically and systemically immobilizes and breaks the spirit of individuals and communities, essentially fragmenting existing societies. Refugee survivors from torture-affected communities around the world have migrated to the United States for decades. The sequelae of torture and subsequent exile are profound and change lives forever. Given the degree of trauma, the large number of refugee survivors, and the fact that many cultures come from communal cultural systems, group work can be a meaningful intervention. Over the past decade, the Marjorie Kovler Center for the Treatment of Survivors of Torture has worked with refugee groups representing diverse countries including, Cambodia, Guatemala, Vietnam, Chile and, more recently, Pan-African nations. The far-reaching effects of trauma have warranted long-term group interventions that provide stability, yet accommodate to the changing needs of the group members. This panel will present a community-based systems model of long-term group interventions with Guatemalan and Chilean survivors, as well as recent groups initiated with clients from African nations. Working in collaboration with survivors, with volunteer clinicians and utilizing limited resources, innovative group methods promoting safety, integration and building community through the incorporation of traditional ritual, community arts and human rights initiatives will be described.

Prostitution, Violence and Invisibility

Symposium (culture) — Red Lacquer Room, 4th Floor

Farley, Melissa, PhD, Prostitution Research & Educationpre

Participants are advised that the presentation will involve discussion of sexual violence and some details of abuse against women in prostitution.

Thirty years ago, incest, rape, and domestic violence were socially invisible, despite their high prevalence. Prostitution, a form of organized violence against women, is similarly invisible today. With research and case examples, this symposium will address prostitution and trafficking as traumatic stress and as human rights violations.

Hidden in Plain Sight: Clinical Observations on Prostitution

Herman, Judith, MD, Harvard Medical School

Thirty years ago, rape, domestic violence, and incest were socially invisible, despite their high prevalence. A worldwide feminist movement was required to bring these abuses into public awareness. Prostitution, a form of organized violence against women, is similarly invisible today, even though ritual display of power to command sex from women is customary in entertainment, in business and political enterprises, and in armies worldwide. The prostitution industry, which operates in virtually every society, may be a primary vector for socialization in the practices of coercive control, and the pimp may be among world's most common instructors in the arts of torture. Problems of secrecy, social alienation and stigma are common to victims of many types of oppression and are familiar to all of us in the field of traumatic stress studies. Even seasoned professionals, however, may be reluctant to discover the extent of prostitution in our own communities and to face the extreme violence and degradation to which people in prostitution are subjected. This presentation, illustrated by clinical vignettes, is designed to raise awareness of the psychological effects of prostitution and to foster public conversation on a subject that has hitherto been avoided.

Prostitution and Traumatic Stress

Farley, Melissa, PhD, Prostitution Research & Education

In 9 countries on 5 continents, we have found high rates of rape, physical assaults, and homelessness among prostitutes. Depression, dissociative disorders, substance abuse, traumatic brain injury, PTSD, and personality disorders are common among former victims of prostitution. Just as there are political movements to keep incest invisible (organizations which accuse people of making up "false memories"), there are also organizations which obscure the harm of prostitution by presenting it as a form of labor, as just another job. Normalized in most cultures, prostitution is nonetheless what might well be described as a "harmful traditional cultural practice" according to terminology which has been applied to female genital mutilation. Unfortunately there is a lack of knowledge among clinicians regarding the systematic methods of brainwashing, indoctrination and control which are used against women in prostitution. The violence in prostitution, like the violence of torturers, is used not simply to control and punish but to physically impress upon the woman that she is utterly worthless and that she is socially invisible except as a prostitute. Psychological theories about prostitution which have contributed to this invisibility will be discussed here.

Health Problems of Women Internationally Trafficked for Prostitution

Gomez, Carol, BA, Victims of Violence Program

In this presentation, we will discuss the vulnerability to continued violence and the healthcare problems of women trafficked into prostitution. We conducted a study of trafficking into the United States and will give several examples from Korea, Russia, and the Philippines (Raymond, Hughes & Gomez, 2001). Barriers to services among immigrant communities are exacerbated for trafficked or undocumented women. Absence of services in the language of newcomer groups, discrimination and culturally inappropriate models of service provision are some of the factors that restrict access to services. Trafficked women or undocumented women in prostitution may be monolingual in a language other than English, and some may not be literate in their native language. Fear of deportation and misinformation about legal rights may compound reluctance to seek medical attention. A lack of immigration papers limits eligibility to public benefits, especially in the wave of anti-immigrant prejudice post 9-11.

Race, Ethnicity, and Trauma: Research

Symposium (culture) — PDR #9, 3rd Floor

Endorsed by the Diversity and Cultural Special Interest Group

Armstead, Ron, LSW, Congressional Black Caucus Veterans Braintrust

Presenters will discuss results of research studies on PTSD or other psychiatric distress related to race, racial oppression, and race-related stressors. A positive relationship between racial oppression and psychiatric symptoms was found in a community sample. Significant relationships between having met DSM-IV criteria for PTSD for race-related events and psychiatric distress measures were found for minority veterans.

PTSD in African Americans: An Overview of Prevalence and Risk Factors

Alim, Tanya, MD, Howard University, Department of Psychiatry

This presentation will involve an overview of PTSD in African Americans including children and adults. Prevalence of PTSD in African Americans as compared to the rest of the population will be explored. To date there is little clinical data on the prevalence of this disorder in African Americans although the National Co-morbidity Survey reflects rates of about 12% in the majority population. The impact of trauma and trauma types in this population as compared to the rest of the population will be examined as it relates to current knowledge including school, vocational and legal problems. Research evidence suggests different coping styles and resilience in African Americans as compared to European Americans with anxiety disorders. A review of clinical trials in African Americans will be discussed as well.

Racial Oppression: A Form of Insidious Trauma Among African Americans

Woodard, LeShelle, PhD, South Shore Mental Health, C.O.S.

Clinical and theoretical discussions in the traumatic stress literature suggest that the racial oppression experienced by African Americans is a pervasive stressor that is associated with a range of poor psychosocial outcomes. Such outcomes may include physical and psychiatric symptomology that commonly emerge in response to exposure to traumatic stressors. This presentation will introduce the concept of racial oppression as a multidimensional stressor consisting of institutional, structural, and interpersonal components. The manner in which this conceptualization of oppression currently fits, as well as potentially expands traditional definitions of traumatic stressors will be discussed. Findings of an initial empirical study will be presented. Specifically, racial oppression, physical symptoms, and psychiatric symptoms were assessed for a community sample of 103 African American adults. Hierarchical regressions demonstrate a positive relationship between interpersonal, institutional, and structural oppression as predictors of increased psychiatric symptoms. Interpersonal racial oppression also predicted increased physical symptoms. Study findings will be discussed in terms of directions for future traumatic stress research and implications for clinical interventions among African Americans.

Assessment and Correlates of Race-Related PTSD Consistent with the DSM

Loo, Chalsa, PhD, National Center for PTSD, PID

Race and ethnicity have been considered important indicator variables for furthering our understanding of PTSD. Studies of ethnic minority Vietnam veterans have played a major role in understanding these issues. Research on race-related PTSD and the construction of race-related stressor scales is relatively new. While race-related stressors have been found to contribute uniquely and significantly to PTSD symptoms, more research is needed. Four studies on Asian American Pacific Islander Vietnam Veterans were conducted to examine whether exposure to negative race-related events in the military was assessed using the impact of Race-Related Events (IRE) and the Race-Related Stressor Scale (RRSS). Results revealed that 30% of the sample of 300 participants met DSM-IV criteria for PTSD associated with negative race-related events. Significant convergent validity was found for meeting DSM-IV criteria for PTSD for race-related events and two mental health distress measures (the Mississippi Scale for PTSD and the Brief Symptom Inventory). Results also showed a significant probability of a PTSD diagnosis affected by the number of racial stressors experienced. Results strongly indicate that negative race-related events can result in symptoms consistent with a DSM-IV PTSD diagnosis.

HPA Axis Adaptation to Traumatic Stress: Understanding the Variability

Symposium (biomed) Parlor B, 6th Floor

Rasmusson, Ann, MD, Yale University School of Medicine, VA National Center for PTSD

Early studies found diminished cortisol output associated with PTSD, but later studies have demonstrated variable patterns of HPA axis function in PTSD. This symposium highlight factors that appear to influence HPA axis adaptation to traumatic stress: gender, developmental timing of stress exposure, genetic background, and chronic use of psychoactive agents.

Increased DHEA Reactivity and HPA Axis Upregulation in Women with PTSD

Rasmusson, Ann, MD, Yale University School of Medicine, VA National Center for PTSD; Vasek, Jitka, MD, Boston University School of Medicine, VA National Center for PTSD; Lipschitz, Deborah, MD, Yale University School of Medicine, VA National Center for PTSD; Vojvoda, Dolores, MD, Yale University School of Medicine, VA National Center for PTSD; Mustone, Maryellen, MD, Boston University School of Medicine, VA National Center for PTSD; Shi, Quihu, PhD, New York Medical College School of Public Health; Gudmundsen, Gretchen, Boston University School of Medicine, VA National Center for PTSD; Wolfe, Jessica, PhD, Boston University School of Medicine, VA National Center for PTSD; Charney, Dennis, MD, Yale University School of Medicine, VA National Center for PTSD

Several studies now demonstrate high 24-hour urinary cortisol output in premenopausal women with PTSD. Our recent work suggests that hyperreactivity of the pituitary, measured as increased ACTH responses to CRF, and increased adrenal cortisol responses to ACTH, rather than increased baseline cortisol levels are responsible. Administration of the antiglucocorticoid, RU486, leads to a pattern of HPA axis upregulation similar to that observed in our sample of women with PTSD. We therefore investigated reactivity of the endogenous antiglucocorticoids, dehydroepiandrosterone (DHEA) and progesterone, in the same sample. Progesterone levels were normal, but DHEA responses to ACTH1-24 were markedly increased. We also observed a positive correlation between DHEA and cortisol reactivity but a negative correlation between DHEA reactivity and CAPS total and avoidance symptom scores. Thus we hypothesize that a capacity for increased DHEA reactivity to stress—conferred in part by genetic background, but modified by developmental timing of trauma exposure and gender—may be partially adaptive, contributing to both PTSD development and treatment responsiveness or resilience. These dual effects may be mediated by DHEA's capacity to antagonize GABAA receptors and positively modulate NMDA receptors. Indeed animal studies suggest that NMDA receptor activation facilitates the formation as well as extinction of fear-conditioned memories.

Reductions in 24-Hour Urinary Cortisol Levels Following CBT for PTSD

Friedman, Matthew, MD, National Center for PTSD, Dartmouth Medical School; McDonagh-Coyle, Annmarie, MD, Dartmouth Medical School, VA National Center for PTSD; Jalowiec, John, PhD, Dartmouth Medical School, VA National Center for PTSD; McHugo, Gregory, PhD, Dartmouth Medical School & VA National Center for PTSD; Wang, Sheila, PhD, National Institute of Health/National Institute on Aging

This report concerns differences in 24-hour urine levels of cortisol, selected catecholamines and serum thyroid indices from two phases of a randomized controlled trial of cognitive-behavioral treatment (CBT) for PTSD. The Comparison Study examined differences between women with PTSD due to childhood sexual abuse (CSA; n = 68) and a community sample of women without PTSD (n = 43). The Treatment Study examined longitudinal differences between the women with PTSD-CSA based on assignment to CBT (n=12), present-centered therapy (PCT; n=16), or wait list (WL; n=16). The Comparison Study results indicated significant elevations in urinary cortisol and serum thyroid indices as well as reductions in urinary epinephrine among women with PTSD-CSA vs. comparison women. Follow-up analyses showed that the group difference in cortisol levels was not due to differences in trauma history, lifetime PTSD, tobacco and alcohol use, or depression. Treatment Study results indicated significant reductions in urinary cortisol for CBT participants but no changes for PCT or WL participants. There were no changes in thyroid or catecholamine levels following treatment for PTSD-CSA. This is the first report of normalization of cortisol levels following cognitive-behavioral treatment for PTSD, suggesting a biological mechanism behind the prolonged exposure component of CBT.

The Developmental Timing of Stress and Adult HPA Axis Dysregulation

Carpenter, Linda, MD, Brown University School of Medicine

Animal models of neonatal maternal separation in rats, and maternal neglect or adverse rearing conditions during infancy in primates, have demonstrated that exposure to stressful conditions during critical periods of development can induce persistent changes in neuroendocrine function and stress responsivity. The findings from a growing body of preclinical work have generated hypotheses about the etiology of hypothalamus-pituitary-adrenal (HPA) system and corticotropin-releasing-factor (CRF) function abnormalities in humans with mood and anxiety disorders. Recent investigations have begun to "translate" the animal models into clinical paradigms using neuroendocrine challenge protocols in both patients with post-traumatic stress disorder (PTSD) and major depression (MD), as well as in nonpsychiatric controls who have had significant exposures to stress during early life. The developmental timing of exposure to stress appear to be a critical variable in determining an organism's biological trajectory and related behavioral manifestations. Converging evidence from clinical and preclinical data supports the notion that exposure to stressors early in life (infancy or childhood) is associated with persistent central CRF hypersecretion and a pattern corresponding to HPA axis upregulation characteristic of depression, while exposure to significant stress or trauma during later years may lead to a different, seemingly opposite, direction of HPA axis alteration.

Increased Basal Serial CSF Cortisol in Combat Veterans with PTSD

Baker, Dewleen, MD, Cincinnati VAMC and University of Cincinnati Department of Psychiatry; Ehkator, Nosa, MS, Cincinnati VAMC and University of Cincinnati Department of Psychiatry; Kasckow, John, MD, PhD, Cincinnati VAMC and University of Cincinnati Department of Psychiatry; Dashevsky, Boris, PhD, Cincinnati VAMC; Horn, Paul, PhD, Cincinnati VAMC and University of Cincinnati Department of Mathematics; Bednarik, Ludmilla, MS, Cincinnati VAMC and University of Cincinnati Department of Psychiatry; Geracioti, Thomas, MD, Cincinnati VAMC and University of Cincinnati Department of Psychiatry

Objective: In order to further an understanding of HPA axis function in posttraumatic stress disorder (PTSD), we concurrently measured CSF and peripheral HPA axis hormones. Methods: We withdrew CSF from a subarachnoid catheter and plasma from a venous catheter, both indwelling, over a six-hour interval to determine hourly plasma ACTH and cortisol concentrations and CSF cortisol levels in 11 well-characterized combat veterans with PTSD and 12 matched healthy volunteers. Results: Mean CSF cortisol concentrations were significantly higher in the PTSD patients than in the normal volunteers, largely due to higher CSF cortisol concentration nadirs. No group differences were observed in either plasma ACTH or peripheral (plasma or urinary free) cortisol. Whereas none of the peripheral measures was significantly correlated with CSF CRH, mean CSF CRH and cortisol concentrations were positively and significantly correlated. Conclusions: Despite normal peripheral cortisol indices in the patients with PTSD, brain exposure to glucocorticoids was increased. The higher CSF cortisol levels in the PTSD patients may reflect PTSD-related variability in metabolism, transport, excess CNS glucocorticoid production, or diminished brain tissue uptake of CSF cortisol. Acknowledgments: This work was supported by VA Central Office Research Funds (Drs. Baker and Geracioti).

Fostering Intergenerational Resilience from War and Genocide

Symposium (commun) Parlor A, 6th Floor

Armsworth, Mary, EdD, University of Houston

This symposium focuses on intergenerational interventions following complex trauma resulting from war, ethnic cleansing, and cultural genocide. Promotion of resilience and integration of trauma focus on the parent-child dyads from three populations: families with military related PTSD; families from the Bosnian conflict, and survivors of Native American cultural genocide.

Historical Trauma Interventions with American Indian Parents

Yellow Horse Brave Heart, Maria, PhD, The Takini Network Inc.

Historical trauma is cumulative emotional wounding across generations, including one's own lifespan, which emanates from massive group trauma such as massacres, boarding school abuses, and intergenerational transfer of traumatic responses (Brave Heart, 1998, 1999, 2000). The historical trauma response (HTR) is a constellation of features in reaction to intergenerational traumatic history, similar to the survivor's child complex found among Jewish Holocaust descendants as well as Japanese American internment camp descendants. HTR may include: depression, poor affect tolerance, psychic numbing, substance abuse, hypervigilance, trauma fixation, somatic symptoms, suicidal ideation and gestures, survivor guilt, anger, victim identity, loyalty to ancestral suffering, and identification with the dead. Parents who have been traumatized as children often pass HTR patterns to their offspring. Among American Indians, HTR is compounded by generational physical and sexual abuse related to government and church sponsored Indian boarding schools. This presentation will (1) describe historical trauma for American Indians and the historical trauma response; (2) present an intervention aimed at addressing the trauma response among American Indian parents to improve their parenting skills; (3) present preliminary research findings on the effectiveness of this intervention; and (4) suggest areas for future work.

Parents with PTSD: Stopping the Intergenerational Cycle of Trauma

Elmore, Diane, PhD, SPSSI James Marshall Public Policy Scholar, American Psychological Association

Research suggests that traumatic experiences can be transmitted from one generation to the next. These "intergenerational effects" may include negative consequences such as anxiety, depression, and poor attachment in children of survivors. Parents with trauma histories can experience difficulties in setting limits, feel ambivalent and overwhelmed, and experience emotional estrangement (Armsworth & Stronck, 1999). Because many trauma survivors miss critical developmental experiences as a result of abuse and neglect, they are not always adequately prepared for healthy parenting. This presentation will discuss a group therapy intervention for parents with PTSD. The intervention focused on reducing negative intergenerational effects of trauma and promoting resilience. This three-part model consisted of psychoeducation, self-evaluation and exploration, and parent training. First, survivors were provided with a foundation of information related to the impact of traumatic events from one generation to another. Next, they were assisted in identifying these patterns as they exist or have been evident in their own families. Finally, a cognitive behavioral parenting intervention was presented with a special emphasis placed on the unique needs of trauma survivor families. A qualitative analysis of the intervention will be presented, as well as implications for the use of this model with future survivor families.

Parent-Adolescent Relationship Variables in the Aftermath of War

Layne, Christopher, PhD, Brigham Young University, Department of Psychology

This presentation will explore the long-term aftermath of the 1992-1995 Bosnian conflict and its relationships to parent-adolescent relationships. Special emphasis will be given to identifying links between war-time adverse events and circumstances, post-war adversities, parental psychological well-being, and parenting styles. Of particular interest will be the linkage between family financial strains, parental psychological variables (including posttraumatic stress, depressive, anxiety, and grief reactions), parents' perceptions of their "parenting" efficacy, and both positive and negative parenting behaviors, including connection, monitoring, behavioral control, and psychological control. The implications of these findings for theory, assessment, and community-based intervention programs designed to promote resilience in adolescents through family-based support will then be discussed.

Reaching into Refugee Communities

Symposium (disaster) Parlor H, 6th Floor

Endorsed by the Diversity and Cultural Special Interest Group

Piwowarczyk, Linda, MD, MPH, Boston Center for Refugee Health and Human Rights, Boston University School of Medicine; Keane, Terence, PhD, BCRHHR, Boston University School of Medicine, National Center for PTSD

It has become increasing clear that western models of psychiatric treatment are limited in their ability to reach out to refugee populations. Multiple barriers exist including language, cultural differences, models of disease, insurance and legal status. Traditional approaches which exist within communities are often exhausted before turning to the health care system for help. Social fragmentation due to war trauma and ethnic conflict and subsequent mistrust may further complicate the delivery of care. On the same token, those most traumatized and isolated may be the most in need of care. Several approaches have been used to engage different communities both in the United States and internationally. A model from community oriented primary care will be described as a method to identify community problems.A second emphasizes a comprehensive approach taking into account a family's social ecology as a means

to reaching refugee communities. A third describes multi-family support and education groups highlighting factors related to engagement and retention. Fragmentation occurs as a result of war trauma, torture, and dislocation. Community-based interventions are highlighted both as a means to address problems as well as a method to enhance social cohesion.

Application of the COPC Model to Traumatized Refugee Populations

Piwowarczyk, Linda, MD, MPH, Boston Center for Refugee Health and Human Rights, Boston University School of Medicine; Keane, Terence, PhD, BCRHHR, Boston University School of Medicine, National Center for PTSD

Western models of health and service delivery are challenged by our increasingly diverse society. Multiple barriers contribute to issues surrounding access and sustainment in treatment. Societies that are less individualistic than our own have inherent family and community-based approaches to solving problems facing the community. As such,they have strengths which can be built upon to face challenges during both early and late resettlement. Community-oriented primary care is a model which involves principles of public health, epidemiology, and primary care. It requires community involvement in its definition and characterization,description of community health problems,their prioritization, the development of health interventions and their evaluation. As part of its ongoing work with refugees and survivors of torture, the Boston Center for Refugee Health and Human Rights is involved in a community-oriented process with the Liberian community. The process and inherent challenges with be described.

A Theoretical Model of Outreach to Refugee Communities

Grant Knight, Wanda, PhD, Boston University School of Medicine

The need to develop effective methods of engaging families from other cultures in psychiatric treatment becomes increasingly important to health care providers as the populations that we serve increasingly begin to be more reflective of the worldwide global community. Instead of relying on standard methods of treatment engagement drawn from Western notions, we need to develop new and innovative means of effectively working with these families that fully consider the influence of cultural factors on their presentation and on our conceptualizations and interventions. This discussant will describe a model that should guide our understanding of how to approach cross-cultural assessment and intervention with refugee families. This model, informed by the work of Urie Bronfenbrenner, describes the importance of providing comprehensive intervention across multiple levels of the family's social ecology in order to best understand their needs and the ways in which these needs interact with and are impacted by cultural influences. In particular, this model highlights the need to do effective community outreach and engage communities as a first step in effective intervention. This presenter will briefly describe this approach and will illustrate its use through descriptions of engagement efforts with several refugee communities.

A Mixed-Methods Study of Refugee Families Joining Multi-Family Groups

Weine, Stevan, MD, International Center on Human Responses to Human Catastrophes, UIC; Knafl, Kathleen, College of Nursing, Yale University; Feetham, Suzanne, College of Nursing, University of Illinois at Chicago; Kulauzovic, Yasmina, International Center on Human Responses to Social Catastrophes; Lezic, Alma, International Center on Human Responses to Social Catastrophes; Besic, Sanela, International Center on Human Responses to Social Catastrophes; Mujagic, Aida, International Center on Human Responses to Social Catatrophes; Muxurovic, Jasmina, International Center on Human Responses to Social Catatrophes; Spahovic, Dzemila, International Center on Human Responses to Social Catastrophes; Pavkovic, Ivan, International Society on Human Responses to Social Catatrophes

Two studies were conducted with Bosnian refugee families in Chicago in order to improve engagement and retention of refugee families into multi-family support and education groups. In the first study, quantitative data from a multi-family group intervention study was analyzed in order to describe the factors that predict engagement. The data from the first study was used to design the second study, in which qualitative family interviews focused on family processes were conducted with families that either engaged and retained, or did not engage and retain, and control families. Overall, 73% of invited Bosnian refugee families engaged in multi-family groups and attended an average of 6.8 meetings. Quantitative results were that engagement into multi-family groups was associated with higher age of parents and first child, more marital disruption, lower parental English speaking, lower employment and family income, higher PTSD and Depression symptoms, higher knowledge about trauma mental health, higher scores on two social network subscales, and lower social activities. Qualitative results were that joining multi-family groups reflects family processes that involve: balancing work and family; struggling over education and children; living with memories of war; adjusting to socio-cultural and economic changes. Last, we built statistical models of the family processes involved in engagement and retention. These findings can help to guide the development of family-focused refugee mental health services.

Using the Life Stressor Checklist to Assess Complex Trauma

Symposium (assess) — Monroe Ballroom, 6th Floor

Kimerling, Rachel, PhD, National Center for PTSD; Carlson, Eve, PhD, National Center for PTSD

Women are at an increased likelihood for trauma exposure associated with complex or elaborated forms of PTSD. Researchers have proposed that social contextual factors may be especially relevant for understanding these complex reactions. Trauma assessment with women can address these contextual factors. This symposium highlights the LSC-R, a 30-item self-report trauma exposure instrument. The LSC-R assesses criteria A for PTSD but also includes other stressors relevant to the lives of women such as prolonged and unwanted separation from children, care-giving for some one ill or disabled, and severe financial strain. Data from several large-scale studies of complex trauma survivors are presented to illustrate the psychometric properties of the measure, women's qualitative responses to the measure, and its utility with complex and comorbid diagnoses. The session is sponsored by the Women and Trauma SIG.

Assessment of Stressful Events in Women with Co-Occurring Disorders

Caspi, Yael, ScD, MA, Department of Psychiatry, Rambam Medical Center; McHugo, Greg, PhD, Dartmouth Medical School; Kammerer, Nina, PhD, Health & Addictions Research Inc.; Mazelis, Ruta, Consultant to the SAMHSA Coordinating Center for the WCDV Study; Jackson, Elizabeth, PhD, The Cecill G. Sheps Center for Health Services Research, UNC; Russell, Lisa, PhD, ETR Associates; Clark, Colleen, PhD, University of South Florida; Liebschutz, Jane, MD, Boston University School of Medicine; Kimerling, Rachel, PhD, National Center for PTSD, Menlo Park Veterans Administration

Mental illness and addiction frequently occur together. They have traditionally been treated separately, with little consideration of the impact of interpersonal abuse. The Women, Co-Occurring Disorders, and Violence Study is a nine-site quasi-experimental study, aimed at understanding the complex service needs of women with dual diagnoses and a history of violence and at testing the effectiveness of integrated trauma-informed interventions. The Life Stressors Checklist-Revised (LSC-R) was completed at baseline by 2,729

women in order to achieve a comprehensive assessment of trauma history. The vast majority of respondents experienced severe stressful life events, such as physical abuse by someone they knew well, witnessing physical violence between family members before the age of 18, forced to have sex, stalked or threatened to be killed or harmed, as well as homelessness, death of loved ones, and severe money problems. In addition to reporting the frequency of stressful life experiences in this sample, both over their lifetime and in the past six months, this presentation will discuss instrument selection and modification, retest data and results from composite variables, computed to summarize overall exposure to stressful events and interpersonal violence. Findings support the LSC-R as reliable, informative, well tolerated, and appropriate for use with this population.

Voices on Trauma: Experiences of Women with Co-Occurring Disorders

Mazelis, Ruta, SAMHSA Women, Co-Occurring Disorders, and Violence Coordinating Center; Mockus, Susan, Sidran Institute and Tamar Program; Coughlan, Catherine, MA, ETR Associates; Wagler, Debra, MA, ETR Associates; Kammerer, Nina, PhD, Health and Addictions Research Inc.; Kram-Fernandez, Debra, MSW, MS, Hunter School of Social Work; Jackson, Elizabeth, PhD, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill; Nadlicki, Terri, MS, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill; Vogel, Wendy, Policy Research Associates Inc; Bjelajac, Paula, AA, Prototypes

The Life Stressors Checklist-Revised (LSC-R), a comprehensive trauma history assessment, was administered at baseline to 2,729 women with co-occurring substance abuse and mental health disorders and a history of physical and/or sexual abuse participating at nine sites nationwide in a federally funded quasi-experimental study of the effectiveness of integrated, trauma-informed services. One fifth of the women (583; 21.36%) answered "Yes" to the final LSC-R question about "any other upsetting or stressful events" not included in the preceding questions. A cross-site workgroup composed of consumers/survivors/recovering women, clinicians, and researchers used grounded theory to qualitatively analyze the themes represented in women's descriptions of these events. This paper will explore lessons women's voices hold for possible revision of the LSC-R. It will also describe the range of events experienced by respondents (from being kidnapped to killing someone), the complexity of those experiences (e.g., being kidnapped, dragged behind a truck, and then raped), and the emotional content of women's words (e.g., the anguish of precipitating a stillbirth). The authors will discuss implications of the thematic analysis of these responses for service design and delivery and for future research.

Assessing Traumatic Life Events Among Substance Abusing Patients

Ouimette, Paige, PhD, Washington State University; Brown, Pamela, PhD, Private Practice

Traumatic life events are prevalent among individuals with substance use disorders (SUDs). Thus, the assessment of traumatic life events is critical among SUD patients. This study examined the reliability and validity of The Life Stressors Checklist-Revised (Wolfe & Kimerling, 1997), a self-report measure of stressful and traumatic life events, in an inpatient sample. A total of 133 male and female SUD patients completed a baseline assessment and of these, 120 participants (90%) completed a 6-month follow-up. The sample was almost evenly divided by gender (68 women and 65 men). The majority of participants were Caucasian (90%) and the average age was 37 years. A high proportion of participants reported exposure to a traumatic event (95%) and 41% met criteria for PTSD. Analyses will examine the stability of the LSC-R stressful life events across the 6-month interval; as well its association with PTSD and other symptoms. Stability of the LSC-R and predictive validity with PTSD will be examined separately for males and females.

Implementing Evidence-Based Treatments

Symposium (child) PDR #4, 3rd Floor

Endorsed by the Child Trauma Special Interest Group

Murray, Laura, PhD, Columbia University/New York State Psychiatric Institute; Hoagwood, Kimberly, PhD, Columbia University/NYSPI/New York State Office of Mental Health

Community integration, post-disaster, demands specialized training efforts. This presentation includes the process and lessons learned from training community providers in trauma-focused CBT, discussion of various models of ongoing supervision, and a report on the implementation of evidence-based trauma treatments within NYC. The discussant will review various methodological and clinical issues.

Training Community Providers in Trauma-Focused CBT for Children

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

As part of the National Child Traumatic Stress Network (NCTSN) and in response to the 9-11 terrorist attacks on New York City, there was interest in adapting and applying our evidence based treatment for traumatized children, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for use by community providers in New York as well as other sites in the NCTSN. Our goal was to modify and adapt the TF-CBT treatment manual and training to make it more acceptable and accessible for community use, while still maintaining the integrity of the treatment model. In order to do this, we surveyed 256 community providers regarding their current treatment practices and attitudes towards evidence based and manualized treatments, and invited two community therapists to spend a day a week at our program to learn the TF-CBT model in detail, use it with their own patients, and assist us in modifying the manual and training for this model. In this presentation we will discuss how this impacted both the manual and our methods of training. We will also describe an ongoing study in which we are comparing the impact of three different levels of training/consultation, on therapist attitudes and practices in using the TF-CBT model.

Implementing Evidence-Based Treatments Across Multiple Community Sites

Murray, Laura, PhD, Columbia University/New York State Psychiatric Institute; Hoagwood, Kimberly, PhD, Columbia University/NYSPI/New York State Office of Mental Health

The Child and Adolescent Treatment and Services Consortium (CATS) is a SAMHSA-funded study of child and adolescent evidence-based trauma treatments for youth affected by 9/11. One of the major goals and evaluation components of CATS is to examine the implementation of evidence-based treatments across multiple community sites. Over 40 clinicians across six sites in NY have been trained on two evidence-based trauma treatments including "Child and Parent Trauma-Focused Cognitive Behavioral Therapy Treatment Manual" (Cohen, Mannarino, et al., 2002) and the "Trauma/Grief-Focused Group Intervention for Adolescents" (Layne, Saltzman, & Pynoos, 2002). Clinicians have completed a number of initial forms about their current use of therapeutic techniques, their previous training in cognitive-behavioral techniques, and their attitudes and perceptions to manualized treatments. CATS clinicians also continually complete fidelity checklists and therapeutic alliance measures. The process of organizing large-scale implementation within a diverse community will be discussed. Data on clinician measures, and response to evidence-based training, will be presented. Challenges to implementing these treatments in community settings will be addressed based on the outcomes.

Friday, October 31

Effectively Sustaining Intervention Programs in the Larger Community

Layne, Christopher, PhD, Brigham Young University; Saltzman, William, PhD, UCLA

This presentation will focus on factors needed to effectively sustain intervention programs once established in the field. Drawing upon experiences from post-war Bosnia and Southern California, the authors will discuss organizational issues needed for successful ongoing supervision/monitoring. Particular emphasis will focus on a model for "pulsed" training; on-site ongoing supervision by local mental health professionals; development of supervision support materials; and common concerns, questions, and problems reported by practitioners in the field. The results of a program effectiveness evaluation will also be discussed as it pertains to the long-term impact of developing a network of community and school-based mental health professionals. Implications for developing current large-scale intervention protocols will then be discussed.

Research on Batterers and Their Victim Partners

Symposium (clin res) — Adams Ballroom, 6th Floor

Alexander, Pamela, PhD, Albert Einstein Healthcare Network

This symposium presents preliminary data from a multi-site investigation sponsored by the Centers for Disease Control on batterers and their victim partners. The project's goal is to assess the roles of trauma history, personality, demographics, relationship and violence characteristics, and treatment in predicting batterers' readiness to change.

The Prediction of Readiness to Change in Batterers

Black, Danielle, University of Maryland at Baltimore County; Alexander, Pamela, PhD, Albert Einstein Healthcare Network; Murphy, Christopher, PhD, University of Maryland at Baltimore County

Batterer treatment programs are limited in their effectiveness in part because the batterer's denial and minimization of his violent behavior may interfere with his progress in traditional treatment programs. Given that this denial is not characteristic of all abusers, by knowing better what factors influence a particular batterer's readiness to change, it might be possible to make better use of factors such as the courts, ancillary treatment, or the partner to increase his investment in the change process. The purpose of this presentation is to report on the test of a model predicting readiness to change in male batterers. The model suggests that trauma history not only has a direct relationship in predicting readiness to change, but is also mediated by impulsivity (defined as antisocial and borderline personality traits, substance abuse and a younger age). Relationship commitment, societal commitment (employment, income, and education), violence severity, criminal justice system involvement and perceptions of procedural justice all serve as mediators between impulsivity and readiness to change. The model also tests the interaction of the partner's stage of change with the batterer's relationship commitment in predicting his readiness to change. Implications for practice will be discussed.

Trauma Histories of Batterers and Their Partners

Alexander, Pamela, PhD, Albert Einstein Healthcare Network; Black, Danielle, University of Maryland at Baltimore County; Morris, Eugene, MSW, Montgomery County, Maryland Abused Persons Program

The role of prior trauma in the etiology of domestic violence has often been documented although its effects differ in male perpetrators and female victims. One goal of this presentation is to describe the results of a comparison of the trauma histories and current correlates (including substance abuse and generality of violence) of batterers characterized by dissociation (both in general and in the context of their violent outbursts) with batterers for which dissociation is not a factor. A second goal is to describe the role of childhood trauma and prior marital victimization in battered women's symptoms of PTSD, controlling for current correlates of violence. A final goal is to describe the effects of the interaction of both partners' trauma histories on the severity of domestic violence, danger assessment and mutual marital violence. The research sample consists of batterers in treatment in six abuser intervention programs in Maryland as well as their victim partners. Implications for practice will be discussed.

Conducting Multi-Site Investigations of Domestic Violence

Morris, Eugene, MSW, Montgomery County, Maryland Abused Persons Program

The purpose of the State of Maryland Domestic Violence Research Collaborative is to evaluate research on domestic violence and support research within the state in order to establish empirically based standards for abuser intervention programs. Its membership includes abuser intervention programs within the state as well as researchers from several universities. One of the goals of the collaborative has been to systematize, standardize, and automate data collection across agencies in order to support multi-site investigations that can promote empirically sound practice. A second goal has been to facilitate routine collection of outcome data on participants in all of the programs. The purpose of this presentation is to describe the process of coordinating the efforts of multiple domestic violence agencies in systematically exploring the characteristics of batterers, their victim partners and the dynamics of partner violence as well as facilitating the conduct of treatment outcome studies within the state.

Becoming the "I" in the Storm: Staying Centered with Abuse Survivors

Workshop (practice) — Parlor F, 6th Floor

Kahn, Laurie, LPCP, Director, Womencare Counseling Center; Schwartz, Richard, PhD, Director, Center for Self Leadership; van der Kolk, Bessel, MD, Boston University School of Medicine

Participants are advised that the presentation will involve being asked to think of a client that upsets them and explore your reactions.

This workshop provides a new way for therapists who work with survivors to understand and deal with their countertransference reactions. Based on the Internal Family Systems (IFS) model, therapists learn to indentify and heal the extreme parts of them that inevitably are triggered by their survivor clients, so they can remain in a state of Self—centered, compassionate, and confident—even in the face of strong provocation. This process prevents the kind of vicious cycles that can easily occur in relationships with survivors that lead to escalation of symptoms and power struggles. The IFS model also provides a way of understanding survivors' internal dynamics that minimizes countertransference and is empowering for clients.

2:30 p.m.–3:45 p.m.

Conflict and Reconstruction: Impact on the Military Internationally

Forum (frag) **Grand Ballroom, 4th Floor**

Weisaeth, Lars, MD, Division of Disaster Psychiatry, University of Oslo, HQ Defence Command Norway; Ritchie, E.C., MD, Office of the Secretary of Defense/Health Affairs; Creamer, Mark, PhD, Australian Centre for Posttraumatic Mental Health, University of Melborne; Wessely, Simon, MD, Guy's, King's & St. Thomas's School of Medicine and the Institute of Psychiatry

It is clear that serving personnel are at increased risk of mental health problems following military deployments. To date, however, policy, research and clinical responses to this have been largely reactive and fragmented. There is a need to develop an integrated approach to military mental health from a longitudinal perspective, starting from recruitment and continuing seamlessly through to veteran status.

Women and Physical and Sexual Abuse Trauma: A National 5-year Intervention Study (1998-2003) Sponsored by the U.S. Federal Substance Abuse and Mental Health Services Administration (SAMHSA)

Forum (commun) **Monroe Ballroom, 6th Floor**

Salasin, Susan, Center for Mental Health Services, SAMHSA; McKinney, Jackie, Chair of Consumer, Survivor, Recovering Persons Study Coalition

By the late 1990s, research, statistical, and case study findings were available that addressed the myriad problems faced by women with histories of physical and sexual abuse and co-occurring mental health and substance abuse disorders. Political, scientific, and consumer forces at SAMHSA aligned to bring about a study to develop and evaluate an intervention that addressed simultaneously the multiple problems these women faced in seeking services to ameliorate their suffering. Historically, these women had been high-end users of various "silo" services that treated only one aspect of their condition. The introduction of trauma-specific therapy into the mix of integrated services that were developed for study purposes was evaluated in a nine-site comparison group study. Initial results suggest that this is much more effective than treatment as usual. Important dimensions of this study will be reviewed in light of the perspective that these women's lives can and do improve.

Complex PTSD Treatment

Master (practice) **State Ballroom, 4th Floor**

Cloitre, Marylene, PhD, Institute for Trauma and Stress, Child Stress Center, New York School of Medicine

Many clients with PTSD who have experienced childhood trauma have not only PTSD but also a myriad of emotion regulation and relationship skills deficits. These problems are often the first symptoms that clients complain about and provide the motivation for entering treatment. They are also strongly associated with problematic and life-threatening behaviors such as disordered eating, self-harm, suicidal gestures, substance abuse and revictimization, all which often need to be addressed before engaging in more traditional PTSD focused treatments. Dr. Cloitre will present and discuss an empirically-supported 8-session program in Skills Training in Affective and Interpersonal Regulation (STAIR) which targets these difficulties and can be used alone or in conjunction with traditional PTSD-focused treatments. STAIR is an effective stabilization or preparatory phase of treatment that has been shown to enhance the effectiveness of exposure therapy with complicated PTSD clients. The workshop will train clinicians to use STAIR with a modified version of prolonged exposure (PE).

Emerging from Invisibility: Recovery from Prostitution

Panel (culture) **Red Lacquer Room, 4th Floor**

Ford, Julian, PhD, Center for Trauma Response, Recovery, and Preparedness; Banks, Martha, PhD, ABackans DCP Inc.; Ackerman, Rosalie, PhD, ABackans DCP Inc.; Herman, Judith, MD, Harvard Medical School; Gomez, Carol, Victims of Violence Program

Once prostitution is recognized as part of a woman's history, how can the clinician best facilitate recovery while also doing no further harm? Two brief presentations will highlight the complex challenges facing women recovering from the trauma of prostitution—e.g., physical safety, housing, public monies, assessment of violence-related traumatic brain injury (TBI), complex PTSD, substance abuse, dissociative disorder, depression, personality disorders—and the presenters will be joined by three clinicians (Judith Herman, Carol Gomez, Melissa Farley) experienced in working with this population to facilitate a 45-minute audience discussion. Martha Banks and Rosalie Ackerman will describe clinical screening for TBI, symptoms of which are frequently confused with addictions, PTSD, personality and mood disorders. Women survivors or prostitution recalled on average 17 incidents of head injury before and during prostitution, half involving serious alteration of consciousness consistent with TBI. Julian Ford will overview prevalence data on substance use and complex PTSD from samples of homeless women with children, women in prison, and women in substance abuse treatment, more than 33% of whom had prostituted, and describe composite "cases" of two actual women survivors of prostitution to illustrate the importance of human engagement in addressing the profound disruption and disorganization of attachment that affects not only relationships but also body awareness and sense of self.

Women, Violence and Trauma: Creating Integrated Urban Service Systems

Panel (commun) **Parlor B, 6th Floor**

Warshaw, Carole, MD, Domestic Violence and Mental Health Policy Initiative, Cook County Hospital; Bloom, Sandra, MD, Community Works Inc.; Tracy, Carole, JD, Women's Law Project; Landis, Leslie, JD, City of Chicago, Mayor's Office on Domestic Violence; Jenkins, Esther, PhD, Chicago State University and Community Mental Health Council

Exposure to current and past abuse is prevalent, if not endemic in the lives of women served by social welfare, substance abuse and mental health systems in urban settings. Likewise, domestic violence programs increasingly see women and children with unmet trauma-related mental health and substance abuse needs. Yet philosophical differences, service fragmentation and chronic under-funding leave the systems to which survivors turn for help unprepared to address the range of issues they face in trying to free their lives of violence and recover from its traumatic sequelae. This panel will present findings from two programs designed to address the lack of an integrated systems response to poverty, violence, trauma and substance abuse in the lives of urban low-income women: the Women's Law Project Community Behavioral Health Initiative in Philadelphia and the Domestic Violence & Mental Health Policy Initiative in Chicago. It will 1) review data from extensive needs assessments conducted in both cities; 2) examine gaps in current approaches to these issues; and 3) present integrated service delivery models for addressing the mental health and advocacy needs of low-income trauma survivors and their children. Critical policy and systems integration issues will be discussed.

Trauma Assessment: Issues and Contexts

Symposium (assess) Wabash Room, 3rd Floor

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

Three experts in trauma assessment will discuss emerging issues in the psychometric evaluation of posttraumatic phenomena, including the differential assessment of malingering from post-traumatic presentations, the assessment of the varying dimensions of dissociation, and the distinctive strategies required for trauma assessment in cognitively impaired persons.

Development of PTSD Screens for Cognitively Impaired Patients

Carlson, Eve, PhD, National Center for PTSD, VA Palo Alto HCS; Hawkins, James, MD, VA Palo Alto Health Care System and Department of Psychiatry, Stanford University; Sheikh, Javaid, MD, VA Palo Alto Health Care System, Department of Psychiatry, Stanford University

Currently available brief PTSD measures and screens are too complex and lengthy for use with cognitively impaired persons, e.g., those who are elderly or medically ill. Such patients who have past trauma exposure may be at risk for emotional distress and behavioral problems because of their decreased ability to avoid trauma cues and control their environments. If persons with PTSD symptoms could be identified in such situations, caretakers could take precautions to minimize patients' trauma-related distress and related agitated and aggressive behaviors. This presentation will describe the development of 8-item self- and observer-report screens for PTSD in cognitively impaired persons. A first study investigated relationships among scores on self- and observer-report screens, trauma exposure, and staff ratings of verbal and physical aggression in 27 male elderly and rehabilitation patients staying in a long-term nursing care unit for veterans. Self-reports of PTSD symptoms were strongly correlated with the number of likely traumatic stressors reported ($r(25) = .65$, $p < .0001$) and observer-reported PTSD symptoms were strongly correlated with frequency of aggressive behaviors ($r(27) = .72$, $p < .0001$). Observer PTSD symptom reports were not significantly related to PTSD symptom self-reports or number of likely traumatic stressors. These findings provide preliminary support for the validity of the screens and support the hypothesis that posttraumatic symptoms may contribute to aggressive behaviors in elderly and medically ill. Further research will investigate whether the lack of association between staff and patient ratings of PTSD symptoms reflect poor validity or are the result of differential reporting of symptoms (more accurate observer reports of externalized symptoms and more accurate self-reports of internalized symptoms).

Is Dissociation a Multidimensional Construct? Data from the MDI

Briere, John, PhD, Department of Psychiatry, Keck School of Medicine, University of Southern California; Weathers, Frank, PhD, Department of Psychology, Auburn University; Runtz, Marsha, PhD, Department of Psychology, University of Victoria

The dimensionality of dissociation was examined in a combined sample of 1,326 general population, clinical, and university participants who completed the Multiscale Dissociation Inventory (MDI). Principal components analysis identified five moderately intercorrelated factors (mean $r = .39$): Disengagement, Identity dissociation, Emotional constriction, Memory disturbance, and Depersonalization-derealization. Differential relationships were found between individual MDI factors and demographics, trauma history, clinical status, posttraumatic stress, and scores on other dissociation measures. Surprisingly, trauma exposure accounted for less MDI variance than did most other significant variables. The notion of "dissociation" as a general trait was not supported. Instead, dissociation may represent a variety of phenomenologically distinct and only moderately related symptom clusters whose ultimate commonality is more theoretical than empirical.

True Trauma or True Drama? Assessing Malingering in Trauma Evaluations

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

Standard indicia for malingering on psychological assessment instruments have broad overlap with the normative responses of traumatized persons. Since a trauma history is frequently a consideration in those evaluation settings where malingering is of concern (e.g., compensation, litigation, criminal defense), it may be difficult to determine whether test results represent post-traumatic symptoms or malingering. Additionally, a person being evaluated may be both malingering and traumatized, further complicating the issue. This presentation will offer a step-wise assessment strategy for approaching the question of trauma and malingering, looking at the combined use of formal assessment instruments and interviews.

Fragmented Information Processing in Revictimization and Perpetration

Symposium (frag) Parlor H, 6th Floor

Freyd, Jennifer, PhD, University of Oregon

Individuals who experience trauma are at higher risk for being revictimized or victimizing others. This panel will examine pathways to revictimization and perpetration. Panelists will present data on how dissociation and the fragmentation of memory and attention may contribute to our understanding of both revictimization and perpetration.

Abuse and Revictimization: The Role of Consensual Sex Decision Rules

Zurbriggen, Eileen, PhD, University of California, Santa Cruz

Survivors of childhood abuse are at greater risk for re-victimization as adults. The mechanisms that mediate this relationship have not been fully explored, however. One possibility is that childhood abuse damages cognitive mechanisms related to social judgment and decision-making. In particular, healthy decision rules concerning initiation of wanted sexual activity and refusal of unwanted sexual activity might not develop. In this study, college students were surveyed regarding childhood experiences of abuse and current explicit (conscious) decision rules concerning initiation and refusal of sex. Survivors of abuse were more likely to have decision rules that lead to the initiation of desired sexual interactions but less likely to have decision rules that lead to the refusal of undesired sexual interactions. Implicit measures of consensual sex decision rules were also obtained. For example, participants read short vignettes about romantic and sexual encounters in which protagonists either did or did not initiate wanted sexual activity and did or did not refuse unwanted sexual activity. Reading time and memory for protagonist actions were recorded. Survivors of abuse showed impaired memory for protagonists that refused an unwanted sexual interaction. Thus, both implicit and explicit consensual sex decision rules may be damaged or absent in abuse survivors.

Testing a Cognitive Model of Revictimization Risk

DePrince, Anne, PhD, University of Denver

Drawing on betrayal trauma theory and social contract theory, data testing a cognitive model of risk for revictimization will be presented. Betrayal trauma theory posits that there is a social utility in remaining unaware of abuse when the perpetrator is a caregiver (Freyd, 1996). Social contract theory proposes that human beings have developed specific mental mechanisms to detect violations of social contracts (Cosmides, 1989); research using the Wason Selection Task has provided support for social contract theory. Betrayal trauma theory argues that detection of betrayals may be counter-productive to survival when a victim is dependent on a caregiver. Extending betrayal trauma theory, a model will be pro-

posed whereby a compromised capacity to detect violations of social contracts in childhood betrayal traumas influences the capacity to detect cheaters globally. Generalized difficulty with detecting violations of social contracts may place victims of childhood betrayal traumas at risk for future revictimization. To test this model, a university sample of participants completed a Wason Selection Task and survey measures to assess dissociation and trauma history. Performance on the Wason Selection Task will be discussed in terms of reported childhood trauma and dissociative level with a focus on risk for revictimization.

Previous Victimization and Dissociation Among Sex Offenders

Becker Blease, Kathryn, PhD, Family Research Laboratory, University of New Hampshire; Freyd, Jennifer, PhD, University of Oregon

Many sex offenders report a history of earlier physical, sexual and/or emotional abuse. This paper explores ways that coping with early abuse may influence later perpetration in a sample of male sex offenders from an undergraduate sample and from a convicted sex offender sample. Dissociation, which may help survivors cope with abuse, may also prevent people from processing information related to abuse in ways that allow for healing. As a result, some dissociative abuse survivors may be at risk for being re-traumatized or for perpetrating violence on others. The results support previous research identifying high rates of child abuse among sex offenders. Self-reported current dissociation scores, as well as peritraumatic dissociation during perpetration, were related to self-reported difficulty with memory for perpetration. Reported peritraumatic dissociation during childhood victimization experiences and peritraumatic dissociation during later perpetration were positively correlated. Implications for research on sex offenders, as well as clinical implications for working with survivors and perpetrators of abuse will be discussed.

Islands of Resiliency—A Community Perspective

Symposium (commun) PDR #5, 3rd Floor

Pat-Horenczyk, Ruth, PhD, Israel Center for the Treatment of Psychotrauma; Lahad, Mooli, PhD, Community Stress Prevention Center

Ongoing exposure of communities to war and terror in both the US and Israel has highlighted the role of community in fostering resilience among its citizens. This symposium will focus on three community responses to fostering islands of resilience against a backdrop of ongoing stress, threat and terror.

Helping the Helpers: Compassion Fatigue Among Volunteers

Pat-Horenczyk, Ruth, PhD, Israel Center for the Treatment of Psychotrauma; Talya, Levanon, MS, Israel Center for the Treatment of Psychotrauma; Baum, Naomi, PhD, Israel Center for the Treatment of Psychotrauma; Doplet, Osnat, MA, Israel Center for the Treatment of Psychotrauma; Brom, Danny, PhD, Israel Center for the Treatment of Psychotrauma

This project involved the assessment of Compassion Fatigue symptoms and PTSD-related distress among 262 adult volunteers (44 males and 218 females) who work for four different non-profit organizations in Israel dealing with terror victims, emergency phone line, Holocaust survivors, and immigrants. All responders have been actively involved with helping terror victims since the second uprising in Israel has started, two and a half years. The participants filled self-report questionnaires measuring compassion fatigue, PTSD symptoms, depression, somatization and General Distress Level. The results show that the although the volunteers worked under increasing pressure and were themselves and their families exposed to the treat of terror, the risk of Compassion Fatigue was within the extremely low risk (M=24.36, SD=11.26) and the risk for burnout fell within the range of Extremely low risk (M=20.71, SD=8.93). Women were scored significantly higher on both measures than men. Levels of depression, somatization complaints and General Distress Level were also significantly higher among women volunteers compared to men.

Developing Resilience in the Face of Ongoing Terror: Pre-School Project

Baum, Naomi, PhD, Israel Center for the Treatment of Psychotrauma; Pat-Horenczyk, Ruth, PhD, Israel Center for the Treatment of Psychotrauma; Brom, Danny, PhD, Israel Center for the Treatment of Psychotrauma; Abramovitz, Robert, PhD, Jewish Board of Family and Child Services; Panzer, Paula, PhD, Jewish Board of Family and Child Services; Chemtob, Claude, PhD, Mount Sinai School of Medicine and Jewish Board of Family and Childrens Services

This study implemented a systematic approach to prevention and case detection with very young children. Pre-school staff are in a unique position of influence within the community, impacting on both their young students and the parents of those students. However, they are often not fully cognizant of the impact of traumatic events on young children. In dealing with the ongoing exposure to terror and traumatic events that have become part of the daily routine in Israel, we aimed to empowering kindergarten staff and parents to relate effectively to the needs of children after a traumatic event such as a terrorist attack and during periods of prolonged stress. Teachers and aides were encouraged to explore their own personal resources and styles of coping, and had an opportunity to practice activities appropriate for application in the kindergarten setting involving resiliency building skills for students. This aspect of the intervention development was guided by Lahad's concepts of resilience. Pre-school parents were invited to a joint session with the preschool teachers and aides to involve them in the elements of the program and to develop a common language with which to communicate around issues of coping, stress management and self care. Evaluation of the implementation of this program into the kindergarten curriculum will be presented. The evaluation was guided by the ASK&C model of trauma training which assesses the acquisition of Attitudes (A), Skills (S), Knowledge, and Connections related to trauma.

Parenting in the Shelters: A Community-Based Intervention Project

Kaplansky, Nira, MA, Community Stress Prevention Center; Lahad, Mooli, PhD, Community Stress Prevention Center

Israeli families have been exposed to ongoing terror attacks over the past two years. Horrible pictures have entered every home via television and newspaper, affecting not only those that were actually at the site of the bombing, but also those that live far away. As a result of this media barrage, parents have been thrust into the role of helping their children to cope with the aftermath of terror attacks as well as with the threat of future attacks. In order to help parents cope a program was created to provide guidelines for helping them to identify their own children's coping strategies and resources. In addition focus was placed on enrichment of personal resources and children's resources. This program incorporated a psycho education unit as well as the integrative model for resilience, BASIC Ph, developed by Lahad. Over 500 parents have participated in the project thus far. Evaluation data collected will be presented.

The Integrative Model of Coping and Resiliency

Lahad, Mooli, PhD, Community Stress Prevention Center

In recent years the question of coping and resiliency became more than just a theoretical or research issue but a crucial element in crisis intervention. Following 9-11 and the two intensive Intifada in Israel the question of resiliency and coping from a community perspective became apparent. It is whole communities and civilians that are under threat and the need to build "islands of resiliency" received paramount importance. Based on over 22 years of community stress prevention and intervention work world wide, the community stress prevention center developed a model known as the BASIC PH. The model assumes six major modalities of coping for the individual and the community B= Belief, A= Affect, S=social I= Imagination, C=cognition, Ph= physiology. Based on the model and its practical outcome tens of prevention/preparedness/and intervention programs were developed all to do with enhancing personal and communal resiliency. (Lahad 1984, 1989,1993,1996a,1996b, 2000) are just a few researches that tested the efficacy of this model in community crisis intervention. The lecture will give an overall summary of the concept of community resiliency, the model and its cultural sensitive adaptability to building islands of resiliency in communities.

New Research from Brain Imaging Studies in PTSD

Symposium (biomed) **Adams Ballroom, 6th Floor**

Vermetten, Eric, MD, PhD, University Medical Center/Central Military Hospital

The most replicated structural finding in PTSD is hippocampal volume reduction. Since it was first found, its interpretation has been discussed widely. In this symposium new data will be presented from a variety of brain imaging studies (baseline, twin studies and longitudinal study).

Memory and the Hippocampus in Twins with and Without PTSD

Bremner, J., MD, Department of Psychiatry and Behavioral Sciences, Emory University; Hoffman, Matthew, MS, Department of Psychiatry and Behavioral Sciences, Emory University; Reed, Lai, MA, Department of Psychiatry and Behavioral Sciences, Emory University; Afzal, Nadeem, MD, Department of Psychiatry and Behavioral Sciences, Emory University; Cheema, Faiz, MD, Department of Psychiatry and Behavioral Sciences, Emory University; Quinn, Sinead, MS, Department of Psychiatry and Behavioral Sciences, Emory University; Vaccarino, Viola, MD, PhD, Department of Psychiatry and Behavioral Sciences, Emory University; Goldberg, Jack, MD, Puget Sound Healthcare System, Univ Washington, Seattle

Objective: Animal studies are consistent with a negative effect of stress on the hippocampus and prior studies have shown smaller hippocampal volume in PTSD. Since clinical PTSD studies are cross-sectional, however, it has been argued that the findings to date could be interpreted as either due to the negative effects of stress, or a smaller hippocampal volume present from birth that predisposes the individual to PTSD. This study took advantage of the twin case-control study in the assessment of hippocampal volume in PTSD. Methods: Dizygotic and monozygotic twin pairs discordant for Vietnam combat exposure and the diagnosis of PTSD were recruited from the Vietnam Era Twin Registry. All twins had a history of Vietnam Era military service. Magnetic resonance imaging (MRI) was performed for measurement of hippocampal volume in 25 dizygotic and 15 monozygotic twin pairs to date. Results: In the dizygotic sample, PTSD affected twins had on average –5% (12% SD) smaller left hippocampal volume ($p<0.05$) and an average –9% (16% SD) ($p=0.003$) smaller right hippocampal volume in comparison to their non-affected brothers. Data on monozygotic twins will be presented. Conclusions: These findings are consistent with smaller hippocampal volume in PTSD, and suggest that environmental events (such as the stress of combat) may play a contributory role.

Hippocampal Volume in Police Officers with and Without PTSD

Lindauer, Ramón, MA, MD, Department Psychiatry, Academic Medical Center; Vlieger, Erik-Jan, MD, Dept Radiology, Academic Medical Center; Jalink, Margje, MS, Department Psychiatry, Academic Medical Center; Olff, Miranda, MA, PhD, Department Psychiatry, Academic Medical Center; Majoie, Charles, MD, PhD, Department Psychiatry, Academic Medical Center; den Heeten, Gerard, MD, PhD, Department Radiology, Academic Medical Center; Gersons, Berthold, MD, PhD, Department Psychiatry, Academic Medical Center

Background: Studies on structural brain imaging in posttraumatic stress disorder (PTSD) suggest reduction of hippocampal volume. Most studies investigated Vietnam veterans and sexual abused women. Is hippocampal volume also reduced in police officers with PTSD? Method: In this case-matched control study (for age and gender), 14 police officers with PTSD and 14 traumatized police officers without PTSD were included. Psychometric ratings and magnetic resonance imaging (MRI) scans were used. Volumes of hippocampus, amygdala, and parahippocampal gyrus were manually segmentated and obtained by two independent raters to measure inter rater reliability. Ten duplicated scans were analyzed to measure intra rater reliability. The mean values of the two raters were used for statistical analysis. Automatic volumetric analysis was used to measure volumes of cerebrospinal fluid, gray matter, and white matter. Results: After controlling for intracranial volume differences, hippocampal volume in the PTSD group was significantly reduced compared with the traumatized control group (left 12.6% $p=0.003$; right 7% $p=0.078$). Volumes of amygdala, hippocampal gyrus, cerebrospinal fluid, gray matter, and white matter were not significantly different. Conclusions: police officers with PTSD had a reduction of hippocampal volume, especially on the left side. Other brain volume differences were not found.

Long-Term Treatment Effects on Memory and Hippocampus in PTSD

Vermetten, Eric, MD, PhD, University Medical Center/Central Military Hospital; Vythilingam, Meena, MD, Mood and Anxiety Disorders Program, NIMH; Southwick, Steven, MD, Department Psychiatry, Yale University School of Medicine; Charney, Dennis, MD, Mood and Anxiety Disorders Program, NIMH; Bremner, J., MD, Department of Psychiatry and Behavioral Sciences, Emory University

Background: Studies in patients with a history of exposure to extreme stress and the diagnosis of PTSD found deficits in hippocampal-based declarative verbal memory and smaller hippocampal volume as measured with MRI. Recent preclinical evidence showed that selective serotonergic reuptake inhibitors (SSRIs) promote neurogenesis and reverse the effects of stress on hippocampal atrophy. The purpose of this study was to assess the effects of treatment with paroxetine on hippocampal volume and declarative memory performance in PTSD. Method: Declarative memory was assessed with the Wechsler Memory Scale-Revised (WMS-R) and Selective Reminding Test (SRT) before and after 9-12 months of treatment with paroxetine in PTSD. Hippocampal volume was measured with MRI. Of the 28 patients who started the protocol, 23 patients completed the full course of treatment and neuropsychological testing. Twenty patients were also able to complete MRI imaging. Results: PTSD patients showed a significant improvement in PTSD symptoms with treatment. Treatment resulted in significant improvements in verbal declarative memory and in a 4.6% increase in mean hippocampal volume. Conclusion: These findings suggest that long-term treatment with paroxetine is associated with improvement of verbal declarative memory deficits and an increase in hippocampal volume in PTSD.

Correlates and Potential Consequences of Memory Dysfunction

Symposium (assess) **Parlor A, 6th Floor**

Zoellner, Lori, PhD, University of Washington

In this symposium, we will explore the implications of memory dysfunction in individuals who have experienced some form of psychological trauma. In a series of four papers presenting experimental research, we will explore both the emotional and cognitive correlates and potential consequences of memory dysfunction following trauma exposure. The first two papers will focus on emotional correlates and consequences, in particular highlighting the role of impaired processing of positive information. First, Shira Maguen, Ph.D., and colleagues from the National Center for PTSD will present data exploring deficits in difficulty expressing positive emotions as a result of reexperiencing states. Second, Richard Bryant, Ph.D., will present data exploring the whether deficits in positive autobiographical memory are guided by current goals and motivations. The final papers will focus on cognitive correlates and consequences, in particular highlighting memory disorganization and fragmentation. Lori Zoellner, Ph.D., and colleagues will present data using a source-monitoring paradigm to explore retrieval deficits for specific memory details. Finally, Ceri Evans, MBChB MRCPsych, and colleagues will present data exploring the relationship between memory encoding and the presence of intrusions for the event. The symposium will conclude with an integration of the findings from these presentations and discussing future research regarding the emotional and cognitive consequences of memory dysfunction.

The Nature of Memories of Violent Crime in Young Offenders

Evans, Ceri, MBChB MRCP, The University of Auckland; Ehlers, Anke, PhD, Institute of Psychiatry; Mezey, Gillian, St. George's Hospital Medical School; Clark, David, Dphil, Institute of Psychiatry

Very little is known about the nature of perpetrator's memories of violent crime, and its determinants. The purpose of this study was to (1) investigate whether some young offenders suffered from intrusive memories related to their violent crime; (2) to examine the relationship between the way violent actions were encoded in memory and the presence of intrusions for the event; and (3) to examine the relationship between intrusions and the perpetrator's appraisal of the event and its sequelae. We interviewed 105 young offenders who had been convicted of serious violence and conducted a 2-group cross-sectional study based on the presence or absence of intrusive memories for their violent actions. Forty-eight subjects described significant intrusive memories for the event that resembled traumatic memory described in traumatized populations such as victims of serious assaults. Intrusive memories of the violent crime were associated with peri-traumatic dissociation, memory fragmentation, and certain kinds of cognitive appraisal of the assault and its sequelae. The findings increase our empirical knowledge about the phenomenology and aetiology of problematic memory in perpetrators of serious violence. The findings also have theoretical implications for evaluating therapeutic potential and risk in violent offenders.

Emotional-Processing in Women with PTSD

Maguen, Shira, PhD, National Center for Posttraumatic Stress Disorder; Litz, Brett, PhD, National Center for PTSD; Williams, Lawrence, BA, National Center for PTSD

The experience of trauma produces very intense emotions such as overwhelming fear, horror, and anxiety, and these reactions can linger for a lifetime. Many trauma survivors also report restrictions in their emotional experience — a phenomenon most commonly referred to as emotional numbing. In contrast to previous accounts of posttraumatic emotional functioning we posit that individuals with PTSD have difficulty expressing positive emotions as a result of reexperiencing states and that patients with PTSD are otherwise capable of experiencing and expressing the full range of emotions that were available pre-traumatically. We have conducted studies that support this thesis, however, they have all been conducted on men. This paper will describe the theory behind a study being conducted on the emotional-processing consequences of exposure to traumatic reminders in women with PTSD. Subjects rate standardized emotional images after being exposed to trauma reminders, while we evaluate their psychophysiology concurrently. We will also share data about the study as a whole, but will emphasize a particular patient who had a very intense, poignant, and stark reaction to a trauma-related challenge. Her subsequent emotional responses to positive, negative, and neutral emotional images suggest a stark shift in sensitivity (and arousal) to all image categories.

Autobiographical Memory for Trauma

Bryant, Richard, PhD, University of New South Wales

Autobiographical memory is pivotal to how people cope with their past and future. Recent theories of autobiographical memory hold that retrieval of personal memories is guided by our current goals and motivations. Although posttraumatic stress disorder (PTSD) is characterized by deficits in autobiographical memory, little is known about the mechanisms of these deficits. Two studies investigated the role of goals in autobiographical memory patterns in people with PTSD. In Experiment 1, civilian trauma (N = 36) survivors with either PTSD or no-PTSD were administered the Autobiographical Memory Test and the Goals Questionnaire. Consistent with previous research, PTSD participants displayed poorer retrieval of positive memories than no-PTSD memories. Retrieval of trauma-related memories was strongly associated with goals concerning their traumatic experience. Experiment 2 studied memory for the September 11 attacks in high and low anxious participants (N = 51). Fear of future terrorist attacks was significantly correlated with deficits in retrieving memories to positive cue words and latency to retrieve these memories. Taken together, these findings support the proposal that one's goals or fears about the future are associated with the retrieval of trauma memories. These findings are discussed in the context of Conway and Pleydell-Pearce's (2000) model of autobiographical memory and the role of emotion and the self-memory system in retrieving memories for trauma.

Cognitive Consequences of Memory Dysfunction in PTSD

Zoellner, Lori, PhD, University of Washington; Przeworski, Amy, MS, Pennsylvania State University; Dorfan, Nicole, MS, University of British Columbia

Processes involved in memory retrieval may underlie the involuntary and intrusive recollections which characterize posttraumatic stress disorder. Yet, to data, little experimental research has explored retrieval processes in individuals with PTSD. In this paper, we will present data utilizing a source monitoring paradigm to examine whether individuals with PTSD have retrieval deficits for specific memory details. To explore this hypothesis, sexual and non-sexual assault victims with PTSD and non-anxious control participants viewed a robbery scene. Participants then heard a description of the robbery, where some central and peripheral details were modified. Follow a brief delay, participants completed a source-monitoring, cued recall task at both immediate and 48 hours. Our results suggested that individuals with PTSD were more susceptible to source monitoring errors, particularly after 48 hours. Both trait dissociation and absorption were associated with the likelihood of making these source-monitoring errors. These results will be discussed within a source-monitoring framework of memory distortion.

Friday, October 31

A Developmental View of Ethnocultural Variation in Trauma Responses

Symposium (culture) **Crystal Room, 3rd Floor**

Pole, Nnamdi, PhD, The University of Michigan; Danieli, Yael, PhD, Director, Group Project for Holocaust Survivors and Their Children

Responses to trauma are influenced by developmental and cultural factors. We will present ethnic differences in: PTSD symptoms among preschoolers, risk factors for PTSD among school-aged children, PTSD symptoms among adult police officers, and PTSD diagnoses among females across the lifespan. Dr. Danieli will discuss common themes and developmental trends.

Ethnic Differences in PTSD Among Females Across the Lifespan

Seng, Julia, PhD, University of Michigan

Patterns of PTSD and psychiatric and somatic comorbid diagnoses among females across ethnic groups were analyzed using a statewide Medicaid database. Rates of coding for rape and inflicted injury did not differ by ethnicity. However, Hispanic and Asian females had consistently disproportionately low rates of PTSD diagnosis across the lifespan. Caucasian and Native American females had consistently disproportionately high rates of PTSD diagnosis. The proportion of African American females in the dataset was 28.3%, but their proportion in the PTSD-diagnosed group declined across the lifespan from 25.8% among children, to 18.7% among teens, to 11.9% among adults. This pattern of under representation with declining rates of diagnosis across the lifespan was most extreme in the PTSD diagnosis, but it occurred for anxiety and depression diagnoses as well. It also occurred across diagnostic codes for medically unexplained conditions such as chronic fatigue, chronic pelvic pain, and irritable bowel syndrome. African American females were over represented, with rising rates of diagnosis across the lifespan for substance abuse disorders. Further research is needed to learn what factors account for this difference in the patterns of service use.

Pre-and Post-September 11th Risk for PTSD Among Hispanic Adults

Pole, Nnamdi, PhD, The University of Michigan; Metzler, Thomas, MA, San Francisco Veterans Administration Medical Center; Best, Suzanne, PhD, San Francisco Veterans Administration Medical Center; Marmar, Charles, MD, University of California, San Francisco

Hispanics are the fastest growing ethnic group in America. Several studies have suggested that Hispanic ethnicity may be a risk factor for adult PTSD but few have explained why. We will first present pre-September 11th data on 668 trauma-exposed police officers from New York and California in which Hispanic officers reported significantly more PTSD symptoms than non-Hispanic officers. We will show through a series of regression analyses that the effect of Hispanic ethnicity on PTSD was explained by differences in reporting style, exposure to racism in the workplace, peritraumatic dissociation, and religious coping. We will then present results of a post-September 11th follow-up survey showing that Hispanic officers in New York City reported more intense PTSD symptoms following the September 11th attacks. This difference was explained by elevated peritraumatic dissociation symptoms and greater religious coping. These findings move our understanding of the Hispanic effect on PTSD from the immutable risk factor of ethnic status to potentially malleable culture-related factors such as religiosity and coping style and thereby raise the opportunity for preventive intervention. However, attempting to change cultural beliefs and practices is a complex and ethically questionable endeavor demanding further discussion and research.

Ethnic Predictors of Symptoms in Domestic Violence-Exposed Children

Graham-Bermann, Sandra, PhD, The University of Michigan; DeVoe, Ellen, PhD, Columbia University

Traumatic stress and PTSD symptoms were assessed in 218 children ages 6 to 13 following exposure to domestic violence. Children were eyewitness to a mean of 31.3 acts of mild and severe violence within the past year. Eighty five percent of the sample experienced at least one trauma symptom lasting for more than one month following exposure and 25% met the DSM-IV diagnostic criteria for PTSD. Rates of PTSD for Caucasian children were 33% versus 17% for minority (mostly African American) children. Probable risk and protective factors from an ecological perspective were used to predict symptoms of traumatic stress. Results differed dramatically when groups of Caucasian children and ethnic minority children were analyzed separately. Caucasian children's traumatic stress was best predicted by the mother's mental health, including depression, PTSD, and low self-esteem, and negatively predicted by social support provided to the child by a friend. Minority children's traumatic stress symptoms were positively predicted by the extent of eye-witnessed violence and mother's low self-esteem, and negatively predicted by income and social support to the mother, inclusive of friends, relatives and religion. Implications for assessment and intervention are discussed in light of these differences and within-group experiences.

Ethnic Differences in Trauma Responses of Preschoolers Following 9-11

DeVoe, Ellen, PhD, Columbia University; Klein, Tovah, PhD, Barnard College

Little research has focused on young children's responses to overwhelming trauma and virtually no scholarship addresses ethnocultural variation in traumatic adaptation in this age group. In this study, young children's functioning was assessed in an ethnically diverse sample of New York City children (N=242; 5 years or younger). Thirty percent of parents identified their children as minority or of mixed ethnic background. Assessment of trauma symptoms, using DSM-IV and Zero to Three criteria, indicate that 96% of children experienced at least one symptom and many approached diagnosable levels of distress in the first year post-9/11. Specifically, 70% were reported to have at least 5 symptoms, with 10% experiencing 15 of 19 total symptoms. Children's responses, including PTSD, will be presented as a function of ethnicity, SES, level of exposure (e.g., direct witness to plane crashes, people jumping/falling from WTC, collapse of towers; evacuation in cloud), and parent mental health status (anxiety, depression, PTSD). Variation in traumatic response by ethnicity is expected based on emerging findings from the literature on children's exposure to violence and because of the added stressor of post-9/11 ethnic bias experienced by some minority families. Implications for preparedness, assessment and post-trauma intervention related to young children will be discussed.

Pharmacological Treatments for Traumatized Children

Workshop (child) **PDR #9, 3rd Floor**

Cohen, Judith, MD, Allegheny General Hospital; Silva, Raul, MD, New York University Child Study Center; Berkowitz, Steven, MD, Yale University School of Medicine; Amaya-Jackson, Lisa, MD, MPH, Duke University Medical Center

Many traumatized children with symptoms of Acute Stress Disorder (ASD) or Posttraumatic Stress Disorder (PTSD) are currently receiving psychopharmacological treatments for these symptoms. Because several neurotransmitter systems are involved in the development and maintenance of these conditions, multiple classes of medication are used to treat these children. This workshop will briefly review our current understanding of the psychobiology of ASD/PTSD in children as it applies to the use of adrenergic blockers, serotonin potentiators, HPA regulatory agents, dopaminergic blocking agents and antikindling medication. A "state-of-the-art" review of pharmacological treatment trials for childhood ASD/PTSD will be presented, including an update on recently completed and ongoing studies. Case examples will be presented to highlight how these findings can be applied for the optimal psychopharmacological management of traumatized children. Integrating these interventions with psychosocial treatments will also be addressed.

Treatment of Young Children Exposed to DV: A Role for Abusive Fathers?

Workshop (child) **PDR #4, 3rd Floor**

McAlister Groves, Betsy, LICSW, Child Witness to Violence Project, Boston Medical Center, BU School Medicine; Acker, Michelle, PsyD, Child Witness to Violence Project, Boston Medical Center; Smith Stover, Carla, PhD, National Center for Children Exposed to Violence, Yale University Child Study Center

It is widely acknowledged that exposure to parental violence has serious consequences for the adjustment and personality formation of young children. While clinical interventions have been developed for children exposed to parental violence, and their mothers (Lieberman & Van Horn, 2000; Peled, 1995), fathers who perpetrate the traumatic violence against their partners have been excluded from the treatment of their children. There is emerging clinical evidence that abusive fathers are important and present, both symbolically and literally, in the lives of their children (Lieberman & Van Horn, 1998). In addition, preliminary research (Stover, Van Horn, Turner, Cooper & Lieberman, in press) suggests that for preschoolers exposed to domestic violence, visitation with fathers is associated with fewer internalizing and externalizing symptoms. Yet, many abusive fathers present an ongoing threat to the mother and use contact with their children as a method of control and coercion. The decision to integrate abusive fathers into the child's treatment is a highly complex one that raises numerous questions and dilemmas for the clinician. This workshop will discuss indications for involving abusive fathers in their children's trauma-related treatment, including recent research findings. Clinical and legal considerations will be discussed, along with a model for decision-making.

Narrative Construction Following Trauma—A Prospective Look

Case Presentations (practice) **Parlor F, 6th Floor**

Tuval-Mashiach, Rivka, PhD, Center for Traumatic Stress, Hadassah University Hospital; Peri, Tuvia, PhD, Center for Traumatic Stress, Hadassah University Hospital

Narrative perspective claims that the healthy individual is capable of holding a coherent, meaningful and dynamic narrative of himself. Trauma, by its nature, breaks the continuity of daily life. This break is expressed in a disruption of the narrative of the traumatic event. The immediate period following a traumatic event is therefore a crucial time in survivors' process of recovery. In this time, a narrative of the trauma is generated and constructed. The purpose of the presentation is to illustrate the process through which a trauma narrative is shaped and constructed, in the stories of five Israeli survivors of a terror attack who participated in a prospective study conducted in Hadassah hospital. We demonstrate two perspectives of this process: One is comparative, and looks at the differences between the five survivors' stories. The other is developmental, and follows the changing of narratives from immediately after the trauma through a period of four months. We wish to claim that by content analyzing three main components of the trauma narrative (coherence, finding meaning and self-concept), to it is possible to evaluate the process of recovery, identify foci of difficulties in this process and to possibly intervene therapeutically already in the early stages after the trauma.

Narrative Reconstruction Through Historical Debriefing

Peri, Tuvia, PhD, Center for Traumatic Stress, Hadassah University Hospital; Tuval-Mashiach, Rivka, PhD, Center for Traumatic Stress, Hadassah University Hospital

Narrative Reconstruction is a therapeutic tool suggested for the treatment of trauma survivors within the first months after the trauma. The therapeutic method is based on research findings regarding the unique characteristics of traumatic memories. These are vivid, not connected to time and place and uncontrolled by the patients. Trauma narratives have been found to be short, fragmented and disorganized. The suggested technique is based on Marshal's Historical Group Debriefing technique adjusted for the use in interventions with individuals. It is aimed to reconstruct a full, organized and coherent verbal narrative of the trauma. The reconstruction of the narrative enables also, desensitization to the traumatic memories through the exposure to the memories of the traumatic event including its physical, cognitive and emotional components. The detailed inquiry helps to identify and work through, focuses of special meaning for the patients, which made the event so traumatic for them. The presentation includes a brief theoretical background and a detailed description of a successful treatment with a woman who survived a suicide bomb explosion at the center of Jerusalem, suffering repeated flashbacks and nightmares of the trauma. The discussion will analyze its efficacy on behavioral, cognitive, emotional and symbolic levels.

Friday, October 31

4:00 p.m.–5:15 p.m.

Phase-Oriented Treatment of Dissociative Disorders

Consultation (frag) **Parlor B, 6th Floor**

Steele, Kathy, MN, CS, Metropolitan Psychotherapy Associates

A comprehensive model for phase-oriented treatment of dissociative disorders will be presented. The relationships among affect dysregulation, attachment, psychological and physical defenses, and dissociation will be discussed. Treatment interventions and rationale appropriate to each phase will be offered, as well a discussion of major transference and countertransference issues.

Future Directions and Funding Priorities of Relevance to the Traumatic Stress Field at the U.S. National Institute of Mental Health (NIMH)

Forum (clin res) **Monroe Ballroom, 6th Floor**

Breiling, Jim, PhD, National Institute of Mental Health (NIMH), Rothbaum, Barbara, PhD, Emory University; Miller, Mark, VA Boston Healthcare System; Boyce, Cheryl, PhD, National Institute of Mental Health (NIMH)

NIMH Program staff will present the mechanisms of NIMH grant support for trauma research and the review process and criteria, with a particular focus on the NIMH translational research initiative and mechanisms. Two NIMH funded PIs will present on their experiences in seeking grant support, and on their NIMH funded translational research grants.

Terrorism Disaster Branch: Safeguarding Children and Families

Panel (disaster) **State Ballroom, 4th Floor**

Pfefferbaum, Betty, MD, JD, National Center for Child Traumatic Stress, University of Oklahoma Health Science; Shaw, Jon, MD, National Center for Child Traumatic Stress, University of Miami; Brymer, Melissa, PsyD, National Center for Child Traumatic Stress, UCLA; Vernberg, Eric, PhD, National Center for Child Traumatic Stress, University of Kansas; Jones, Russell, PhD, National Center for Child Traumatic Stress, Virginia Tech University

In response to the terrorist attacks of September 11, 2002, the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), established the Terrorism and Disaster Branch (TDB) of the National Center for Child Traumatic Stress. The mission of the TDB is to promote the mental health and well-being of children and families by strengthening our nation's preparedness and response to terrorism and disaster. The panel discussion will address the current state of knowledge and preparedness related to children, terrorism, and disasters. Dr. Betty Pfefferbaum will give an overview of the TDB, which is committed to achieving effective, nationwide mental health response to the dangers and consequences of terrorism and disaster. Dr. Jon Shaw will address the training activities that are being developed in schools, communities, and health care environments. Dr. Eric Vernberg will present a critical review of disaster preparedness and response programs for youth affected by a natural disaster. Dr. Russell Jones will discuss assessment issues and the consequences of wildfires and residential fires on children and adolescents and the implications for intervention. Dr. Melissa Brymer will discuss preparedness and response to terrorism in schools.

Trauma Survivors in the Current Insecure and Unpredictable Climate

Panel (culture) **PDR #4, 3rd Floor**

Joyce, Marianne, MA, The Marjorie Kovler Center for the Treatment of Survivors of Torture; Blais, Jenny, The Marjorie Kovler Center for the Treatment of Survivors of Torture; Mousin, Craig, JD, DePaul University Asylum and Immigration Clinic; Portman, Scott, Midwest Immigrant and Human Rights Center (MIHRC)

A new fear of terrorism precipitating policies like "Operation Liberty Shield" presents challenges to trauma survivors and their clinical, legal and case management service providers. These policies systematically fragment the survivor's experience on multiple levels. Detaining individuals on the basis of national origin, without regard to potential histories of persecution, detention and torture by another regime, inevitably stimulates experiences of re-traumatization and exacerbates the survivor's damaged sense of safety, trust, and hope. These policies compel therapists to navigate and advocate in prisons, detention centers, and other unconventional clinical domains. This enforcement environment, and the detention facilities themselves, trigger symptoms of PTSD and challenge therapists in efforts to help clients regain a sense of control and manage symptoms. Immigration attorneys must adjust to video-conferencing with detained clients who are isolated from supportive services. Case managers are increasingly requested to assist clients facing restricted access to services and anti-immigrant sentiment, compounding existing symptomotology and diminishing the survivor's sense of efficacy and self-worth. This panel will discuss the challenges and subsequent development of a strategic model whereby therapists, case managers and attorneys work together to minimize both re-traumatization of clients and secondary trauma for professionals and to promote stability and sanctuary.

Women Refugees and Victims of Torture: Needs and Interventions

Symposium (culture) **PDR #5, 3rd Floor**

Allden, Kathleen, MD, International Institute of Boston

Women refugees, asylum seekers and survivors of torture present special challenges during evaluation and intervention. This panel will review topics relevant to evaluation and intervention with female survivors of government sponsored violence, war, and refugee trauma.

The Experience of Loss in the Context of the Relational Model

Gupta, Sonali, PsyD, International Institute of Boston; Ritter, Susan, LICSW, International Institute of Boston; Lyons, Kimberly, LICSW, International Institute of Boston

For women asylum seekers one of the more important consequences of forced migration is loss. Losses are multiple, tangible or symbolic and subjective. Losses include the loss of possessions, home, work, role, status, lifestyle, members of the family (as a result of separation, disappearance, or death), religion, culture and traditions, connection with land and ancestors, and social networks and supports. The Stone Center's Relational Model centers on the psychological development of women and offers a theory that emphasizes the importance of interpersonal connection for the psychological well-being of women. The proposed presentation utilizes and extends the Relational Model to provide a theoretical framework within which to understand the implications and impact of not only the loss of relationship but also of the representations of relationship. A case example of a woman asylum seeker will serve to illustrate this framework and the link between loss of both interpersonal relationships and symbols of connection and subsequent psychological symptomatology.

Domestic Violence in Newcomer Populations

Lyons, Kim, LICSW, International Institute of Boston

Victims of domestic violence who are also asylum seekers or refugees experience unique challenges culturally, legally, socially, and psychologically. The needs of this population are often poorly understood and are frequently not adequately addressed by mainstream service providers. Obstacles faced by special populations will be explored, as well as dilemmas faced by treatment providers. For example, how does a provider approach victims who are not familiar with Western approaches to domestic violence, are from cultures that do not recognize abuse between partners, whose legal status and rights are dependent on the abuser, or who faces persecution from her tightly knit community if she separates from her abuser? Three specific groups of domestic violence survivors will be explored. 1. Newcomers married to abusive US citizens or green card holders 2. Asylum seekers fleeing domestic violence in their country of origin and 3. Refugees or asylees victimized by their refugee or asylee partners. Implications for providing integrated, culturally competent intervention will be discussed and a treatment model will be shared.

War-Related Sexual Violence and Torture in Newcomer Populations

Ritter, Susan, LICSW, International Institute of Boston

The experience and prevalence of sexual torture or war-related sexual violence among refugees and asylum seekers arriving in the United States is significant. Depending on the country of origin, incident rates among women may be as high as 80%. However, refugees and asylees are frequently not screened for this type of trauma and therefore important dynamics and treatment implications are often missed. uring this presentation we will discuss why it is critical for clinicians working with women from war-torn countries to better understand and identify the trauma of sexual torture. We will also discuss ways to screen clients for this issue in a way that recognizes cultural differences and a wide range of client impact. We will also briefly look at the special dynamics and implications common to this form of violence and the challenges of addressing the psychosocial needs of this population.

Female Genital Mutilation Among Asylum Seekers

Allden, Kathleen, MD, International Institute of Boston

Female circumcision, also known as female genital mutilation, is commonly practiced in many regions of Africa. Although there are national and international campaigns to educate women about the risks and medical consequences of this tradition, social and cultural pressures remain high for young women and girls to under go the procedure. Increasingly, women and their daughters are escaping their countries and seeking asylum in the US, basing their claim for asylum on the threat of genital mutilation. This paper will describe the psychological trauma and losses experienced by these women and the use of this form of persecution as a claim for asylum.

The Ecology of Traumatic Stress: Resource Loss and Gain Cycles

Symposium (disaster) — Wabash Room, 3rd Floor

Hobfoll, Stevan, PhD, Kent State University, Summa Health System

Participants are advised that the presentation will involve photographs of terrorist acts and acts of political violence. In addition, some presenters may show disaster photos showing victims or photos of abuse victims.

Traumatic stress may be buffered by personal and social resources such as sense of mastery, self-esteem, and social support. However, traumatic stress depletes the very resiliency resources that people require. Moreover, trauma is more likely to occur to individuals lacking resources. This symposium will address cylces of resource loss and attempts to bolter resources in high risk populations.

Neighborhood Obliteration and Resource Loss

Fullilove, Mindy, MD, Columbia University; Fullilove, Robert, EdD, Columbia University

The federal Housing Act of 1949 authorized money for cities to buy up land in blighted communities, bulldoze structures in the area, and sell the cleared land at a subsidized cost to developers for conversion to "higher uses." Approximately 2,500 urban renewal projects in 993 cities were financed by this act; 60% of the people displaced were African American. Based on interviews in 5 cities with former residents, planners and advocates, this presentation will examine issues of resource loss that accompanied the urban renewal program. From the perspective of former residents, urban renewal qualifies as an unmitigated catastrophe. From the perspective of planners, urban renewal demolished worthless slum housing. From analysis of maps, photographs and historical documents, as well as extensive sites to the affected sites, I will argue that not only was urban renewal a catastrophe at the time, but that it precipitated other processes of urban destruction, including intensifying segregation and redlining, that continued the process of resource loss for decades after the original injury. The consequences for the African American struggle for equality will be discussed.

Strategies for Promoting Community Resilience Following Massive Trauma

Saul, Jack, PhD, International Trauma Studies Program, New York University

This presentation will compare different strategies for assisting communities that have experienced massive trauma—the resource rich communities of lower Manhattan that were directly impacted by the terrorist incidents of 9/11 and the underserved African refugee communities across the river in Staten Island. Among the topics explored are capacity building, resource enhancement and depletion, and the toxic affect of traumatic experience on community cohesion and collaboration. Strategies for addressing obstacles will be derived from parallel community efforts.

Postdisaster PTSD and Social Support over Four Waves of a Panel Study

Norris, Fran, PhD, NCPTSD, Dartmouth Med School; Murphy, Arthur, PhD, Georgia State University; Kaniasty, Krzysztof, PhD, Indiana University of Pennsylvania

Measures of social support and psychological symptoms typically correlate, but the direction of effects is not always clear. Do symptoms interfere with social relationships or does social support protect individuals from experiencing high distress? Each notion is equally plausible, and reciprocal effects would complicate recovery. In the present study, lagged effects of PTSD symptoms and perceived social support were examined in a sample of 561 adults who were interviewed 6, 12, 18, and 24 months after devastating floods and mudslides struck Mexico in 1999. At Wave 1, participants averaged 8 criterion symptoms, with 26% meeting criteria for current disaster-

specific PTSD. At Wave 4, participants still averaged 5 symptoms, with 9% meeting criteria. Social support showed little improvement, staying below normative levels for Mexico at each timepoint. Cross-lagged correlations did not favor one direction of effect over the other. With prior symptoms controlled, social support consistently affected subsequent symptoms. With prior social support controlled, symptoms consistently affected subsequent social support. In this context, it appeared that the failure of social support to rebound interfered with psychological recovery, while symptoms sustained the deterioration in social support. Interventions that address both social and psychological manifestations of trauma may more effectively combat loss spirals than interventions that address either alone.

Religion, Social Deprivation and Support for Political Violence

Hobfoll, Stevan, PhD, Kent State University and Summa Health System; Pehahzur, Ami, PhD, University of Haifa; Canetti-Nisim, Daphna, PhD, University of Haifa; Ben-Dor, Gabriel, PhD, University of Haifa

We explore how the cycle of violence in the Middle East is influenced by religious extremism and social deprivation. Results of phone surveys of 910 Jews and Muslims in Israel were conducted in October of 2001 during the second Intifada. Based on Conservation of Resources (COR) theory (Hobfoll, 1988; 1998), a principle stress theory, we predicted that religiosity leads to greater socio-cultural deprivation, which in turn results in greater support for violence as a legitimate political means. Results indicated that objective and subjective indicators of socio-cultural deprivation mediated the positive relationship between religious factors and support for political violence. This suggests the process by which a society is subjected to a cycle of self-fullfiling prophesy and traumatic political acts are justified.

New Assessment Measures and Methods for Early Trauma Survivors

Symposium (assess) — Adams Ballroom, 6th Floor

Ruzek, Josef, PhD, National Center for PTSD, VA Palo Alto Health Care System

To date, few assessment measures or methods are available to evaluate trauma survivors in the acute phase of response. Presentations will describe new assessment measures and methods for adults or children who are recent trauma survivors. Research presented will focus on medical patients treated in hospital emergency room settings and their families.

A New Method for Assessing Responses in ER Patients and Families

Carlson, Eve, PhD, National Center for PTSD, VA Palo Alto Health Care System; Ruzek, Josef, PhD, National Center for PTSD, VA Palo Alto Health Care System; Field, Nigel, PhD, Pacific Graduate School of Psychology; Spain, David, MD, Trauma Center, Stanford University Hospital and Department of Surgery, Stanford University

Current methods used to assess trauma survivors are limited because they require retrospective, summary reports and do not allow evaluation of causal dynamics of posttraumatic experiences, behaviors, emotions, and cognitions. This presentation will describe the development and advantages of Ecological Proximal Assessment (EPA), which involves frequent self-reports using hand-held computers (HHCs) in trauma survivors' natural environments. Participants in this research are patients of a hospital trauma center or patients' loved ones who were exposed to severe traumatic stressors. EPA measures of experiences, behaviors, emotions, cognitions, and posttraumatic symptoms are collected on HHCs for 7 days, 4 times per day (in reference to the past 4 hours) between 7 and 28 days post-event along with baseline demographics, trauma exposure history, current life stressors, current psychological disorder, substance use, and trauma severity and pre- and post-EPA measures of PTSD, dissociation, depression, affective lability, perceived social support, substance use, and coping. Examples will be presented from preliminary data on temporal relationships among key variables within and across individuals. Ultimately, EPA assessments may provide clinicians with information that will enable them to identify those in the acute phase of trauma response who are in need of treatment and to tailor interventions to prevent the development of psychological and behavioral disorder in recent victims.

Assessing PTSD Risk in Acutely Injured Children and Youth

Kassam-Adams, Nancy, PhD, Children's Hospital of Philadelphia; Winston, Flaura, MD, Children's Hospital of Philadelphia; Fein, Joel, MD, Children's Hospital of Philadelphia

Emergency departments (EDs) and other acute medical care settings present a valuable opportunity for early assessment and identification of injured children and youth at risk for developing posttraumatic stress. Data from two prospective studies will be presented to illustrate promising approaches to early assessment of children and youth receiving emergency medical care. The first study assessed acute stress symptoms in 145 violently injured teens and young adults, via a brief checklist administered in the ED (within hours of the violent injury). Acute stress symptom severity was moderately associated with PTSD severity assessed several months later. The second study assessed 250 children and adolescents hospitalized for injuries sustained in traffic crashes. A number of factors assessed in the acute post-injury period were found to be predictive of later PTSD outcome (including peri-trauma exposure, triage heart rate, pain ratings, and acute stress symptoms). An empirically-derived brief screening tool incorporating several of these elements was developed; a validation and feasibility study assessing its use by emergency health care personnel is now underway. Implications of these research results for practical implementation of screening and early intervention protocols for traumatically injured children and youth in medical settings will be discussed.

The Power of Peritraumatic Responses to Prospectively Predict PTSD

Brunet, Alain, PhD, McGill University

We previously published retrospective data from a large sample of police officers showing that peritraumatic distress, as measured by the Peritraumatic Distress Inventory, was a robust predictor of posttraumatic stress symptoms (Brunet et al.). Another result was the finding of two distinct peritraumatic factors independently predicting PTSD symptoms and suggesting the existence of various pathways to PTSD. One limitation from this study was its retrospective design, moderate PTSD rate, and the inability to make causal inferences. We now report on a group of trauma-exposed individuals interviewed 5 days after presenting to the emergency department and followed-up for 6 months. Data will be presented to illustrate the power of peritraumatic responses in prospectively predicting PTSD status, as well as recovery from PTSD. The nature and variety of peritraumatic experiences susceptible of leading to PTSD will be discussed to illuminate the need for ecological proximal assessment methods to increase our understanding of the very early phases of trauma.

War-Zone Stress and Health Status: Lessons from the 1st Gulf War

Symposium (biomed) — Parlor H, 6th Floor

Vogt, Dawne, PhD, National Center for Post-Traumatic Stress Disorder

Given the recent conflict in the Gulf region, it is critical to review what is known about the impact of the 1st Gulf War on the health of veterans. Findings regarding war-zone stress and associated mental and physical health outcomes from 4 cohorts of Gulf War veterans are described.

Depression and PTSD in Gulf War Veterans: Effects of Stress and Coping

Griffith, James, MA, Binghamton University, VA Medical Center; Vasterling, Jennifer, PhD, Department of Veterans Affairs Medical Center and Tulane University; Brailey, Kevin, PhD, Department of Veterans Affairs Medical Center and Tulane University; Constans, Joseph, PhD, Department of Veterans Affairs Medical Center and Tulane University; Sutker, Patricia, PhD, Texas Tech University Health Sciences Center and Tulane University

Soldiers are often exposed to life-threatening trauma and high levels of stress that can result in enduring psychopathology. In addition to the significant impact of trauma severity, individual difference factors such as coping styles and personal resources have been shown to affect psychopathology longitudinally in trauma-exposed populations, including Gulf War veterans. This study examined the longitudinal course of depression and posttraumatic stress disorder (PTSD) in a sample of 210 veterans of the 1991 Gulf War in relation to three factors: life stress, coping style, and social support. Psychopathology assessments were conducted an average of 14 months after return from the war zone and again an average of eight years later. Results indicated that coping style and life stress contributed to the course of both depression and PTSD at each time point. Life stress occurring after the end of hostilities was shown to predict increases in depressive symptoms and PTSD symptoms over time. However, life stress and avoidance coping predicted increases only in PTSD. Moreover, the effect of avoidance coping was less for those veterans reporting higher levels of life stress. Social support was predicted to be protective against depression and PTSD, but this hypothesis was not supported.

War-Zone Stressors and Health: Findings from the Devens Cohort Study

Proctor, Susan, DSc, Devens Cohort Study Research Group, NCPTSD-Boston and Boston Environmental Hazards Center

The Devens Cohort Study represents a unique opportunity to examine the psychological and physical health consequences of Gulf War (GW) deployment. The Devens Cohort consists of US Army military personnel studied since within five days of their return from the GW in 1991. The 2,949 persons surveyed in 1991 (Time 1) were targeted for re-survey between late 1992 and early 1993 (Time 2). A stratified, random sample of the cohort participated in an in-person assessment protocol between late 1994 and early 1996 (Time 3) that included neuropsychological testing, clinical psychiatric interviews, and environmental history interviews. In 1997-1998, Devens Cohort members were recontacted and asked to complete a mail survey (Time 4). This presentation summarizes the findings pertaining to relationships between war-zone stressors and certain health outcomes. Upon return, soldiers reported combat-related experiences (27%) and personal domestic issues (24%) to be the more prevalent war-zone stressors experienced. Also, in 1991, about 5% scored above a cutoff indicative of wartime PTSD (Mississippi PTSD Scale) and 25% scored in the clinically significant range for psychiatric symptomatology (Brief Symptom Inventory). Analyses indicate that between Time 1 and Time 4 changes in physical and psychological symptomatology are observed which appear to be multi-factorial.

Risk and Resilience Factors Related to Gulf War Veterans' Health Outcomes

King, Daniel, PhD, National Center for Post-Traumatic Stress Disorder; King, Lynda, PhD, National Center for Post-Traumatic Stress Disorder; Vogt, Dawne, PhD, National Center for Post-Traumatic Stress Disorder; Knight, Jeffrey, PhD, National Center for Post-Traumatic Stress Disorder; Foy, David, PhD, Pepperdine University

Since the conclusion of the first Gulf War, many veterans have expressed health complaints, generically labeled as "Gulf War illnesses." We report on findings of a 4-year project that addressed associations between war-related stressful experiences and mental and physical health outcomes. Our national sample included 357 Gulf War veterans who provided contemporary self-reports of health and retrospective accounts of war-zone experiences in telephone interviews. The sample was stratified on predeployment duty status, health registry program participation, and gender; sample design weights were applied to descriptive statistics and bivariate and multiple regression procedures. Using the CDC criteria for Gulf War illnesses, 54% could be considered cases; 27% reported having been diagnosed with fibromyalgia and/or joint disease, and 12% reported a diagnosis of chronic fatigue syndrome. The strongest bivariate associations between war-zone stressors and health outcomes involved the stressors of perceived threat or fear of harm in the war-zone and perceived nuclear/biological/chemical (NBC) exposures. An exacerbation effect was observed in the form of an interaction between perceived threat and perceived NBC exposures in the prediction of mental health outcomes. A decade after the conclusion of the Gulf War, veterans' accounts of war-zone experiences are associated with both mental and physical health outcomes.

The Mental Health Consequences of the Gulf War on Australian Veterans

Creamer, Mark, PhD, The University of Melbourne; Sim, Malcolm, MBBS, Monash University; Ikin, Jill, DipBHlth, Monash University

This research investigated psychological disorders in 1871 Australian Defence Force personnel who served in the Gulf War during 1990/91. The comparison group of randomly selected personnel, employed by the ADF during the Gulf War but not serving there, was frequency matched for gender, age and type of service. Participants, who underwent a cross-sectional assessment approximately ten years after their deployment, completed a postal questionnaire containing a measure of exposure to war-related stressors and attended a health assessment which included the Composite International Diagnostic Interview (CIDI) for psychological disorders. 81% of Gulf War Veterans and 57% of the comparison group participated. Gulf War veterans were more likely than the comparison group to develop PTSD (adj OR = 3.9, 95%CI 2.3 - 6.5), another anxiety disorder (adj OR = 2.9, 95%CI 2.0 - 4.2), an affective disorder (adj OR = 1.7, 95%CI 1.3 - 2.1) or a substance use disorder (adj OR = 1.5, 95%CI 1.2 - 2.0) following the Gulf War. There were strong dose-response relationships regarding number of adverse psychological stressors, many related to fear of attack experienced during the Gulf War. The results suggest the need for better psychological preparation in future deployments and improved post-deployment screening and treatment.

Treatment Outcome Studies of PTSD

Symposium (clin res) **Red Lacquer Room, 4th Floor**

van der Kolk, Bessel, MD, Trauma Center, Boston University School of Medicine

This symposium presents three large carefully controlled treatment outcome studies using four different treatment modalities (CBT, EMDR, psychopharmacology and Cognitive Processing) and presents data on comparative efficacy, treatment responsiveness and resistance, effects on comorbidity, quality of life, and biological changes that accompany symptom improvement.

Treatment Outcome of Fluoxetine Vs. EMDR in PTSD

van der Kolk, Bessel, MD, Trauma Center, Boston University School of Medicine; Hopper, James, PhD, McLean Hospital, Harvard Medical School; Spinazzola, Joseph, PhD, Trauma Center; Blaustein, Margaret, PhD, Trauma Center; Hopper, Elise, PhD, Trauma Center; Simpson, William, PhD, Harvard University, Trauma Center

This NIMH funded study compared the efficacy of two widely different treatment approaches for treating patients with PTSD: fluoxetine, which acts directly on biological systems (N=30), and Eye Movement Desensitization and Reprocessing (EMDR) (N=30). There also was a pill placebo control group (N=30). We assessed subjects with a multi-modal biological and psychological assessment, in order to determine whether treatment efficacy is associated with changes: 1) social adjustment, 2) psychophysiological reactivity to personalized trauma scripts (heart rate and skin conductance), and 3) basal salivary cortisol. We also tracked the stability of symptom change for nine months following the cessation of active treatment. Preliminary results suggest that at the end of 8 weeks of treatment, there is a 30% improvement in the pill placebo condition, while both active treatments demonstrate additional symptom improvement, with EMDR being most effective for the treatment of acute PTSD, and Prozac for subjects with prolonged childhood histories of trauma. Clinically significant improvement in CAPS scores is accompanied by an increase in basal cortisol and improvement in social and occupational functioning. We will also present data on the differential rates of symptom change in the different PTSD symptom clusters between the two treatment groups during the nine months of follow-up after cessation of the acute treatment phase.

Differential Biological Outcomes of EMDR and Fluoxetine for PTSD

Hopper, James, PhD, McLean Hospital, Harvard Medical School; Spinazzola, Joseph, PhD, Boston University School of Medicine; Blaustein, Margaret, PhD, Boston University School of Medicine; Yehuda, Rachel, PhD, Mount Sinai School of Medicine and Bronx Veterans Affairs; van der Kolk, Bessel, MD, Boston University School of Medicine; Simpson, William, PhD, Harvard Business School

Two major developments in PTSD research have been the development of effective treatments and the delineation of pathophysiology. While major gains have been made in both of these areas, they have occurred in parallel. There is a need for investigations of possible differential effects of different treatment modalities on biological aspects of PTSD. In this randomized controlled trial (N = 105), we compared the exposure treatment Eye Movement Desensitization and Reprocessing, the serotonergic reuptake inhibitor fluoxetine, and pill placebo for their effects on both PTSD symptoms and biological parameters. The outcome measures were severity of reexperiencing, avoidant/numbing, and hyperarousal symptoms; psychophysiological reactivity to script-driven imagery; basal salivary cortisol and dexamethasone suppression test (DST). At pre-treatment, post-treatment and 3-month follow-up, saliva samples were acquired at 8 a.m., 11 p.m. (immediately followed by dexamethasone) and 8 a.m.. Participants also underwent a script-driven imagery protocol utilizing four 30s scripts, each followed by a 60s script imaging period and 2 minute recovery periods (fixed order: neutral, trauma, neutral, trauma). Preliminary analyses partially support hypothesizes concerning differential efficacies of pharmacological and psychological treatments on different symptom clusters and biological markers of the disorder, at post-treatment and 3-month follow-up. Potential implications for treatment and future research will be discussed.

CBT Vs. EMDR in the Treatment of PTSD

McFarlane, Alexander, MD, University of Adelaide

114 subjects were randomized into the study, but only 45 completed up to week 10. The subjects in the study comprise 45 sufferers of Post traumatic stress disorder as defined by the Clinician Administered PTSD Scale (CAPS) (caps score > 50, and who satisfied criteria A,B,C and D for PTSD diagnosis) and the PCL-C (PCL-C>50). All subjects were victims of a traumatic experience and were recruited through newspaper or radio advertisements, referrals from private practitioners (18 subjects) or through the State Government Insurance Commission (SGIC) (27 subjects). Subjects were randomised into one of three treatments. Fourteen subjects received EMDR, 21 received CBT and 10 were control subjects. The mean age of the sample was 41.38 (SD=11.55) with the minimum age of 19 and the maximum age of 61. Sixteen of the subjects were male and 29 were female. During the treatment period 17 of the subjects were taking antidepressants and 6 were taking anxiolytics. Approximately half of the sample was married (22 subjects 48.9%), 12 had never married, 4 were separated, 1 was defacto and 6 were divorced. The mean number of treatment sessions for the entire sample was 8.53 (SD 1.65). Out of the 45 participants in the study, 26 had suffered only one single trauma in their lives, 11 had experienced several single traumas, 3 had suffered one ongoing trauma and 5 individuals had suffered at least one ongoing and one specific trauma. The following results were performed on the treatment groups (total 35 subjects), with the control group being excluded from all analyses. All subjects, were aged between 18 and 65, lived in metropolitan Adelaide and had an adequate command of English (reading and writing).All subjects gave informed consent to the study and expressed their willingness to comply with the protocol. Subjects with a history of adult seizure disorder, organic brain disease or who were assessed to be at significant suicide risk (a score of 3 or more on suicide question in HAM-D), were excluded from the study, as were subjects taking psychotropic drugs (anticonvulsive/antipsychotic) or sedatives more than 4 times a week. All assessment and treatment sessions were conducted at the University of Adelaide Department of Psychiatry at the Queen Elizabeth Hospital. Assessment sessions were conducted by trained research assistants and all therapy sessions were conducted by a clinical psychologist, trained in both EMDR and CBT. Subjects were assessed for suitability to enter the study via an initial screening instrument (sent out to subjects in the post) and an initial screening interview. Patients were further evaluated at week 0 (baseline/immediately prior to commencement of treatment), 3, 4, 6, 8 10, 20 (10 week followup).

The Impact of Cognitive Processing Therapy on Survivors of Sexual Abuse

Chard, Kate, PhD, Center for Traumatic Stress, University of Kentucky

The author will present the results of a controlled treatment outcome study using Cognitive Processing Therapy (CPT-SA) with adult female sexual abuse survivors. CPT-SA offers a dramatic departure from other childhood sexual abuse treatments by combining both group and individual therapy to promote treatment advantages found with both of these formats. For the study, 87 women were randomly assigned to either a treatment or a wait-list (minimal attention) condition both lasting 17 weeks. At pre-test, there were no significant differences between MA and treatment subjects on demographic and assessment data. At post-test there were significant differences between MA and treatment subjects on all assessment data. From pre-test to post-test, treatment subjects showed a significant improvement on PTSD, depression, personality, and general symptom measures. At 3-month and 1-year follow-ups, treatment subjects showed no significant changes on assessment measures suggesting that improvement gains were maintained. Data on all outcome measures will be presented as well as prediction data for individual treatment outcome. Finally data suggesting that peritraumatic dissociation is one of the best predictors of pre-treatment symptomology will be discussed.

Friday, October 31

Culture, Trauma, and Cultural Rights

Symposium (culture) — Crystal Room, 3rd Floor

Danieli, Yael, PhD, Group Project for Holocaust Survivors and Their Children

Culture is pivotal to human adaptation to trauma and conflict. This international multidisciplinary panel will analyze the relationships between culture, trauma, and cultural rights in national and global contexts. The discussion will examine the role of culture as healer, buffer, and transmitter, and cultural rights as crucial to healing.

Ethiopian Jews' Narratives of the Journey to Israel: Culture and Trauma

BenEzer, Gadi, PhD, Department of Behavioral Sciences, College of Management

This paper focuses on the role of culture in turning a traumatic group experience into a myth. The narratives of the migration journey of Ethiopian Jews via the Sudan to Israel are the center of analysis. Particularly, the meaning of the traumatic experience for the people who made it and its relation to the initial encounter with Israeli society. There is a gap in the existing literature in relation to journeys in migration and refugee studies. I argue that powerful processes occur on such journeys which affect the individual and the community in life-changing ways, including their initial encounter with and adaptation to their new society. Culture intervenes in a miriad of ways in this process, including the way it affects traumatization. The role of the Ethiopian Jewish culture in turning this particular traumatic experience into a specific social myth is analysed and discussed.

Teenage Refuge: Life After Wartime for Bosnian Teens in Chicago

Weine, Stevan, MD, University of Illinois at Chicago

This presentation is based upon an ongoing ethnographic investigation of Bosnian adolescents and their families in Chicago following resettlement in the 1990s and early 2000s. It investigates their lives under the conditions of refuge provided by the state, city, schools, social and psychological services. In the United States, too often, their voices and concerns are neither heard nor acknowledged by the institutions that society has appointed to manage their problems through practices coined "multiculturalism," "bilingual education," "human rights," and "trauma relief". These frequently reflect a poor understanding of the relationship between trauma and culture, from the perspectives of both traumatologists and culturalists. The ethnographic analysis has yielded a reconceptualizaiton of trauma and culture called converting cultural capital that describes cultural strategies by which teen refugees attempt to manage enormous historical, social, cultural, economic, familial and psychological changes associated with refugee trauma. This position also makes possible a new vision of culturally and socially integrative services for refugee youth.

Cultural Rights and Trauma

Stamatopoulou, Elsa, Acting Chief of the Secretariat of the Permanent Forum on Indigenous Issues in the United Nations Department of Economic and Social Affairs.

Cultural rights is the most neglected and intellectually unexplored category of human rights—despite tremendous advances in the other areas of human rights, i.e. civil, political, economic and social. Among the reasons for this neglect is the difficulty of defining cultural rights, which is itself linked with the difficulty of defining culture. It is as well known that attacks on culture and identity stir the deepest passions and trauma in communities and individuals, as it is known that the rise of identities is often perceived as a threat. Indigenous peoples and minorities are especially affected. It is a challenge to capture the normative content of cultural rights and clearly establish them in national legal systems and policies, accompanied by monitoring mechanisms and budgets. This will not only protect people's fundamental human dignity, but, in the long run, also promote the empowerment and participation of individuals and communities and their contribution to development and peace.

The Changing Face of Trauma: Surviving Continuous Threat and Terror

Symposium (disaster) — Grand Ballroom, 4th Floor

Shalev, Arieh, MD, Center for Traumatic Stress, Hadassah University Hospital; Ursano, Robert, MD, Uniformed Services University of the Health Science

The recent occurrence of major acts of terror, and the resulting fear and anxieties emphasize the importance of identifying, preventing and treating stress-disorders while stress continues. Based on studies from Jerusalem, this symposium describes individuals' responses to living under continuous threat of terror; how treatment is provided in such circumstances, how people cope with real and imagined threat, what protects them and what makes them more vulnerable. Sharing our clinical experience and our recent studies, we will discuss the implications of living under traumatic conditions to understanding stress disorders and PTSD.

Cognitive Behavioral Therapy (CBT) for PTSD in an Era of Ongoing Terror

Freedman, Sara, MsC, Center for Traumatic Stress, Hadassah University Hospital; Addesky, Rhonda, PhD, Center for Traumatic Stress, Hadassah University Hospital

The experience of ongoing traumatic events presents specific challenges to therapy. This presentation will examine the literature on continuous traumatic events, the specific effects of repeated terrorist attacks on post traumatic stress disorder (PTSD) and other reactions, and the issues that arise when treating survivors with PTSD in a context of ongoing terror. Specifically we will examine the effect, on therapy, of constant re-exposure to terrorist attacks (or reminders thereof) and of changes in the behaviour of the general population that mimic PTSD avoidance symptoms. We will also address the effects of terror on therapists. The results of a CBT program show a significant beneficial effect on PTSD and PTSD symptoms, despite ongoing terror. The way in which treatment was successfully adapted to such circumstances will be discussed.

Communities Under Terror: Exposure, Fears, Coping and PTSD

Tuval-Mashiach, Rivka, PhD, Center for Traumatic Stress, Hadassah University Hospital; Hadar, Hilit, MA, Center for Traumatic Stress, Hadassah University Hospital; Gelfand, Marina, MA, Center for Traumatic Stress, Hadassah University Hospital

Despite studies of single events, such as the 9/11 attacks, little is currently known about the effects of repeated terror on civilians. We do not know how people cope with ongoing trauma, how strong is the effect of indirect exposure (e.g., via media exposure), what is the prevalence of clinically disabling and distressing mental disorders and what might increase the likelihood of developing Post Traumatic Stress Disorder (PTSD) during ongoing adversities. Since September 2001, Israeli civilians have been exposed to ongoing threat and repeated acts of terror. This presentation compares a highly exposed community with an infrequently and indirectly exposed community. Despite significant difference exposure, the rates of PTSD rates in the two communities were similar. Self-reported PTSD was very frequent (23%) but clinically meaningful distress and impairment was much less frequent (about 4.5%). Importantly few people were highly symptomatic whereas most others were virtually symptoms free. These findings demonstrate the significant indirect effect of terror. Additionally they suggest that few people may carry most of the burden of terror. The boundary between expressing symptoms and having clinically relevant PTSD are very important to acknowledge when planning interventions in affected communities.

PTSD in Battered Women: Mediating Role of Learned Helplessness

Bargai, Neta, MA, Center for Traumatic Stress, Hadassah University Hospital; Ben Shakhar, Gershon, PhD, Department of Psychology, Hebrew University of Jerusalem; Shalev, Arieh, MD, Center for Traumatic Stress, Hadassah University Hospital

Domestic violence is a prevalent form of continuous terror. This presentation will present data on PTSD in battered women and discuss the analogy between this form of violence and continuous political terror. Survivors of domestic violence often develop post-traumatic stress disorder (PTSD) and major depression (MDD). Violence, however may not provide a good-enough explanation of subsequent PTSD and MDD. This presentation will examine the extent to which learned helplessness mediated between violence exposure and PTSD in 101 battered women who left home to shelters in Israel. It also examined the origins of learned helplessness in these women. About two third of the women (65.3%) had PTSD and 38.6% had MDD. Learned helplessness mediated the entire contribution of violence to PTSD and MDD. Additionally, conservative cultural background predicted learned helplessness. Learned helplessness may have an important contribution to the occurrence of mental disorders under continuous threat. Treatment interventions amongst survivors of ongoing adversities should address survivors' learned helplessness and depression. A so-called "conservative" and disparaging perception of women's role increases women's vulnerability to the effect of domestic violence.

Trauma Will Never Be the Same: How Terror Has Changed Our View of PTSD

Shalev, Arieh, MD, Hadassah University Hospital; Tuval-Mashiach, Rivka, PhD, Department of Psychology, Bar Ilan University

The author wishes to share with the audience his sense of performing trauma work during ongoing adversities. Responses to traumatic events have mostly been appreciated within a scenario of single, salient event. In such scenario, little additional adversity is expected during a putative 'recovery period,' within which rescue and treatment can be offered. Such scenario might have always been an exception, or an advantage of stable and well-protected portions of society. Recent terrorist acts, however, have brought home the message that a trauma very often occurs on top of another. Lessons from 30 months of terror in Israel have taught us that during continuous traumata individuals often engage in survival-driven behavior designed to protect their main resources—and their minds. A sense of controllability may result from such coping, but the long-term consequences are unknown. The few who express disabling symptoms may either be disavowed, as representing the Undesired and Feared. They may also be cared for with particular understanding and tenderness. Most importantly, the perception of a traumatic event as being remote, salient and transient may not be sustainable, and the field of traumatic stress must reformulate some of its premises.

Integrating Psychosocial Services in Post-War Environments

Symposium (disaster) PDR #9, 3rd Floor

Kelley, Susan, PhD, Harvard Medical School

A strengths-based integrative approach improves the relevance and sustainability of psychosocial services in post-war situations. Research on coping and social support in Bosnian and Chechen youth highlights the importance of resilience-focused interventions. Evaluation findings from post-conflict programs provide a 'lessons learned' approach to integrating psychosocial services in non-mental health settings.

The Need for Integrated Psychosocial Services in Post-War Situations

van de Put, Willem, MA, HealthNet International

The importance of psychosocial well-being and mental health of some 40 million refugees and IDP's, and larger numbers of people living in chronic crisis, are finally accepted. The need for 'context-informed' work has been highlighted many times. Several bodies are working on effectivity studies and guidelines for interventions to increase acceptability and accountability of psychosocial care and projects. Nevertheless, the "contextualization" of many projects appears to be limited to local culture—and even there it seems that not much more than lip service is paid to concepts of transcultural psychiatry. Another aspect of context is the implication of intervening in a specific setting with specific characteristics of systems of care. Given the importance of "self-help" on many levels, it will be argued that a psychosocial intervention necessarily has to take an integrated approach—linking itself to systems of care as they exist in the socio-economic context, including health services, traditional sectors, social services and educational systems. On the basis of project implementation among Albanian Kosovars, Pashtun Afghans, East Timorese, Sudanese Dinka's, North-Ugandese, Bosnians, Rwandese and Cambodians, relationships will be shown between social cohesion in these groups, systems of care available, and options to implement appropriate, complementary and sustainable interventions.

World Views on Suffering and Post-Conflict Psychosocial Interventions

Kelley, Susan, PhD, Harvard Medical School; McDonald, Laura, MALD, Harvard Program in Refugee Trauma; Mollica, Richard, MD, Harvard Program in Refugee Trauma; Tor, Svang, Harvard Program in Refugee Trauma; Becirevic, Majda, Harvard Program in Refugee Trauma

The primary objective of this study was to provide contextualized information relevant to defining psychosocial problems and organizational factors important to developing and strengthening psychosocial programs. Key informant interviews were used to obtain a multifaceted view of perceptions of human suffering and insight into how suffering was being addressed by 45 care providers in Bosnia and Cambodia. Respondents worked in one of the following sectors: primary health care, international or non-governmental organizations, traditional healing, and the spiritual/religious sector. The results indicate that across sectors and countries, perceptions of

the causes of human suffering are embedded in a social context of poverty and war. While care providers shared a similar multidimensional explanatory model to understand the roots of human suffering, individual skills, training, and resources to meet complex client needs were lacking. These findings point to the need for increased investment into strengthening care providers' capacity, on an individual and systemic level, to address mental health issues associated with poverty and violence. The psychosocial model should be adapted to emphasize training for indigenous care providers and NGO/IO staff, contextualizing the training by embedding it into existing structures. A focus on increasing collaboration is another approach that emphasizes care providers' complementary worldviews.

Psychosocial Benefits of an Education Program for Displaced Youth

Betancourt, Theresa, ScD, The Harvard Children's Initiative

This study explored the psychosocial benefits of an emergency education intervention serving adolescents displaced by the war in Chechnya. Interviews with 55 Chechen adolescents living in spontaneous settlements in Ingushetia, Russia were collected in the fall of 2000. The study set out to describe key stressors and sources of social support available to youth being served by the International Rescue Committee's (IRC) emergency education program. Of particular interest was the degree to which the education program addressed psychosocial goals. Findings indicated that young people and their families were facing a number of physical and emotional stressors. The data indicated that the emergency education program provided benefits by enriching sources of support, providing meaningful activity and opportunities to learn, and space for young people to spend time and connect to others. However, the contrast between the desire of adolescents "to live like other kids" and the options available to them presented a dilemma for the emergency education program: adolescents craved normalcy, but for any intervention to be delivered, it had to first begin with creative and adaptive strategies that were by no means a complete replacement for formal, mainstream education. The programmatic and policy implications of these findings will be discussed.

Youth Coping with Post-War Stressors: Implications for Intervention

Benson, Molly, PhD, Children's Hospital/Harvard Medical School

Adolescents and their parents reported on responses to stress in post-war Bosnia. Secondary stressors to traumatic war events including external reminders and family conflict were identified as mediators of psychological distress, suggesting a role for post-war intervention focused on chronic environmental stressors. Coping responses in youth were impacted by ongoing stressors and related to psychological adjustment. Specific adaptive coping strategies were identified, suggesting pathways to resiliency and targets for intervention. The importance of considering these strategies in post-war and cultural context is discussed in relation to intervention development.

Programmatic Integration of Protocol-Specific Group Treatments

Workshop (clin res) **Parlor F, 6th Floor**

Castillo, Diane, PhD, New Mexico VA Health Care System; Schnurr, Paula, PhD, VA National Center for PTSD

Research has consistently demonstrated cognitive and exposure therapies as effective in reducing PTSD symptoms. Both approaches have been evaluated methodologically in individual treatment formats. Existing programs, particularly in VA medical centers, provide cognitive and exposure therapies through inpatient or outpatient cohort groups. Additionally, cognitive and exposure therapies are typically combined with other treatment modalities, compromising the treatment protocols. The intensive nature of exposure treatment potentially eliminates over 80% of patients seeking treatment (Castillo, et. al., 1998) through self-selection. The Women's Trauma Clinic at the New Mexico VA Heath Care System innovatively incorporates state-of-the-art therapeutic interventions in time-limited modular groups. Protocol-specific treatments are offered in separate groups, allowing patients to self-select into different intensity-level treatments. Patients unwilling to attend exposure treatment have the option of an equally effective treatment in the cognitive group. Prior to entry, patients are thoroughly assessed through a semi-structured interview, battery of psychological tests, and CAPS. Patients begin treatment in an introductory support group (PsychEd), followed by the separate topic-specific groups, and include Focus (exposure therapy, Foa), Cognitive Processing (Resick), Skills, and Sexual Intimacy. Details of assessment, application/content of specific groups, and implementation of program will be presented in the workshop.

To Hold the Mirror Up to Nature: Reflections of Trauma in Literature

Workshop (frag) **Parlor A, 6th Floor**

Kudler, Harold, MD, Durham VA Medical Center and Duke University Medical Center; Shay, Jonathan, MD, PhD, Boston VAMC

Trauma theory is a relatively young science but the human effort to understand trauma and its effects on people's lives is at least as old as the most ancient sagas and myths. The arts offer a mirror in which we can see useful reflections of our patients and of the theories by which we understand their responses to traumatic events. But there are also opacities in that mirror and there can be significant difficulties in pursuing scholarship across disciplines. Through their use of material from the works of Homer and of Shakespeare, Drs. Shay and Kudler will demonstrate some ways in which trauma study can be enriched by literary study. They will also illustrate some of the difficulties that must be overcome in order to extend and enrich interdisciplinary scholarship. Participants will be invited to share their own literary perspectives on trauma studies and to consider how art and science can inform one another. This workshop may serve as a springboard for the development of a new ISTSS Special Interest Group on Trauma and the Humanities.

Friday, October 31

Media Presentations

Friday, October 31, 5:30 p.m.–6:15 p.m.
Red Lacquer, 4th Floor

"Tension"
Dubrow, Nancy, PhD, Taylor Institute

Tension is a film produced by the Palestinian Center for Regional Studies and the Cinema Production Center. It is directed by a well known and respected Palestinian named Rashid Masharawi. Rashid was born and raised in Shati refugee camp in Gaza. He is an artist as well as a film maker. He has received many awards for his work and he supports the Palestine Red Crescent Society through his artistic documentation. Tension captures images of the day-to-day stress experienced by men, women and children living under occupation in the West Bank and Gaza. This film has no words. But, Rashid's work reflects the stress of the people in their eyes and in their body movements. Tension will give participants a view from inside the current occupation in the West Bank and Gaza. Dr. Nancy Dubrow, a 15 year veteran consultant to the Palestine Red Crescent Society and attending Palestinian colleagues from the West Bank and Gaza will be available for discussion after presentation of the film.

Friday, October 31, 6:30 p.m.–7:45 p.m.
Red Lacquer, 4th Floor

"Angel, A Story of Trauma And Recovery"
Robinson, Sereta, PhD, private practice

In this film, Angel tells the story of her recovery from the effects of severe, chronic childhood trauma. She explains how working as a nurse at Ground Zero in September, 2001 helped her let go of her anger and complete her healing. The film provides a vivid, compelling account of the harm caused by child abuse and neglect. It provides a message of hope arising from the painful, difficult work of therapy. The film can be understood by lay people and mental health professionals who do not specialize in psychological trauma. Angel communicates the reality of both fragmentation and integration through her compelling narrative. This film is dedicated to all children everywhere who experienced violence, terror and torture.

Friday, October 31, 5:30 p.m.–6:15 p.m.
Monroe Ballroom, 6th Floor

"Veterans Helping Veterans: Key Insights for PTSD Recovery"
Root, Leslie, PhD, VA Gulf Coast Veterans Health Care System; Reyntjens, Kathleen O., PhD, VA Gulf Veterans Health Care System

PTSD avoidance and mistrust are powerful barriers to veterans talking about and integrating their experiences, developing supportive relationships, and engaging in specialized treatment programs. An audio CD recording of outpatient PTSD veterans in recovery was created to engage, educate, and instill hope in veterans in the beginning stages of treatment. Ten PTSD veterans of diverse age and culture spoke anonymously about their experiences in recovery and shared insights about the process. The voices of the veterans were supported with original background music with themes of hope and recovery. Ninety veterans in PTSD group therapy have evaluated the recording thus far with less than five percent endorsing no positive change as a result of listening. Ninety-eight percent felt less alone with their problems, 95% felt more hopeful, 100% felt less fearful about entering or staying in treatment. Greater than 90% would listen again and share with family members.

Friday, October 31, 6:30 p.m.–8:00 p.m.
Monroe Ballroom, 6th Floor

"PTSD Among Asian-American and Pacific Islander Veterans"
Daniels, Lori, PhD, Department of Liberal Arts, Hawaii Pacific University

Produced by the Department of Veterans Affairs Employee Education System and the National Center for PTSD. This video is one of a series of programs created in 2002, which focuses on the unique situations of Asian-American and Pacific Islander (AA/PI) veterans across three different war-zones. Veterans and experts in AA/PI issues from Hawaii and California are featured. Veterans share about the added stressors of being "mistaken for the enemy" and the cultural issues that impact on seeking health care. Insights are also shared by counselors who have expertise working with AA/PI clients, with specific suggestions for assisting the AA/PI client. The video has received three awards: a Telly Bronze Award (in Health and Medicine), the Crystal Award of Excellence (for the Creativity/Editing Category), and the Award of Distinction (Government/Educational Category).

Concurrent Sessions—Saturday, November 1

8:30 a.m.–9:45 a.m.

What Is Dissociation? One Philosopher's View

Forum (frag) **Grand Ballroom, 4th Floor**

Braude, Stephen, PhD, University of Maryland Baltimore County; van der Kolk, Bessel, MD, Boston University School of Medicine

It's tempting, and even reasonable, to think that dissociative phenomena point to important facts about the nature of the mind. But it's not easy to determine what those facts are. Clinicians and experimenters who consider these matters often don't realize how they import (sometimes questionable) abstract assumptions into their deliberations. As a result, the literature on dissociation offers many opportunities for conceptual clarification and analysis. This presentation will expose and analyze the assumptions underlying the concept of dissociation and then define "dissociation" in a way that allows it to be distinguished from other apparently similar concepts (e.g., repression and suppression). In the process, it will discuss apparent confusions in the debate over whether pathological dissociation is a taxon. Finally, it will consider how emphasizing the relationship between trauma and dissociation may have led to a narrow and distorted picture of the nature of dissociation. Accordingly, it will consider other avenues of research that might help broaden and clarify that picture.

New Directions in PTSD Treatment: Integrating Outcomes and Neuroscience

Panel (clin res) **Parlor B, 6th Floor**

Braun, Michelle, MS, University of Wisconsin, Milwaukee; Grunert, Brad, PhD, Medical College of Wisconsin; Weis, Jo, PhD, Medical College of Wisconsin; Smucker, Mervin, PhD, Medical College of Wisconsin; Riemann, Bradley, PhD, Rogers Memorial Hospital

Recent outcome data have shown that differential emotional reactions to PTSD events are a vital consideration in selecting the most efficacious treatment. In support of these clinical findings, neuroscience researchers have made great strides in understanding how PTSD emotions are differentially represented and changed at the level of the amygdala and the cortex. This converging evidence provides the basis for a theoretical explanation of how PTSD treatments (exposure, cognitive restructuring) differentially target specific brain areas, and helps to explain why matching PTSD emotional symptomology to treatment type is often vital to recovery. The panelists will present a recently formulated treatment algorithm for PTSD that matches, among other variables, PTSD emotional symptomology to treatment type. This algorithm, based on 20 years of clinical and research experience with vehicular and work-related accident victims, will be presented in the context of case examples and outcome data. In addition, mechanisms of neurological activation and change, based on a comprehensive review of the literature, will be discussed as they relate to the following domains of PTSD treatment: (a) brain localization of differential emotional reactions to trauma (b) therapeutic methods that are hypothesized to target abnormally functioning brain areas, and (c) new directions for PTSD treatment.

Multi-Site Trials of Treatments for PTSD: Questions and Answers

Panel (clin res) **Crystal Room 3rd Floor**

Schnurr, Paula, PhD, National Center for PTSD, VA Medical Center; Foa, Edna, PhD, Center for the Treatment and Study of Anxiety, University of Pennsylvania; Krystal, John, MD, National Center for PTSD, West Haven VA Medical Center; Foa, Edna, PhD, Center for the Treatment and Study of Anxiety, University of Pennsylvania; Resick, Patricia, PhD, Center for Trauma Recovery, University of Missouri at St. Louis

As the number of empirical investigations of treatments for PTSD has grown, there have been an increasing number of multi-site studies. These large-scale projects have many advantages, such as high statistical power and increased external validity, due to the greater variability of settings and therapists compared with a single site format. At the same time, multi-site studies also create challenges, such as how to ensure protocol adherence across multiple (and often, diverse) sites. This panel discussion intended to facilitate future multi-site research by providing participants with information about the methodological and logistic issues that arise in multi-site trials. The presentation is also intended to provide information for clinicians about how the strengths of the multi-site format can offer information that is relevant to clinical practice. The session will be chaired by Paula Schnurr, who also will discuss methodological issues. First, however, Edna Foa and Patti Resick will discuss training and supervision issues in psychotherapy studies, and then John Krystal will discuss issues specific to pharmacotherapy research. Patti Resick will discuss issues of quality control and safety. Edna Foa will synthesize the presentations and make suggestions about how to optimally design and conduct a multi-site study.

The Ethics of Asking and Not Asking About Trauma History

Symposium (clin res) **Adams Ballroom, 6th Floor**

Freyd, Jennifer, PhD, University of Oregon; Newman, Elana, PhD, University of Tulsa

Entities that evaluate ethics of trauma research (e.g., IRB's) focus primarily on potential harm to participants of asking about trauma. The potential harm of not asking about trauma, the potential benefit of gaining such information and effects on staff are often overlooked. Panelists will present data addressing these ethical issues.

Participant Responses to Being Asked About Trauma History

DePrince, Anne, PhD, University of Denver; Freyd, Jennifer, PhD, University of Oregon

Institutional Review Boards and other entities continue to raise concerns about potential harm to participants of asking about trauma history. To evaluate the cost-benefit ratio in undergraduate samples, we asked participants to respond to three questions on their experience of completing the Brief Betrayal Trauma Survey (BBTS), a 12 item behaviorally defined self-report measure. The response questions were designed to tap (1) participants' perceptions of whether the trauma history questions were more or less distressing than things encountered in day-to-day life, (2) how important participants believe it is for psychologists to ask about these types of events, and (3) how good of an idea, according to participants, it is to include such a measure in psychology research. Our data indicate that participants find on average that the BBTS is neutral compared to day-to-day experiences. Further, participants rate research asking about stressful life events as more than "somewhat important" on average. Finally, taking into account their experience of answering the questions and how important it is to ask such questions, on average participants indicate that including such measures is more than "somewhat good". Implications of these results, as well as the potential harm of excluding measures of trauma, will be discussed.

Saturday, November 1

Student and Professionals' Reactions to Clinical and Research Activity

Kennedy, Shawn, The University of Tulsa; Newman, Elana, PhD, The University of Tulsa

Although it is well documented that some clinicians who work with trauma survivors may be adversely affected by bearing witness to violence (e.g., Figley, 1995; Pearlman & Saakvitne, 1995), this reaction has not been examined among trauma-focused researchers. For safe ethical research practice, it is vital that we understand if research staff are vulnerable to any psychological harm, such as vicarious traumatization (VT), and correlates of VT. The present study uses a web-based survey to (1) examine the prevalence of VT among trauma-focused researchers and clinicians, and (2) examine how past exposure to trauma, PTSD status, and social support affect resiliency/vulnerability to VT. In knowing this, we can (a) ethically inform future researchers and clinicians about the potential risks of involvement in trauma-centered research and practice, and (b) devise training and supervision to mitigate these risks. 1,785 members of ISTSS will be invited the first week of April to participate in this study via email. Measures include the Modified Stressors Survey, PTSD Checklist, Traumatic Stress Institute Belief Scale Revision N, Personal Resource Questionnaire 2000, and the Reactions to Research Participation Questionnaire Revised. This presentation will compare clinical and research professionals' VT scores as well as look at predictors (via regression) of VT among researchers.

Ethical Challenges of Asking and Not Asking Sex Offenders About Abuse

Becker Blease, Kathryn, PhD, Family Research Laboratory, University of New Hampshire; Freyd, Jennifer, PhD, University of Oregon

Asking research participants about child abuse poses ethical and legal challenges. This presentation reviews some common IRB concerns with research on victimization and perpetration, including mandated reporting, the potential for upsetting participants, and confidentiality. In addition, the benefits of asking about abuse and the costs of not conducting this research are addressed. The reactions of convicted sex offenders participating in a survey of their experiences both with being abused and abusing others are discussed. The results of this study indicate that it is feasible to anonymously obtain data on victimization and perpetration with a high response rate. No respondents reported negative reactions to the survey. Positive reactions included direct benefits to participants (e.g. using the survey to gauge how far they had come in treatment), benefits to science (e.g. viewing participation as a way to learn more about offending), and benefits to other potential abusers and victims (e.g. the potential for research to prevent abusers from harming others). In sum, existing research, including this sex offender study, supports a favorable cost/benefit ratio for research that asks participants about abuse, although more empirical research is needed in this area.

Motor Vehicle Accident Trauma: Coping Processes and Fragmentation

Symposium (disaster) PDR #5, 3rd Floor

Benight, Charles, PhD, University of Colorado at Colorado Springs

This symposium elucidates the coping processes following motor vehicle trauma. Ms. Midboe's paper is on appraisal of control and coping in MVA victims. Dr. Delahanty's paper focuses on coping behaviors as mediators between acute and longitudinal PTSD symptoms. Dr. Benight presents a causal model elucidating the coping process over time.

A Test of the Goodness-of-Fit Theory in Motor Vehicle Accident Victims

Midboe, Amanda, MA, University of Pittsburgh Cancer Institute; Dougall, Angela, PhD, University of Pittsburgh Cancer Institute; Baum, Andrew, PhD, University of Pittsburgh Cancer Institute

According to cognitive-phenomenological models of stress, distress results from the interplay among a stressful event, appraisal of that event, and coping skills (Lazarus & Folkman, 1984). The meaning that one assigns to a stressor is a product of primary appraisal processes, whereas judgments made about coping skills are products of secondary appraisals (Lazarus & Folkman, 1984). Consequently, an integral part of cognitive-phenomenological models of stress is matching of coping to appraisal. The ability of the goodness-of-fit theory to predict psychological distress 6 months after a motor vehicle accident (MVA) was examined in sixty-eight participants in an MVA group. Measures of coping style and appraisal of control over the MVA were taken 3 months post the MVA and psychological distress measures (depression, global severity) were taken 6 months post-MVA. Results indicate that there was partial support for the matching of appraised control and coping, as problem-focused coping was positively correlated with appraisal of control, but emotion-focused coping and control were not correlated. Results also indicated that coping alone was typically not a significant predictor of reduced distress. However, the interaction of emotion-focused coping and control predicted global severity and depression and the interaction of problem-focused coping and control predicted global severity.

Self-Distraction, Denial, and Self-Blame Coping and PTSD Symptoms

Delahanty, Douglas, PhD, Kent State University; Sledjeski, Eve, MA, Kent State University; Buckley, Beth, BA, Kent State University; Raimonde, A. Jay, MD, Summa Health System; Spoonster, Eileen, RN, Summa Health System

Relatively little research has examined whether particular coping techniques are related to PTSD symptoms or are effective at decreasing PTSD symptoms following trauma. The present study examined the extent to which self-distraction, denial, and self-blame mediated the relationship between PTSD symptoms soon after an MVA and symptoms measured 6 weeks and 3 months later. 138 male and 82 female MVA victims completed the IES-R in-hospital within 2 days of their accident. 83% of participants were white, 15% were black, and 2% reported "other" race. Currently, 140 have completed the 6-week follow-up, which included the administration of the CAPS interview and the brief COPE, and 68 have completed the IES-R at a 3-month follow-up. Self-distraction coping was significantly correlated with in-hospital IES-R scores ($r = .45$, $p<.001$), CAPS scores at 6 weeks ($r=.34$, $p<.001$), and IES-R scores at 3 months ($r=.40$, $p<.001$). Similarly, the use of self-blame and denial were both related to initial ($r=.31$, $.24$, $ps<.05$, respectively), 6-week ($r=.41$, $.36$, $ps<.001$), and 3-month PTSD symptoms ($r=.25$, $.26$, $ps<.07$). However, coping styles did not mediate the relationship between initial and later PTSD symptoms, suggesting that use of "poor" coping strategies is not solely responsible for the persistence of PTSD symptoms following trauma.

Coping with Motor Vehicle Accident Trauma: A Causal Model Analysis

Benight, Charles, PhD, University of Colorado at Colorado Springs; Markowski, Tina, University of Colorado at Colorado Springs; Sacks, Casey, University of Colorado at Colorado Springs; Hall, Crissy, University of Colorado at Colorado Springs

This study tested a structural model of coping with motor vehicle trauma over time. Following admission to the ER, 183 participants were followed at 4-7 days and 30 days later. Average age was 36 (SD = 14.08). More women (62%) than men (38%) participated and median income was $35,000 and $40,000. Participants completed a questionnaire packet at time 1. At time 2, a questionnaire, a clinical

interview, and a computer cognitive task were completed. Measures included the SCID-IV, the Peritraumatic Dissociative Experiences Questionnaire(PDES), a MVA Coping Self-Efficacy (MVACSE) measure, the Impact of Event Scale- Revised (IES-R), and the Injury Severity Score. The average ISS was 1.88, suggesting minor injuries. A structural model was tested to determine the primary variables predicting psychological adjustment. The following variables were included: current or lifetime Axis I disorder (excluding PTSD), PDES, MVACSE, and IES-R. Results strongly supported the model, Chi-square = 16.02, df = 13, p = .248, Relative fit index = .983, RMSEA = .04 (lower bound = .00, upper bound = .09). The path coefficients supported a theoretical model demonstrating the interactive role of self-regulatory factors and distress in the recovery process. Theoretical and clinical implications will be presented.

Predictors of Treatment Outcome in PTSD

Symposium (clin res) — Monroe Ballroom, 6th Floor

Creamer, Mark, PhD, University of Melbourne; Rothbaum, Barbara, PhD, Emory University

While psychological treatments for PTSD have developed considerably in recent years, large variation in individual treatment response is apparent. This symposium integrates research from the USA, Canada, and Australia to examine the impact of personal characteristics, childhood abuse history, and treatment setting as predictors of response to cognitive behavioral interventions.

PTSD Treatment Outcome Predictors: Exposure Therapy, EMDR and Relaxation

Taylor, Steven, PhD, University of British Columbia

Several psychosocial treatments appear to be effective in treating posttraumatic stress disorder (PTSD). However, little is known about the predictors of treatment outcome. It is possible that some variables predict poor outcome for some treatments but not for others. To investigate this issue, outcome predictors were examined for three 8-session treatments: Exposure therapy (entailing prolonged imaginal and in vivo exposure), relaxation training, and eye movement desensitization and reprocessing (EMDR). Sixty people with PTSD entered and 45 completed treatment. To our knowledge, ours was the first EMDR study to meet all the Foa and Meadows Gold Standards for methodologically sound outcome research. Treatments did not differ in attrition or perceived credibility. Exposure tended to be most effective, and EMDR and relaxation did not differ in efficacy. Low patient ratings of treatment credibility (assessed in session 2) predicted treatment dropout, regardless of treatment type. Of the potential outcome predictors examined, severe reexperiencing symptoms (assessed prior to treatment) predicted poor outcome for relaxation training but not for the other therapies. The best predictor of treatment outcome was whether or not patients received exposure therapy.

Evaluation of Differential Program Types for C-R PTSD

Forbes, David, MA, University of Melbourne; Creamer, Mark, PhD, University of Melbourne; Hawthorne, Graeme, PhD, University of Melbourne; Biddle, Dirk, MA, University of Melbourne

Since 1995, the Australian Centre for Posttraumatic Mental Health (ACPMH)has accredited Veterans Affairs funded PTSD programs for veterans across the country. While there is reasonable consistency in the treatment content across programs, there is considerable variety in the way these programs are structured (low, medium and high intensity)and the settings in which they occur (inpatient, residential, outpatient and outreach regional settings). This paper examined the data for 2265 veterans treated in such programs and evaluated the relative effectiveness of the different treatment structures and settings. Initial statistical analysis suggested that there were no significant differences in outcome between program types. However, further ANOVA and effect size analyses demonstrated significant differences in effectiveness depending on PTSD severity. Analyses demonstrated that few, if any, of the program types were effective for Mild PTSD. For Moderate PTSD, the strongest outcomes were from low intensity outpatient, and medium intensity day hospital programs. For severe PTSD, moderate intensity day hospital programs, and high intensity (residential and inpatient) programs performed the strongest. At the extreme end of the spectrum, high intensity residential programs performed best. The findings of this paper suggest potential to identify optimal program type depending on condition severity.

Treatment Outcome: Adult Physical/Sexual Assault Vs. Child Sexual Abuse

Cahill, Shawn, PhD, University of Pennsylvania; Yadin, Elna, PhD, University of Pennsylvania; Hembree, Elizabeth, PhD, University of Pennsylvania; Muller, Kathryn, PsyD, University of Pennsylvania; Rauch, Sheila, PhD, University of Pennsylvania; Foa, Edna, PhD, University of Pennsylvania

Despite strong evidence of its efficacy in the treatment of posttraumatic stress disorder (PTSD), many professionals have been reluctant to adopt prolonged exposure (PE), particularly in cases of PTSD resulting from childhood abuse. It is commonly believed that victims of childhood abuse often suffer from additional difficulties, such as deficits in affect regulation and interpersonal skills, alexithymia and dissociation, that make them poor candidates for PE. We will report analyses conducted on data from a recently completed study comparing PE with and without cognitive restructuring in the treatment of women with PTSD resulting from physical assault in adulthood, sexual assault in adulthood, or sexual assault in childhood. Results will be reported for the tolerability, safety, and efficacy of treatment utilizing measures of PTSD symptom severity, associated anxiety and depression, dissociation, and anger expression. The analyses will test the hypotheses that, compared to victims of physical and sexual assault occurring in adulthood, victims of childhood sexual abuse will (1) be less able to tolerate exposure therapy, as indicated by a greater percent of dropouts; (2) be more likely to experience symptom exacerbation, defined as a posttreatment score greater than the corresponding pretreatment score; and (3) have poorer outcome across all measures.

Medical Traumatic Stress in Children

Symposium (child) — State Ballroom, 4th Floor

Saxe, Glenn, MD, Boston University Medical Center/National Child Traumatic Stress Network; Zuckerman, Barry, MD, Boston University Medical Center

This symposium highlights research on child traumatic stress in medical settings. We begin with presentations of ASD and PTSD in children with burn and non-burn injuries. Outcomes of an intervention program for children with cancer follow. Finally, the relevance of these findings for health and mental health practitioners are discussed.

Parent Assessment of Child Acute Stress and Pain After Traumatic Injury

Baxt, Chiara, MA, Children's Hospital of Philadelphia; Kassam-Adams, Nancy, PhD, Children's Hospital of Philadelphia; Winston, Flaura, MD, PhD, Children's Hospital of Philadelphia

Parent responses in the aftermath of acute child trauma have been identified as key predictors of child PTSD, but the mechanisms of parent and child interaction after trauma are less well understood. In a prospective study of children (age 8–17) hospitalized for traffic-crash injuries, 243 children and parents were assessed within one month of injury (T1) and 177 were assessed at least four months later (T2). We compared child self-report to parent-report regarding children's ASD, PTSD, and pain severity, and calculated discrepancy scores. Parent and child reports were moderately associated: ASD severity (r = .35), PTSD severity (r = .49), T1 pain severity (r = .51), and

T2 pain severity (r = .48). Regression analyses showed a curvilinear relationship between T1 discrepancies in parent-child ratings and child PTSD severity at T2, such that parental under- or over-reporting of child ASD symptoms or pain was predictive of greater child PTSD severity. Parents' ability to accurately assess child distress appears to play a role in promoting child emotional recovery after traumatic injury; inaccuracy may impede parental efforts to assist child coping. Implications for early intervention with parents, to help ameliorate child posttraumatic stress after medical trauma, will be discussed.

Family Treatment of Posttraumatic Stress in Childhood Cancer Survival

Kazak, Anne, PhD, The Children's Hospital of Philadelphia; Alderfer, Melissa, PhD, The Children's Hospital of Philadelphia; Streisand, Randi, PhD, The Children's Hospital of Philadelphia; Simms, Steven, PhD, The Children's Hospital of Philadelphia; Rourke, Mary, PhD, The Children's Hospital of Philadelphia; Barakat, Lamia, PhD, Drexel University; Gallagher, Paul, MS, The Children's Hospital of Philadelphia; Cnaan, Avital, PhD, The Children's Hospital of Philadelphia

Purpose: Posttraumatic stress symptoms (PTSS) are a documented long-term consequence of childhood cancer. The Surviving Cancer Competently Intervention Program is a one-day four session intervention to reduce PTSS in adolescent cancer survivors and their families. Method: Participants in this clinical trial were 150 teen survivors, 147 mothers, and 107 fathers, randomized to the treatment (N=76) or a waitlist control condition (N=74). Outcome data are the Impact of Event Scale-Revised (IES-R) and the Posttraumatic Stress Disorder Reaction Index (PTSD-RI). Results: Significant reductions in intrusive thoughts for fathers ($t(66)=2.3$, $p<.05$) and arousal for teen survivors ($t(105)=3.1$, $p<.005$) were found in the treatment group. Higher dropout occurred in the treatment arm (n=29; 38%) than the control arm (n=5; 7%) and those dropping out had higher PTSS scores ($ts>2.1$, $ps<.05$). A multiple imputation approach was used to estimate data missing due to dropout. This procedure confirmed the existing study results and showed that a significant group difference would have been found on Intrusive Thoughts for mothers ($t(139)=2.4$, $p<.05$) had our sample been retained. Conclusions: A treatment approach integrating cognitive behavioral and family therapy approaches was successful in reducing PTSS. The differential dropout highlights the difficulties in conducting intervention research in this field.

ASD and PTSD in Children with Burn and Non-Burn Injuries

Saxe, Glenn, MD, Boston University Medical Center/National Child Traumatic Stress Network; Stoddard, Frederick, MD, Shriners Burns Hospitals/Massachusetts General Hospital; Lopez, Carlos, MD, Boston University Medical Center/National Child Traumatic Stress Network; Hall, Erin, MA, Boston University Medical Center/National Child Traumatic Stress Network; Kaplow, Julie, PhD, Boston University Medical Center/National Child Traumatic Stress Network; Koenan, Karestan, PhD, Boston University Medical Center/National Child Traumatic Stress Network; Bartholomew, David, BA, Boston University Medical Center/National Child Traumatic Stress Network; King, Daniel, PhD, National Center for PTSD, Boston VA Health; King, Lynda, PhD, National Center for PTSD, Boston VA Health

The aims of this study are to determine 1) the relationship between ASD and PTSD in children with burns or other types of injury, and 2) risk factors for ASD and PTSD in these children. 105 hospitalized children (72 with burns and 33 with non-burn injury) were assessed within 2 weeks of injury for the presence of ASD. Children were reassessed 3 months following discharge for PTSD. The assessment of risk-factors includes biological, psychological, and social variables. Thirty-one percent of children with burns and twenty-four percent with non-burn injuries met criteria for ASD. A diagnosis of ASD yielded a three-fold increased risk for PTSD. Path analysis yielded three independent pathways to PTSD; 1) a pathway from acute anxiety and pain to hypersuppression of cortisol to PTSD, 2) a pathway from the magnitude of injury to acute dissociative symptoms to PTSD, and 3) a protective pathway mediated by the child's degree of social competence. Together these three pathways account for 51% of the variance of PTSD symptoms. These results indicate that a diagnosis of ASD predicts PTSD and that there are a variety of independent pathways leading to PTSD. These pathways may be mediated by different biological systems.

Arousal and Human Memory for Stressful Events

Symposium (assess) **Red Lacquer Room, 4th Floor**

Morgan III, Charles, MD, Yale University School of Medicine

This presentation will focus on stress hormone enhancement of memory for traumatic events. The presentation will briefly review animal and human studies related to the pharmacological blockade and augmentation of fear-related emotional memories. Several studies in humans that deal with adrenergic blockade and augmentation of memory will be discussed in detail. In one study healthy subjects viewed a series of 12 slides that depicted an emotionally arousing story. One hour before viewing the slides some subjects received an adrenergic blocker, propranolol, while others received placebo. One week later subjects returned for a surprose memory testing. In a second study healthy subjects viewed the same 12 slides. Five minutes after viewing the slides some subjects received infusion of an adrenergic enhancer, yohimbine hydrochloride, while others received an infusion of placebo. The subjects in this study also returned one week later for surprise memory testing. The results of these tow studies and their possible relationship to posttraumatic stress disorder, particularly the re-experiencing symptoms, will be discussed. Potential implications for treatment will also be explored. The second and third studies that will be presented will address the accuracy of eyewitness memory in active duty soldiers undergoing realistic personnel intense stress. The implications of these data for the nature of traumatic memory and for forensic issues will be discussed.

Predicting Accuracy of Eyewitness Memory

Hazlett, Gary, PhD, United States Army Special Operations Command; Morgan III, Charles, MD, Yale University School of Medicine; Southwick, Steven, MD, Yale University School of Medicine

OBJECTIVES: This study was designed to assess whether eyewitness accuracy for face recognition under conditions of high stress was significantly related to performance on a standardized, neutral test of memory for human faces when administered under non stressful conditions. METHOD: Fifty-three active duty U.S. Army personnel enrolled in military survival school training were the participants of this study. During the hight stress phase of training subjects were exposed to interrogation stress. 48 hours later and under non stressful conditions, subjects were administered a standardized test designed to measure a person's ability to remember human faces (Weschler Face Test). After completing the test, subjects were presented a serial photograph array containing "mug shot" type photographs of 10 interrogators. Subjects were asked to identify the one interrogator who had conducted their high stress interrogation during the training. RESULTS: 62% of subjects accurately identified their interrogator. A significant positive relationship was observed between performance on the Weschler Face Test and performance on the Eyewitness task. Inaccurate eyewitnesses exhibited more false negative errors when performing the Weschler Face Test. Receiver Operating Characteristics (ROC) curve analysis using eyewitness accuracy as the state variable and performance on the Weschler Face Test as the trait variable indicated the area under the curve was significant. CONCLUSIONS: The present data suggest that even under "ideal conditions"-where witnesses are shown a photograph of the "perpetrator" taken at the time of the "crime,"-it is very likely that more than 1/3rd of people will be incorrect in their eyewitness identifications. These data also suggest that the trait ability to remember human faces may be related to how accurately people recall faces that are associated with highly emotional cir-

cumstances. Detection probability methods. such as ROC curve analyses, may be of assistance to forensic examiners, the police and the courts, when assessing the probability that eyewitness evidence is accurate.

Accuracy of Eyewitness Memory During Acute Stress

Morgan III, Charles, MD, Yale University School of Medicine; Southwick, Steven, MD, Yale University School of Medicine; Hazlett, Gary, PhD, United States Army Special Operations Command

OBJECTIVE: This study assessed accuracy of eyewitness recognition in humans exposed to highly intense, personalized stress. METHODS: Active duty military personnel (N=509) enrolled in survival school training attempted to identify the person they encountered during a high stress compared to a low stress interrogation. Recognition was assessed using three different techniques: live line-up; photo spreads; sequential photo presentation. RESULTS: Regardless of the presentation method used, recognition was better for persons encountered during the low, compared to the high stress condition. Neither subjective ratings of confidence nor ratings of stress-induced symptoms of dissociation were significantly correlated with accuracy. CONCLUSIONS: The ability to recognize persons encountered during realistic, highly personal, threatening stress was poor in the majority of individuals. Additional research evaluating neurobiological contributions to accuracy may enhance our understanding as to why some individuals are accurate and others not. Although forensic examiners may have more confidence in suspect recognition for low stress compared to high stress events they were cautioned against using subject confidence or symptoms of psychological dissociation as indications of eyewitness accuracy.

Noradrengeric Arousal and Enhanced Memory in Humans

Southwick, Steven, MD, Yale University School of Medicine

OBJECTIVE: Several studies in humans that deal with adrenergic blockade and augmentation of memory will be discussed in detail. METHODS: In one study healthy subjects viewed a series of 12 slides that depicted an emotionally arousing story. One hour before viewing the slides some subjects received an adrenergic blocker, propranolol, while others received placebo. One week later subjects returned for a surprise memory testing. In a second study healthy subjects viewed the same 12 slides. Five minutes after viewing the slides some subjects received infusion of an adrenergic enhancer, yohimbine hydrochloride, while others received an infusion of placebo. The subjects in this study also returned one week later for surprise memory testing. RESULTS: Memory has significantly enhanced in subjects in which yohimbine had increased MHPG. DISCUSSION: The results of these two studies and their possible relationship to posttraumatic stress disorder, particularly the re-experiencing symptoms, will be discussed. Potential implications for treatment will also be explored.

Police, Fire and Community Psychiatric Responses to Child Trauma

Symposium (child) Parlor F, 6th Floor

Murphy, Robert, PhD, Yale Child Study Center

Findings from four programmatic approaches involving mental health collaborations with police or fire personnel are presented as model strategies for community intervention with traumatized youth. Results highlight the complexity of clinical service delivery in acute and community settings as well as the therapeutic contributions of emergency first responders.

Law Enforcement Training in Childhood Trauma Responses

Macy, Robert, PhD, Boston Trauma Center

The sustained provision of immediate, effective and efficient intervention to traumatized children requires trained and credentialed trauma responders from community and first responder cohorts (Macy, van der Kolk, & Spinazolla, 2002). For more than eight years, the Trauma Center Community Services Program has provided training to law enforcement personnel in the acute management of childhood trauma and posttraumatic responses (Macy & Solomon, 2002). Results of intensive training programs across law enforcement divisions, including those related to domestic violence, sexual assault, civil disorders, and special weapons and tactics (SWAT) teams, are presented with a particular focus on outcomes in terms of enhanced understanding of child posttraumatic stress reactions, expanded police-mental health collaboration and intervention, and improved management of secondary distress among providers. The integration of a neighborhood based trauma response network with police services in a large metropolitan area is reviewed in the context of systemic differences between law enforcement and mental health provider communities.

Police and Clinical Enhancements for Domestic Violence Exposure

Casey, Robert, PhD, Yale Child Study Center; Berkman, Miriam, JD, Yale Child Study Center

The cornerstone of the CDCP Domestic Violence Intervention Project involves a neighborhood-based home visit follow-up intervention involving police and mental health professionals (Berkman, Casey, Berkowitz & Marans, In press). DV detectives identify households where an intimate partner assault has occurred, and police-advocate teams are assigned to provide unannounced, follow-up home visits. The visits are intended to monitor victim safety, improve understanding of court orders, and increase access to information and supportive services for victims and their children. Police-advocate teams have provided 593 visits to 359 households. Matched comparisons of 82 victims receiving the police/advocate intervention with a group of 82 victims who received usual services demonstrate a 54% decrease in the number of repeat calls for police service by the intervention group for the year following the police/advocate home visit. During the follow-up period, police received 28 calls from the intervention group regarding new incidents of domestic violence and 61 calls from the comparison group reporting new incidents. The proposed presentation will focus on implementation of an innovative intervention approach to domestic violence, preliminary results of the project, and the significance of these results.

Children and Residential Fires: An Expanded Role for Firefighters

Jones, Russell, PhD, Virginia Polytechnic Institute & State University

Residential fires represent the third leading cause of death for children, with a large proportion of burn-injured children developing full or partial posttraumatic stress disorder (Jones & Ollendick, 2002; Jones et al., 2002). Studies suggest similarities of childhood fire victims with children who have experienced natural disaster and those who have experienced violence. Data from a large scale project involving children and families affected by residential fires highlight complex outcomes related to children's experiences of the fire, their premorbid functioning, their psychosocial environment, and their coping strategies. Preliminary recommendations highlight the manner in which firefighters may play a therapeutic role through their immediate interactions with children and families and through their development of and participation in collaborations with mental health providers. As representatives of authority, order and safety at times of acute crisis, firefighters may be able to intervene in the lives of children during a time when families may be unable to access and utilize traditional modalities of mental health service delivery.

Saturday, November 1

Interventions in the Child Development Community Policing Network

Murphy, Robert, PhD, Yale Child Study Center; Marans, Steven, PhD, Yale Child Study Center

As first responders, police officers may influence the mental health of acutely traumatized children and adolescents through collaboration with mental health providers. In a child oriented community policing model, their traditional positions of authority and 24-hour availability are augmented by knowledge of child development and posttraumatic responses. Through the Child Development-Community Policing Program network of 12 police-mental health partnerships, mental health professionals are placed in the community, with the police, to develop collaborative strategies for intervening early when violence occurs (Marans et al., 1995; Marans, Murphy, & Berkowitz, 2002). Findings related to clinical and police service delivery highlight changes in the provision of police and mental health services to traumatized youth. Multivariate logistic regression models are presented that inform clinical decision-making about modality and timing of clinical intervention with police-involved children who are exposed to violence and other trauma (Murphy, Rosenheck & Marans, 2003). These results also highlight the multiplicity of traumatic exposure in the lives of children, as well as the role of law enforcement in ameliorating posttraumatic responses.

Perspectives on Traumatic Grief

Symposium (clin res) — Wabash Room, 3rd Floor

Shear, Katherine, MD, University of Pittsburgh; Marshall, Randall, MD, Columbia University, New York State Psychiatric Institute

Bereavement is widely recognized as a major stressor. Traumatic loss may cause symptoms of Traumatic (Complicated) Grief, a newly recognized syndrome. This symposium describes assessment and treatment models in several contexts, including war veterans, bereavement related to 9-11 and results from a randomized controlled trial of Traumatic Grief Treatment.

Traumatic Grief Treatment: A Randomized Controlled Trial

Shear, Katherine, MD, University of Pittsburgh; Zuckoff, Allan, PhD, University of Pittsburgh; Frank, Ellen, PhD, University of Pittsburgh

Traumatic Grief (TG) is a newly identified syndrome characterized by persistent intense grief with longing, yearning and preoccupying reveries about the deceased, that interfere with functioning, distressing intrusive images, and a tendency to avoid reminders of the loss. We diagnose this condition when the score on the Inventory of Complicated Grief ICG > 30. We developed a targeted Traumatic grief Treatment, (TGT), using Interpersonal Psychotherapy (IPT) and incorporating exposure strategies used in PTSD and several additional techniques. We will report preliminary results of a randomized trial comparing TGT to IPT showing TGT produces almost twice the symptom change as IPT. Randomized participants (n=67): 77% female; age 21–79; mean 47 years; 25% lost a spouse, 28% a parent, 31% a child; 36% were bereaved by a violent death; Mean baseline ICG score 46.1(SD9.5) Mean Impact of Events Score (IES) 40.3 (SD 15.0); 35% met DSM IV criteria for concurrent Major Depression and 31% for PTSD. Outcome data show decrease in ICG for both treatments with mean decrease for TGT=26.3 compared to IPT=15.8. Decrease in depression, anxiety, IES and functional impairment all are about twice as great with TGT. Study results will be presented and discussed.

The Psychosocial Predictors and Consequences of Traumatic Loss of 9-11

Neria, Yuval, PhD, Columbia University and New York State Psychiatric Institute; Brett, Litz, PhD, National Center for PTSD, Behavioral Sciences Division, Boston University School; Raz, Gross, MD, MPH, Columbia University and New York State Psychiatric Institute; Marshall, Randall, MD, Columbia University and New York State Psychiatric Institute; Maguen, Shira, PhD, National Center for PTSD, Behavioral Sciences Division, Boston University School; Seirmarco, Gretchen, MS, APRN, Columbia University and New York State Psychiatric Institute

The tragedy of Sept. 11, 2001, provided a unique and important opportunity to study individuals who have suffered loss through traumatic means, i.e., malicious mass violence. Although considered a Criterion A event, which precipitates post traumatic stress disorder (PTSD), the kind of loss incurred on 9-11 might precipitate also a complicated synergy of trauma and loss symptoms, best captured by the construct of Traumatic Grief (TG). TG, a relatively new construct, can be a particularly debilitating condition. It is based on the premise that the normal mechanism for adjustment to loss is impaired by the unpredictability, enormity, unfairness, and horrific nature of the loss. In this presentation, we describe initial findings from a web-based survey of individuals who lost loved ones, close friends or colleagues on 9-11. A number of factors that can influence the course and outcome of bereavement have are being examined, including traumatic exposure(s), attachment and coping styles, and comorbid mental illness. The study is a collaborative project of Columbia University and the New York State Psychiatric Institute-Trauma Studies and Services; and the National Center for PTSD.

Community Grief as Observed in Project Liberty and LIFENET

Naturale, April, LSW, Office of Mental Health New York State

This presentation will explore the concept of community grieving from a social theory framework, looking at multiple cultures' experiences in New York City following 9/11, and how resolution may be fostered through a broad disaster response effort. The attacks brought severe psychological distress including grief. While grief distress symptoms as a result of the loss of loved ones was immediate for some, delayed responses are still being seen. The mental health response to this disaster, as opposed to prior experience in this country, has been characterized by a continuous climb in the number of individuals accessing services with spikes seen at the 6 and 12 month anniversary periods. Eighteen months later, significant numbers of individuals accessing services for the first time, are primarily expressing complaints of anxiety, sleeplessness and fear (LIFENET) In the context of this historic disaster, anecdotal reports from provider groups indicate that the individual's they are seeing relate their trauma experiences to concerns about broad societal and cultural issues such as community trauma, collective trauma and unresolved, historical grief. This presentation will provide a theoretical framework for such responses and illustrate this with case descriptions.

A Stages of Change Approach to Preventing PTSD Treatment Failure

Workshop (practice) PDR #9, 3rd Floor

Murphy, Ronald, PhD, Dillard University; Rosen, Craig, PhD, Stanford University School of Medicine

Unfortunately, PTSD patients, who often see their symptoms as adaptive, are frequently characterized as "not ready for treatment," "resistant," or "chronic" when they have difficulties engaging in treatment. In this workshop, presenters will first offer an integrative theory of PTSD treatment failure based on the Stages of Change (Prochaska et al.), Motivational Interviewing (W. Miller et al.) and the literatures on self-efficacy, therapeutic alliance, social class and ethnic factors as predictors of treatment outcome. In this model, readiness to change is seen as a modifiable cognitive state with specific interventions working best at different Stages of Change. Next, assessment and intervention strategies addressing causes of PTSD treatment failure specific to each Stage of Change will be reviewed. The presenters will use role-playing and other interactive formats to familiarize participants with specific techniques and skills for enhancing motivation for treatment, especially with difficult patients. These techniques include behavioral norm comparison, decision balance activities, and removal of cognitive and emotional roadblocks to acknowledging the need to change. In the last part of the workshop, participants will be asked to offer treatment failure case examples for discussion.

Getting the Clinical Psychology Training You Want

Workshop (train) Parlor A, 6th Floor

Koenen, Karestan, PhD, National Center for PTSD; Roemer, Lizabeth, PhD, University of Massachusetts, Boston; Davison, Eve, PhD, Women's Health Sciences Division, National Center for PTSD; Grant-Knight, Wanda, PhD, Boston University Medical Center; Kilpatrick, Dean, PhD, National Crime Victims Research and Treatment Center

Getting into graduate school in clinical psychology is very competitive and it doesn't end there. Current graduate students must then compete for internships and post-doctoral fellowships. If you are planning to apply for graduate school, internship, or post-doctoral fellowships in clinical psychology — this workshop is for you! Current graduate faculty, internship directors, and post-doctoral program directors will provide information on how to 1) locate the best available trauma-related graduate school, internship, and post-doctoral training; 2) identify the type of training that best fits your needs; 3) put together a competitive application; 4) successfully interview; and 5) select an appropriate program. Panelists represent training programs in both child and adult clinical psychology and will address issues related to both clinical and research training. Participants should attend this workshop armed with questions about the application process.

The Challenges of Training and Sustaining Trauma Therapists

Workshop (practice) Parlor H, 6th Floor

Pearlman, Laurie, PhD, Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy LLC; Kahn, Laurie, MA, Womencare Counseling Center; Migdow, Janet, MA, Options Counseling; Pearlman, Laurie, PhD, Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy LLC

Participants are advised that the presentation will involve being asked to think of a client that upsets them and privately explore their reactions.

It is essential to attend to the development of therapists so that they do not inadvertently do harm to others, or become impaired themselves. It is no small challenge to create training programs that can translate the best of what we know about trauma, to help clinicians deepen their work and to sustain them in their work with complex trauma survivor clients. Many clinicians work in environments where the world of trauma treatment is either not understood, or even worse, viewed with skepticism or contempt. Skilled clinicians are at risk of feeling isolated and de-skilled. We will present models for training and consultation drawing on our work in the United States and in Rwanda. These models recognize the impact of the work on the therapist, and provide opportunities for clinicians to develop a repertoire of clinical skills and perspectives. We will share from our years of experience training therapists and reflect on our mistakes and successes. Participants will be invited to join in a conversation about what makes ethical and effective trauma work possible for therapists in challenging work environments and in diverse cultural settings.

A Case Presentation on Domestic Violence and Related Trauma

Case Presentations (practice) PDR #4, 3rd Floor

Russo, Eileen, MA, University of Connecticut Health Center; Mahoney, Karen, MA, UCONN Health Center

The case of "Isa" (a pseudonym) illustrates the application of a manualized intervention, currently in clinical trials, to address acute and chronic complex traumatic stress resulting from past maltreatment in childhood, a history of severe alcoholism, and current domestic violence. "Isa" is a mid-life Latina woman, single parent of an 8-year old daughter and in an episodically violent relationship with a live-in boyfriend of five years. "Isa" is actively in recovery from alcoholism but has replaced alcohol with excessive exercise and caretaking as a way to manage depression and anxiety. Individual therapy focused on teaching "Isa" a model of traumatic stress based on understanding how trauma biologically changes the body and brain's normal stress response into an survival-based alarm response, and an individualized approach to helping her develop a sequence of emotion processing and self-regulation skills designed to enable her to better process and manage reactions to every- day stressors and trauma memories with a particular focus on enhancing her ability to both experience and provide secure attachment while providing effective parenting and establishing safety in her primary relationship. The presentation will highlight an approach to facilitating trauma processing that addresses complex PTSD while enhancing client self-regulation and stability psychosocially and as a parent.

Treating Trauma in Concurrent Treatment for Addiction

Mahoney, Karen, MA, University of Connecticut Health Center; Russo, Eileen, MA, UCONN Health Center

This case presentation demonstrates the individual therapy application of a manualized present-focused trauma-processing therapy conducted in treatment for cocaine addiction with "Lucinda" (a pseudonym)—a 47 year old, married, African-American mother of two children (and custodian of one grandchild). "Lucinda" presented for treatment as part of a mandate by the Department of Children and Families in order not to lose custody of her grandchild. The approach used to conduct an initial evaluation including a basic screen for trauma history and PTSD symptoms will be described to illustrate the client's and DCF worker's concerns (e.g., destablization and relapse) and a sensitive use of psychoeducation and alliance-building to address these concerns. After initial stabilization from cocaine use and enrollment in intensive outpatient, Lucinda had been successful with addiction recovery tasks, but had difficulty with managing her emotions (e.g., explosive anger) and alienating or frightening family members. The presentation will describe teaching "Lucinda" an individualized approach to structured self-regulation and here-and-now trauma-processing skills, including ways the caucasian clinician used the trauma recovery model to simultaneously address ethnocultural and traumatic stress factors (e.g., client distrust; importance of the extended family).

Saturday, November 1

Trauma Containment in Dissociation: A Peyote Medicine Rattle

Mirow, Susan, PhD, MD, Associate Clinical Professor, University of Utah School of Medicine, Department of Psychiatry

A Navajo teenager with Dissociative Identity Disorder was raped and then witnessed a double murder. She was placed in the Federal Witness Protection Program. Her amnesia to these events had persisted for several years when she became my patient. Rather than helping her to retrieve those traumatic memories, therapy was focused on guiding her to heal the damage to the sense of self that resulted from trauma. She was encouraged to live in the present and to participate in non-abusive relationships. She was provided with ego strengthening, and helped to construct a sense of self within a cultural context. Specific steps of the therapeutic process were crafted based upon her needs. One day, during treatment, she suddenly found a ritual object, a Peyote Medicine Rattle in my office. Her amnesia suddenly lifted while she gazed at the rattle, and she recounted the details of that night. Using the rattle she was able to contain, and then to re-contextualize her traumatic memories, and to accept them as personal history. Her memories, although repressed for several years, were detailed and complete. Their accuracy was corroborated by the FBI investigation. Discussion of this case includes issues regarding accuracy of memory and the focus of treatment, as well as the use of the survivor's creative process for healing.

Witness to Sibling Homicide

Case Presentations (child) **PDR #8, 3rd Floor**

Koverola, Catherine, PhD, University of Maryland

This presentation will address clinical issues in the treatment of young children who witness the homicide of a sibling by their mother's partner. The presenter will draw upon two specific clinical cases studies. Prominent themes include: (1) child's role in providing an account of what happened; (2) child's understanding of what caused the death, (e.g.,young children often do not understand that the physical blows that occurred days earlier resulted in the death of their sibling); (3) child's grief process; (4) child's relationship with the mother, in particular addressing the child's feelings about the mother having failed to protect the deceased sibling; and finally (5) the process of how the child moves on to normative developmental issues. The presentation will highlight the complex role of the therapist in advocating for the child's needs through both the criminal and juvenile court proceedings.

The Psychological Impact of War on Children: The Case of Uganda

Kamya, Hugo, PhD, Boston College

In many parts of Africa and around the world, children are targets and perpetrators of war. Children experience torture, loss and are often caught fighting on various sides of different conflicts. These children suffer several forms of exploitation. They serve as laborers, sex slaves and often are involved in ritualistic abuse. They often carry out killings at the bequest of adults. All these experiences not only alienate them from others but also internally create isolation from their own psychic integrity. This presentation will discuss the vicissitudes of children caught in armed conflicts and the psychiatric sequelae as well as attempts to address these symptoms in the context of community, regional, national and international arenas. A clinical case of displaced Sudanese/Ugandan children will be used to illustrate these issues.

Parallel Plenary Session
10:00 a.m.–11:15 a.m.

Stories of Healing and Resilience: The Power of Culture and Community

Plenary (frag) **Grand Ballroom, 4th Floor**

Munroe, James, EdD, Boston VA Outpatient Clinic; Friedman, Merle, PhD, South African Institute for Traumatic Stress Studies

The world is continuously confronted by massive traumatic events including war, famine, genocide, terrorist attacks, and natural disasters. These events fragment local communities. In many areas, the formal structures to respond may be very limited or those resources that do exist are overwhelmed. The trauma field has developed excellent models and programs to respond to such events on a large scale, but each of these events has profound effects on a local level. It is at this local level that the healing powers of the culture and community are most important. Integration ultimately depends on drawing on the strengths of those communities that have experienced the events. This plenary session is an outgrowth of some previous ISTSS panels. It will feature story tellers from different parts of the world who will describe interventions that reflect the unique approaches to healing that are created on the local level despite overwhelming obstacles. A panel discussion will be held following the plenary session for story tellers to elaborate and answer questions. Participants will be encouraged to share their own stories of healing and resilience during the panel discussion.

Back from the Future (Does where we have been tell us anything about where we are going?)

Plenary (frag) **Red Lacquer Room, 4th Floor**

Putnam, Frank, MD, Cincinnati Children's Hospital

Does where we have been tell us anything about where we are going? Perhaps. If trends hold, some predictions are possible. We have grown more multidisciplinary, and broadened our understanding of what must be accounted for. We are moving towards more interdisciplinary team approaches to clinical, scientific, and public health problems. We have found some interesting points of cleavage allowing us to begin to dissect these problems "at their joints." The intersection of PTSD and pathological dissociation is proving a particularly fruitful plane upon which to parse the trauma response. Multi-axial and longitudinal characterizations of clinical outcomes are proving essential to our understanding. Increasingly we are able to adopt new scientific tools and clinical standards as our own. But change—no matter how beneficial—creates tensions. As the field grows broader, deeper, and more esoteric, how do organizations such as the ISTSS and ISSD remain relevant? To what extent will emerging subfields, e.g., developmental, cognitive, and neurobiologic traumatology, demand their own venues and thus reverse the trend toward integration? Our abilities to prognosticate are, of course, limited, but some trends are robust enough to extrapolate and see where they may take us.

1:00 p.m.–2:15 p.m.

Sensorimotor Psychotherapy

Master (practice) **Wabash Room, 3rd Floor**

Ogden, Pat, PhD, Sensorimotor Psychotherapy Institute, Naropa University

Senosorimotor Psychotherapy integrates cognitive and somatic interventions in the treatment of trauma, emphasizing body awareness, practicing new actions and building somatic resources. I will demonstrate this approach through videotaped excerpts of sessions with clients, rather than role-play, so that the audience can observe the nuances of movement and watch how the body changes during therapy with real-life issues. Key components of Sensorimotor Psychotherapy will be illustrated: uncoupling trauma-based emotions from body sensations; promoting collaboration between client and therapist; teaching mindfulness; building somatic resources; and developing a somatic sense of self. Since clients with complex trauma can be easily triggered by interventions that access the body too quickly, attention will be given to pacing, boundaries, and safe, gradual re-connection with the body. The videotapes show how to help clients discover and describe how past traumatic experiences are affecting their current bodily experience—which in turn contributes to difficult emotions and beliefs—and also show how to integrate cognitive and somatic interventions to change the meaning of traumatic event(s) and regulate both emotions and arousal. Sensorimotor Psychotherapy is conducted within a phase-oriented treatment approach and this presentation will address interventions for all three phases: stabilization and symptom reduction, work with traumatic memory, and re-integration.

Research to Guide New York City's Services for Children After 9-11

Panel (disaster) **PDR #9, 3rd Floor**

Rosen, Craig, PhD, National Center for PTSD; Cohen, Michael, PhD, Michael Cohen Group; Gregorian, Nellie, MS, Michael Cohen Group; Josephson, Louis, PhD, New York City Department of Health and Mental Hygiene

This panel discusses applied research that informed New York City's efforts to help children recover from psychological stress following the 9-11 terrorist attacks. Nellie Gregorian, Partner at the Michael Cohen Group, will present results of a FEMA-funded epidemiological study of over 8,000 New York City children following the 9-11 disaster. This study, sponsored by the New York City Department of Education and conducted in conjunction with colleagues at Columbia University with sampling input from the Centers for Disease Control, informed the City's intervention planning. Dr. Louis Josephson, Assistant Commissioner for Child and Adolescent Services at the NYC Department of Health and Mental Hygiene, will discuss Project Liberty initiatives to actively screen New York children and adolescents and to provide intermediate level mental health interventions to those who continue to suffer from traumatic stress reactions. Dr. Michael Cohen, President of the Michael Cohen Group and advisor to the New York University Trauma and Media Project, will discuss how Mayor Giuliani used mass media communications to support New Yorker's resilience and positive coping. Dr. Craig Rosen, a researcher at the VA National Center for PTSD and Assistant Professor of Psychiatry and Behavioral Sciences at Stanford University, will be chair and discussant.

Does Psychotherapy Change the Brain? Presentation and Discussion

Panel (clin res) **Adams Ballroom, 6th Floor**

Kimble, Matthew, PhD, University of Wales; Schwartz, Jeffrey, MD, University of California Los Angeles Department of Psychiatry; Rothbaum, Barbara, PhD, Emory University School of Medicine, Department of Psychiatry; Resick, Patricia, PhD, University of Missouri, St. Louis, Department of Psychology; Brewin, Chris, PhD, University College London, Department of Clinical Health Psychology

While there has been considerable discussion in recent years about how stress and trauma change the brain, there has been less emphasis on how psychotherapeutic approaches may remediate such changes. This Panel Discussion, designed to bring together individuals inside and outside the field of trauma, will start with brief presentations by Dr. Jeffrey Schwartz, Dr. Barbara Rothbaum, and Dr. Patricia Resick on data, research approaches, or models relevant to how the brain changes as a result of psychotherapy. Dr. Schwartz's model of change resulted from his work showing normalization of glucose metabolism after successful CBT treatment for patients with OCD. His model emphasizes the importance of self-directed shifts in the quality of one's attentional perspective that results in systematic cerebral changes. Dr. Rothbaum will discuss her ongoing study using PET before and after prolonged exposure in female sexual assault survivors. Dr. Resick will discuss preliminary work investigating cortisol levels pre and post treatment. The presentations will be brief to allow for discussion which will be initiated by Professor Chris Brewin. The discussion will be focused on integrating findings in the areas of neuroscience and therapy, and discussing research designs best able to further our understanding of this topic.

Treatment of Trauma in Refugees: Systems Integration

Panel (commun) **PDR #8, 3rd Floor**

Buwalda, Johanna (Hans), MEd, MA, Chicago Health Outreach, International FACES; Affey, Hussein, Heartland Alliance International Refugee Center; Langendorf, Trudi, Heartland Alliance International Refugee Center; Szydel, Kari, Heartland Alliance International Refugee Center; Falk, Tamara, RN, Chicago Health Outreach HIV Refugee Resettlement Program

Refugees who come to Chicago have experienced many traumatic events during their flight, their stay in camps, and during resettlement in their new country. Many need mental health services to cope with the effects of these experiences. However, they also have many other needs related to housing, English language, family issues, education, and general and complex health care, that have to be addressed before or consecutively with mental health services. Very often, different service agencies provide services for only part of the adjustment difficulties refugees need to resolve to fully adjust to their new lives. This panel will present how various systems can be integrated, and how this systems integration is crucial to treatment of trauma in refugees.

A Multisite Treatment Study for PTSD in Sexually Abused Children

Panel (child) **Monroe Ballroom, 6th Floor**

Cohen, Judith, MD, Allegheny General Hospital; Mannarino, Anthony, PhD, Allegheny General Hospital; Deblinger, Esther, PhD, University Medicine & Dentistry of New Jersey; Robert, Steer, EdD, University Medicine & Dentistry of New Jersey

This workshop will describe the design, two alternative treatment modalities (trauma-focused CBT (CBT)and Child-centered supportive therapy (CST))and initial results of the first multi-site randomized controlled treatment study for sexually abused children with Posttraumatic Stress Disorder (PTSD) symptomatology. Of 229 children assessed and admitted into the study at two treatment sites, 203 (88%) attended at least three treatment sessions and completed post-treatment assessments. These children and their non-offending parent or primary caretaker were randomly assigned to one of two manualized treatment conditions (CBT or CST). Treatment con-

sisted of 12 sessions provided individually to parents and children; in the CBT session, 3 of these sessions also included joint parent-child interventions. The following instruments were completed by the child at pre- and post-treatment: K-SADS-PTSD, Children's Depression Inventory (CDI), State-Trait Anxiety Inventory for Children (STAIC), Children's Shame Questionnaire (CSQ)and the Children's Attribution & Perception Scale (CAPS); parents completed the K-SADS-PTSD, the Child Behavior Checklist (CBCL), Parent's Emotional Reaction Questionnaire(PERQ),Child Sexual Behavior Inventory (CSBI), Parenting Practices Questionnaire (PPQ), Parental Support Questionnaire (PSQ), and the Beck Depression Inventory (BDI). Using ANCOVAs, adjusted mean squares were compared and effect size was calculated after controlling for pretest scores. Results indicated that on all 3 K-SADS-PTSD clusters, CBCL Total scale, CDI, CAPS credibility and interpersonal trust subscales, CSQ, BDI and PERQ, scores improved significantly more in the CBT group than in the CST group. Effect sizes were medium or large for all of these. Multiple Imputation (intent to treat) analyses revealed a similar pattern of findings. Clinical significance and future research directions will be discussed.

An Update on the Biology of Dissociation

Symposium (biomed) **Red Lacquer Room, 4th Floor**

Simeon, Daphne, MD, Mount Sinai School of Medicine; Putnam, Frank, MD, Mayerson Center for Safe and Healthy Children

The symposium will present and discuss recent neurobiological findings in dissociation: 1) fMRI functional connectivity data in PTSD subjects during dissociatiative versus flashback states; 2) Cortisol data under rest, dexamethasone suppression, and psychosocial stress in chronically depersonalization disorder subjects; 3) structural MRI and cortisol data in dissociative identity disorder.

Flashback and Dissociative Responses in PTSD: FMRI Functional Connect

Lanius, Ruth, MD, PhD, The University of Western Ontario; Williamson, Peter, The University of Western Ontario; Boksman, Kristine, The University of Western Ontario; Densmore, Maria, The University of Western Ontario; Neufeld, Richard, The University of Western Ontario; Gati, Joseph, Robarts Research Institute; Menon, Ravi, Robarts Research Institute

Pilot studies in our laboratory have shown that Posttraumatic Stress Disorder (PTSD) patients can have distinctly different responses to traumatic script-driven imagery. Some patients relived their traumatic experience through flashbacks and showed an increase in heart rate, other patients reported a dissociative response with no concomitant increase in heart rate in most cases. Traumatic memory recall in PTSD was studied using the traumatic script-driven symptom provocation paradigm adapted to functional magnetic resonance imaging (fMRI) at a 4 Tesla field strength in 28 subjects with PTSD and 22 control subjects. Psychophysiological interactions (PPI) analyses were used to examine functional connectivity during script-driven imagery-induced reliving and dissociative states. PTSD subjects with a reliving response to the traumatic script-driven imagery showed significantly less activation of the thalamus, the anterior cingulate gyrus (area 32), and the medial frontal gyrus (area 11) as compared to controls. PTSD patients in a dissociative state showed more activation in the superior and middle temporal gyri (BA 38), the inferior frontal gyrus (BA 47), the occipital lobe (BA 19), the parietal lobe (BA 7), the medial frontal gyrus (BA 10), the medial cortex (BA 9), and the anterior cingulate gyrus (BA 24 and 32) as compared to controls. These findings suggest different patterns of brain activation and functional connectivity in flashback versus dissociative responses to traumatic script-driven imagery.

HPA Axis Under Rest and Stress in Chronic Depersonalization

Simeon, Daphne, MD, Mount Sinai School of Medicine; Knutelska, Margaret, MPhil, Mount Sinai School of Medicine; Nelson, Dorothy, Mount Sinai School of Medicine; Yehuda, Rachel, PhD, Mount Sinai School of Medicine; Putnam, Frank, MD, Mayerson Center for Safe and Healthy Children; Schmeidler, James, PhD, Mount Sinai School of Medicine

The presentation will focus on preliminary findings from an ongoing study of hypothalamic-pituitary-adrenal axis function in chronic dissociation without PTSD. Twenty subjects with depersonalization disorder (DPD) and 18 healthy comparison subjects (HC) have been analyzed to date. Under baseline rest conditions, there were no group differences in 24-hour urinary cortisol level or in serial hourly 8 a.m.– 11 p.m. plasma cortisol levels. However, the dissociative group exhibited trend significant resistance to low-dose dexamethasone challenge compared to the healthy group, replicating previous pilot findings. In response to a psychosocial stress paradigm, the two groups demonstrated a comparable absolute surge in plasma cortisol, despite the significantly greater subjective distress of the DPD group. This was accounted for by a positive correlation between distress and cortisol surge in the HC group versus a negative correlation in the DPD group. In summary, these preliminary data are suggestive of HPA axis dysregulation under chemical and psychosocial stress in chronic dissociation unaccompanied by PTSD.

Neurobiological Correlates of DID, in Comparison with PTSD AD BPD

Vermetten, Eric, MD, PhD, University Medical Center/Central Military Hospital; Schmahl, Christian, MD, Department Psychiatry, University Freiburg; Wilson, Kristen, MA, Sheppard Pratt Health System; Zdunek, Cheryl, MA, Sheppard Pratt Health System; Loewenstein, Richard, MD, Sheppard Pratt Health System; Payne, Cynthia, MD, Greater Baltimore Medical Center; Bremner, J., MD, Department of Psychiatry and Behavioral Science, Emory University

Objective: The neurobiological profile of dissociative identity disorder (DID) is not well known. It's clinical profile is characterized by symptoms of identity alteration with inability to recall important personal information. Surveys have demonstrated that the majority of patients with DID have given accounts of early childhood trauma and meet criteria for comorbid PTSD. The construct validity of DID has been described as a form of chronic PTSD. We examined cognitive and neurobiological correlates of DID and compared them with the neurobiological profile known in chronic PTSD and Borderline Personality disorder (BPD). Method: We assessed clinical and cognitive (memory related) parameters, stress related neurobiological parameters and performed MRI in a female population of patients with DID (n=16), PTSD (n=15) and BPD (n=10). Results: Except for clinical psychiatric parameters, on most of the parameters that were assessed (memory-related, urinary cortisol, and hippocampal volume), DID subjects were not significantly different from non-DID PTSD subjects or BPD. Subtle trends were elevated morning plasma cortisol levels in DID, and some DID patients showed suppression to low dose DST. Conclusion: While DID and PTSD to certain extent BPD have strong overlapping baseline cognitive and neurobiological profiles, there are subtle differences that merit further investigation.

Recent Developments in Clinical Research on Complex PTSD I: Assessment

Symposium (clin res) — Grand Ballroom, 4th Floor

Featured Symposium

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

This symposium continues a 4-year initiative to present leading applied clinical research on the complexities of adaptation to trauma. Presentations address transcultural and culture-specific prediction of DESNOS; prevalence of complex trauma exposure and outcomes across a multisite U.S. child/adolescent sample; and methodological advances in complex trauma assessment and treatment planning.

Complex Trauma in the National Child Traumatic Stress Network

Spinazzola, Joseph, PhD, The Trauma Center, Boston University School of Medicine; Ford, Julian, PhD, University of Connecticut School of Medicine; van der Kolk, Bessel, MD, The Trauma Center, Boston University School of Medicine; Blaustein, Margaret, PhD, The Trauma Center, Boston University School of Medicine; Brymer, Melissa, PsyD, National Center for Child Traumatic Stress, UCLA; Cook, Alexandra, PhD, The Trauma Center, Massachusetts Mental Health Institute; Silva, Susan, PhD, Duke University Medical Center

The National Child Traumatic Stress Network (NCTSN) is a 37-site organization serving over 150,000 traumatized children and their families in 19 states. From its inaugural meeting in February 2002, a consensus emerged that exposure to chronic/multiple traumas and manifestation of complex associated sequelae are predominant components of the developmental histories and presenting complaints of a substantial portion of children and adolescents served by this network. In response, a taskforce was developed to increase network and national understanding of the impact of complex trauma on children. This presentation describes results of a survey assessing the scope of complex trauma exposure and symptomatology across the array of service settings represented by this network, as well as the effectiveness of current treatment practices. Data will consist of aggregate client information from a representative sampling of clinicians from over 30 network sites. Sampled clinicians were chosen blind to the focus of this survey and were selected based on provision of direct clinical services to a minimum caseload of 10 traumatized children during 2002. The final sample is estimated to include data from approximately 90 clinicians on over 1000 children. The presentation will discuss future directions in the assessment and treatment of child complex trauma in light of survey findings.

Child and Adolescent Needs and Strengths: A Child Trauma Assessment Tool

Kisiel, Cassandra, PhD, The Trauma Center, Massachusetts Mental Health Institute; Blaustein, Margaret, PhD, The Trauma Center, Boston University School of Medicine; Walsh, Kate, The Trauma Center, Boston University; Spinazzola, Joseph, PhD, The Trauma Center, Boston University School of Medicine; van der Kolk, Bessel, MD, The Trauma Center, Boston University School of Medicine

A key part of understanding and addressing the needs of traumatized children is identification and assessment. The Child and Adolescent Needs and Strengths—Trauma Exposure and Adaptation (CANS-TEA) is an assessment tool designed with three overall purposes: 1) to document the range of symptoms, risk behaviors, and strengths exhibited by traumatized children; 2) to describe the contextual factors and systems that can support a child's adaptation from trauma, and; 3) to assist in the management and planning of services for traumatized children. The CANS-TEA provides a structured assessment of children exposed to trauma along a set of dimensions relevant to treatment decision-making. It is designed to be used either as a prospective assessment tool for decision support during the process of planning services or as a retrospective assessment tool based on review of existing information for use in the design of high quality systems of services. Preliminary results will be presented from a study conducted at the Trauma Center in Boston to demonstrate how the CANS-TEA is a flexible assessment tool that can be useful in integrating information from multiple sources, planning treatment, and monitoring outcomes. The CANS-TEA will also discuss in terms of its usage as a training tool.

Transcultural Predictors of Disorders of Extreme Stress (DESNOS)

de Jong, Joop, MD, PhD, Transcultural Psychosocial Organization (TPO) and Vrije University; Spinazzola, Joseph, PhD, The Trauma Center, Boston University School of Medicine; van der Kolk, Bessel, MD, The Trauma Center, Boston University School of Medicine; Komproe, Ivan, PhD, Transcultural Psychosocial Organization and Vrije University; Blaustein, Margaret, PhD, The Trauma Center, Boston University School of Medicine; van Ommeren, Mark, PhD, Transcultural Psychosocial Organization (TPO) and Center for Victims of Torture

The symptom clusters constituting Disorders of Extreme Stress (DESNOS) have been identified in non-western cultures and found to be comorbid with DSM-IV disorders (de Jong, et. al., under review). In follow-up to data presented at last year's conference, the current study examines trauma-specific factors in transcultural and culture-specific prediction of DESNOS. A total of 3048 study participants were randomly selected from four post-conflict countries representing different regions of the world: North Africa (Algeria), East Africa (Ethiopia), Southeast Asia (Cambodia), and the Middle East (Gaza). Participants were these evaluated for lifetime history of trauma exposure, PTSD and DESNOS. Overall prevalence of DESNOS ranged from 2–13%, with substantially higher prevalence of the six individual DESNOS symptom clusters: Affect Dysregulation (13–25%); Dissociation (23–56%); Somatization (12–54%); and Alterations in Self-Perception (15–31%), Relations with Others (25–66%) and Systems of Meaning (28–65%). Statistical models will test the predictive relationship of trauma-exposure characteristics—including trauma type, onset, duration and number-on DESNOS outcomes within and across cultures studied. Findings will be discussed within the context of a phenomenological model of extreme stress response that posits and tests the presence of (a) universal versus culture-specific underlying processes of disturbance; and (b) associated transcultural versus culture-specific symptom expression.

Models of Mental Health Services for Refugee Children

Symposium (culture) — PDR #4, 3rd Floor

Endorsed by the Diversity and Cultural Special Interest Group

Birman, Dina, PhD, University of Illinois at Chicago and National Child Traumatic Stress Network

Four presentations will describe different treatment approaches used with traumatized refugee children by representatives of three sites within the National Child Traumatic Stress Network. The first presentation will outline different paradigms of service in the refugee mental health field, and then each of the sites will describe their unique approach.

The Intercultural Child Traumatic Stress Center of Oregon

Kinzie, David, MD, Department of Psychiatry, Oregon Health Sciences University

The Intercultural Child Traumatic Stress Center of Oregon targets the most impaired refugee and immigrant children, with special emphasis on Spanish speaking and Vietnamese. We outreach to schools and refugee groups and and accept referrals of children who meet some criteria of traumatic experience. We use our bilingual counselors to gather information and serve as interpreters for the child psychiatrist. The assessment and treatment are done by the psychiatrists in the clinic. This "medical" approach identifies the

most impaired and disturbing children of parents, counselors and teachers. Our clinical experience confirms the severity of the cases and indicates that clinical presentations differs much from the community approaches. There are 3 main types of patients treated: (1) those that have suffered the direct effect of trauma; (2) those whose parents have suffered and the children have the indirect effects often related to poor parenting; and (3) those whose families have endured trauma but on evaluation the child's clinical symptoms are unrelated to trauma, i.e. mental retardation or early psychosis. We will present data and case histories demonstrating these points.

International FACES: Framing Culture and Family

Batia, Karen, PhD, Chicago Health Outreach and National Child Traumatic Stress Network

Chicago Health Outreach's International FACES provides comprehensive, community-based mental health services for traumatized refugee, asylee and asylum seeking children and their families who have experienced the trauma of war and displacement. Chicago Health Outreach (CHO) is the health care partner of Heartland Alliance for Human Needs & Human Rights, formerly Travelers & Immigrants Aid. Tracing its roots to the Jane Addams Hull House movement, Heartland Alliance has worked since 1888 with the most impoverished and vulnerable residents of Chicago. A variety of services including: case management, individual and group psychotherapy, art therapy, occupational therapy, and psychiatric assessment and treatment are provided by a multidisciplinary treatment team often refugees themselves and trained interpreters. Services are provided in the community, on-site at schools and in participants' homes. Clinical work is based on providing holistic care within the context of the culture and values of the family and refugee community. In addition, International FACES provides community services including outreach and engagement into services, stigma reduction, consultation, education and training, and advocacy.

Conceptual Underpinnings of Treatments for Refugee Children

Birman, Dina, PhD, University of Illinois at Chicago and National Child Traumatic Stress Network; Jones, Curtis, MA, University of Illinois at Chicago; Pulley, Emily, MPA, University of Illinois at Chicago; Basu, Archana, MA, Heartland Alliance for Human Rights and Human Needs, International FACES Program

The field of refugee mental health has been gaining increasing attention as world crises continue to create large refugee flows (Marsella et al., 1994). With respect to refugee children, a large body of research has documented that refugee children exhibit symptoms of PTSD at alarmingly high rates, as high as 75% in community samples in some studies (Allwood, et al., 2002). In addition to traumatic stress, refugee children experience acculturative stress (c.f. Berry, 1994; 1998, Birman & Trickett 2001) as well stresses associated with migration and displacement. However, few of these children receive services for a number of reasons such as stigma associated with seeking mental health care and lack of sufficient resources within the U.S. mental health system to provide easily accessible and culturally competent services. This presentation will describe the context within which the U.S. refugee mental health field emerged and outline the development of treatment approaches in the field. Conceptual frameworks that shape understanding of the problems and treatment approaches for refugee children will be offered to consider the commonalities and differences of those described in the three presentations that will follow. These frameworks will help facilitate a discussion of improving mental health services for refugee children.

An Integrated Approach to Treating Refugee Children and Their Families

Grant-Knight, Wanda, PhD, Boston University School of Medicine

The Center for Medical and Refugee Trauma in the Department of Child and Adolescent Psychiatry at Boston Medical Center/Boston University School of Medicine is devoted to the development of new treatments for children and families who have experienced war, displacement and resettlement stress. This presenter will outline an integrated treatment approach the Center has been developing that informs the conceptualization of work with these children and their families. This approach, Neurons to Neighborhoods, is based on the assumption that the most effective interventions for children must be built upon a solid scientific foundation of child development. Accordingly, this model integrates the most recent understandings about: 1) the dynamic relationship between brain and environment; 2) the critical role of social context for child development; 3) the primacy of relationships for the developing child; 4) the ongoing dynamic interplay between sources of risk and resilience across all levels of the social environment (i.e., individual, family, school, peer group, and neighborhood) and the need to intervene across these multiple levels; and 5) an appreciation of the need to view the assessment and intervention process through a cultural lens that will inform clinical work and engage families to overcome treatment barriers.

Complex Sequelae of Disorganized Attachment and Unresolved Trauma

Symposium (child) — **State Ballroom, 4th Floor**

Featured Symposium

Stovall-McClough, Chase, PhD, New York University School of Medicine, New York University Child Study Center, Institute for Trauma and Stress; Lieberman, Alicia, PhD, University of California, San Francisco

This symposium brings together three studies that examine the consequences of unresolved childhood trauma for later psychopathology and interpersonal functioning from an attachment perspective. The symposium moves from a focus on infant attachment disorganization and adolescent dissociative symptoms, to two studies of adults with unresolved attachment states of mind.

Disorganized Attachment, Borderline Traits and Child Abuse Potential

Alexander, Pamela, PhD, Albert Einstein Healthcare Network

Disorganized attachment is known to be associated with a history of abuse (Carlson, Cicchetti, Barnett, & Braunwald, 1989), with parent-child role reversal and dissociation (Liotti, 1992), with the development of borderline personality traits (Fonagy, 1999), and with later controlling and aggressive behavior (Main & Cassidy, 1988). Moreover, problems with or distance from both parents are required in order for the child to need to depend on the abusive parent as the primary attachment figure (Anderson & Alexander, 1996). A presentation based on this model of intergenerational transmission of abuse is tested in a sample of mothers and fathers participating in the Marines' New Parent Support Program (a home-visitation child abuse prevention program). Child abuse potential in both genders is indeed associated with a history of abuse (especially sexual abuse), with distance from both parents, with current borderline personality traits, with fearful or preoccupied attachment, with marital distress and conflict, with problems in affect regulation, with dissociation and with role reversal with one's own child. Implications for theory and treatment are described.

Disorganized Attachment and the Relational Context of Dissociation

Lyons-Ruth, Karlen, PhD, Harvard Medical School

While dissociation has been related to severe and chronic abuse, many traumatic events do not result in serious symptomology. A model of fear regulation based on attachment theory would suggest that the impact of traumatic experiences is partially buffered by the quality of comfort and security available in primary attachment relationships or is exacerbated by relational processes that contribute to maintaining dissociation of mental contents. Two 20-year longitudinal attachment studies of families at social risk have now followed their cohorts of infants to late adolescence, one at the University of Minnesota and in our own lab. Several key findings have emerged related to outcomes of interest to the study of trauma. First, data from both studies indicate that disorganized attachment behaviors in infancy are important precursors to later dissociative symptomatology. Second, this early vulnerability is related to patterns of parent-infant affective communication, particularly "quieter" behaviors like emotional unavailability or role reversal, and does not appear to reside in the infant alone. Severity, chronicity, and age of onset of trauma do not account for as much variance in adolescent dissociative symptoms as do early caregiving and attachment status. The results suggest that the quality of the attachment relationship may partially account for why some people exposed to later trauma develop dissociative symptoms and others do not.

Unresolved Trauma and CA-Related PTSD in Treatment-Seeking Women

Stovall-McClough, Chase, PhD, New York University Child Study Center; Cloitre, Marylene, PhD, New York University Child Study Center

Both the trauma and attachment literatures suggest that when childhood abuse occurs in the context of insensitive or chaotic caregiving, aspects of traumatic experiences may be left unevaluated and unintegrated in memory. A failure to complete a process of mental reorganization following at traumatic event is thought to underlie both the development of PTSD and the uniquely incoherent speech seen in the Adult Attachment Interview by those classified as Unresolved. The link between unresolved attachment and PTSD is important because several studies have demonstrated that adults who are classified as Unresolved with regard to trauma are likely to develop Disorganized attachment relationships with their infants (van Ijzendoorn et al., 1995), thus promoting the intergenerational transmission of trauma. In the first study presented, we examined rates of Unresolved attachment among treatment-seeking women with histories of childhood abuse with PTSD, borderline personality disorder, and neither disorder. Data indicate that women with histories of abuse with PTSD and BPD can be distinguished from women without trauma-related diagnoses on the basis of their classifications on the AAI. In the second study, we present preliminary data on change in attachment states of mind following two cognitive-behavioral treatments for CA-related PTSD (skills training versus exposure).

Race, Ethnicity and Trauma: Treatment, Education and Policy

Symposium (culture) **Crystal Room, 3rd Floor**

Endorsed by the Diversity and Cultural Special Interest Group

Webb, Earnest, PhD, MSW, PC, Private Practice; Armstead, Ron, MCP, Congressional Black Caucus Veterans Braintrust

Presenters will discuss racial and ethnic perspectives focusing on incidence, etiologies and treatment options for PTSD in the wake of war, terrorism, community violence, child abuse and neglect in the minority community. In addition, to a unique Howard University Center for Drug Abuse Research sponsored multi-disciplinary conference approach for enhancing culturally competent treatment, and/or effective cross-cultural counseling techniques.

Community Violence, Terror from Within

Poag, Clyde, MSW, Rational Training Consultants

For eighteen years I provided clinical services to Vietnam veterans in an urban Vet Center located in Grand Rapids, Michigan, and am presently working in Detroit, as Clinical Director of a large social service agency. In these capacities, I have witnessed the ravages of urban violence and trauma. As one of many urban clinicians who are being bombarded with sociological problems such as crack, heroin, legal and illegal drug use, depression, suicide attempts and overdoses, and child abuse and neglect. For us the urban community setting has taken on the trappings of a war zone. With African Americans seeking clinical services at the mercy of euro-centric interpretations, or labels, without the benefit of research, which presents an accurate picture of African American family life, cultural strengths, and resiliency. Clinicians and clients alike are often placed under enormous pressure to navigate African American and Anglo-American cross-cultural differences. With many clinicians advocating the need for more effective counseling techniques that offer self-help, cross-cultural, and non-judgmental treatment approaches. Rational Behavior Therapy (RBT) as formulated by Dr. Maxie Maultsby is such an approach. It is a self-counseling approach, which teaches people to counsel themselves.

Howard University, African Americans and PTSD: A Retrospective

Bailey, Ura Jean Oyemade, PhD, Center for Drug Abuse Research, Howard University

The Howard University African American Conferences on PTSD continued the visionary work started in the early/mid 80s by the Black Veterans Working Group, Congressional Black Caucus Veterans Briantrust, and National Medical Association. With one of the primary focuses of these annual conferences being to highlight the need for more cultural sensitivity in diagnosing PTSD in African American veterans, and to recognize the frequently occurring dual presentation with mental disorders and substance abuse. The Center for Drug Abuse Research at Howard University and the Department of Psychiatry, Howard University Hospital served as the coordinating bodies for the implementation of the conferences. The conferences convened experts such as Dr. H. Westley Clark, Dr. Bambade Shakoor-Abdullah, Dr. Ledro Justice, Dr. Beverly Coleman-Miller, and many others from various disciplines to address the issues surrounding terrorism, trauma, and PTSD in the African American community, and mechanisms for improving early intervention efforts to decrease the risk of PTSD. Further, these annual conferences addressed recurring themes crucial to understanding and adequately addressing the occurrence of PTSD due to combat exposure, increased community violence, domestic violence, child abuse, and the effects of the September 11th bombing and anthrax attacks on the Greater Metropolitan Washington community and beyond.

Post Traumatic Stress Disorder: A Latino Perspective

Martinez, Mercedes, MD, Lawndale Mental Health Clinic

Latino/Hispanic Americans number approximately 37 million in the USA. They are a heterogeneous population. Central American refugees have a 33–60% incidence of PTSD. There are only 4.3% physicians and less in other skilled health fields that are Hispanic. This poses a dilemma for the culturally competent treatment for Hispanic patients. Lack of bilingual staff at one agency lead to an incidence of secondary PTSD that developed in a child of a Hispanic patient, who was translating for her. One of the most prevalent etiologies for PTSD continues to be inner city violence. Homicide is one of the leading causes of death and dysfunction striking young Latinos, as well as African Americans. The incidence of Latino homicide rate is two and a half times the homicide rate for Caucasians. Ongoing racism, poverty, lack of access to care, acculturative stressors, and daily fears (by children of undocumented Latinos) of arrest and deportation of their parents and relatives

by the INS, and other factors continue the traumatization of Latino/Hispanic Americans.

Grantwriting 101

Workshop (train) Parlor A, 6th Floor

Koenen, Karestan, PhD, National Center for PTSD; Keane, Terry, PhD, National Center for PTSD; Street, Amy, PhD, National Center for PTSD; Valera, Eve, PhD, Harvard University School of Medicine; Breiling, Jim, PhD, National Institute of Mental Health

This workshop is sponsored by the Research SIG and was organized at member's request. The workshop is oriented towards post-docs, junior faculty, and others with little or no grant writing experience interested in obtaining grant support for their research. The workshop will take participants step-by-step through the grant writing process beginning with how to develop a fundable research idea, identify the appropriate funding agency, interact with the funding agency, write the grant, and put together the final "package" to be submitted. A representative from the National Institute of Mental Health will be present to answer questions and provide informational materials to participants. The panel will include senior, experienced, and successful grantwriters as well as junior faculty who have been successful in obtaining initial funding for their research. Participants should attend the workshop armed with questions!

Assisted Recovery from Trauma and Substances: A Treatment Approach

Workshop (practice) Parlor H, 6th Floor

Triffleman, Elisa, MD, The Public Health Institute; Wong, Philip, PsyD, The Public Health Institute

PTSD and substance use disorders frequently co-occur, resulting in an on-going need for treatment addressing and sensitive to both disorders. Assisted Recovery from Trauma and Substances (ARTS) is an integrative therapy for the concurrent treatment of PTSD and substance abuse. This clinically-oriented workshop will focus on the treatment principles and approach offered by ARTS. ARTS was initially developed for use in a research framework and has been pilot tested in two US samples. These studies have indicated that subjects preferentially attend ARTS in comparison with manualized treatments for substance abuse alone. Other study results will be briefly presented. ARTS is a cognitive-behavioral individual therapy designed for outpatients, utilizing a two-phased approach. In the first, or substance-focused trauma-informed phase, patients receive psychoeducation and coping skills training for both PTSD and substance abuse. In the second or trauma-focused, substance-informed phase, patients receive PTSD-specific interventions (including prolonged and in vivo exposures) while continuing active monitoring of addiction-related behaviors and cognitions. Toxicology screening for substance use occurs throughout treatment. The workshop will include discussion of the typical session format and of session topics. Videotaped clips of therapy sessions will illustrate how ARTS is implemented and some common therapeutic dilemmas will be discussed.

Developing a Curriculum on Trauma for Psychiatry Trainees

Workshop (culture) PDR #5, 3rd Floor

Anzia, Joan, MD, University of Illinois at Chicago; Smajkic, Amer, MD, University of Illinois at Chicago; Flaherty, Joseph, MD, University of Illinois at Chicago; Griffith, James, MD, The George Washington University Medical Center

Trauma is often explicitly social in origin and more often the responses to trauma are highly enveloped by social and cultural phenomena, including the responses of psychiatric professionals. Modern psychiatry's advances in neuroscience and psychological diagnosis and treatment have made valuable contributions, but have left less room for consideration of other dimensions. Training in modern psychiatry may also fail to adequately address the actual experiences, emotions, and memories of resident trainees, who are not uncommonly directly or indirectly linked to trauma, through family, community, societal, ethnic or political experiences, both in the domestic and international contexts. Addressing these dimensions requires that resident educators are grounded in multidisciplinary concepts and approaches which directly engage the social, cultural, ethical aspects of trauma. Most importantly, residency educators need to be able to translate these intellectual propositions into learning experiences, where residents are encouraged to think "out of the box" regarding social, cultural and ethical dimensions, and to integrate these propositions into the development of professional competency and identity. This presentation will share examples of specific curricular initiatives, ranging from the traditional to the innovative. Audience members will be encouraged to share examples from their own training programs illustrating successes, obstacles, opportunities, and challenges.

American Indian Trauma Responses in the Wake of 9/11 and Bioterrorism

Workshop (culture) Parlor B, 6th Floor

Yellow Horse Brave Heart, Maria, PhD, The Takini Network & Research, University of Denver; Yellow Horse, Susan, MSW, LCSW, The Takini Network Inc., University of Denver; DeBruyn, Lemyra, PhD, The Takini Network Inc.

The purpose of this workshop is to increase participants' understanding of American Indian historical trauma and its relationship to Indian responses to 9/11, bioterrorism, and war. Historical trauma is cumulative emotional wounding across generations, including one's own lifespan, emanating from massive group trauma (Brave Heart, 1998, 1999, 2000). The historical trauma response (HTR) is a constellation of features in reaction to intergenerational traumatic history, similar to the survivor's child complex found among Jewish Holocaust descendants and Japanese American internment camp descendants. HTR may include: depression, suicidal behaviors, poor affect tolerance, psychic numbing, hypervigilance, trauma fixation, somatic symptoms, survivor guilt, anger, victim identity, loyalty to ancestral suffering, and identification with the dead. The events of 9/11, bioterrorism, and war may be viewed as historical trauma triggers among American Indians: re-experiencing the trauma of being attacked on their traditional homelands and fear of smallpox infestation, reminiscent of deliberate trading of smallpox-infected blankets with tribes. This workshop will (1) describe American Indian historical trauma and HTR; (2) elucidate the impact of 9/11, bioterrorism threats, and war upon American Indians; (3) present qualitative date from Native search and rescue teams that went to Ground Zero; and (4) present effective HTR interventions with American Indians.

Client-Centered Therapy for Children's Traumatic Grief

Case Presentations (child) Parlor F, 6th Floor

Goodman, Robin, PhD, New York University School of Medicine; Brown, Elissa, PhD, New York University School of Medicine; Valerian, Alison, PhD, New York University School of Medicine

Empirical literature on the construct and treatment of children's traumatic bereavement is only beginning to emerge. Studies indicate that clinicians typically use both client-centered and cognitive behavioral techniques when working with these families. The first randomized controlled trial of children's traumatic bereavement is underway with families of uniformed service personnel (firefighters, police, port authority, emergency medical services) who were killed during the World Trade Center attack on September 11th, 2001. Families are evaluated at pretreatment and randomly assigned to client-centered or cognitive behavioral therapy, both of which consist of 16 weekly sessions of individual child and parent therapy. Post-treatment and six-month follow-up evaluations are conducted following treatment. Children's mental health outcomes include traumatic grief, posttraumatic stress disorder, depression, and exter-

nalizing behavior problems. The proposed paper is a case presentation of client-centered treatment CCT) of a bereaved adolescent girl. The case will be described according to the concepts of the traumagenic model, specifically betrayal, stigmatization, powerlessness, and behavioral dysregulation. The manifestations of these core concepts in the clinician-parent and clinician-child therapeutic relationship, and their relevance to the session themes will be described. The identification of trauma and grief related themes as well as developmentally specific tasks also will be highlighted.

Cognitive Behavioral Treatment for Children's Traumatic Grief

Brown, Elissa, PhD, New York University School of Medicine; Goodman, Robin, PhD, New York University School of Medicine; Pearlman, Michelle, PhD, New York University School of Medicine

Empirical literature on the construct and treatment of children's traumatic bereavement is only beginning to emerge. Studies indicate that clinicians typically use both client-centered and cognitive behavioral techniques when working with these families. The first randomized controlled trial of children's traumatic bereavement is underway with families of uniformed service personnel (firefighters, police, port authority, emergency medical services) who were killed during the World Trade Center attack on September 11th, 2001. Families are evaluated at pretreatment and randomly assigned to client-centered or cognitive behavioral therapy, both of which consist of 16 weekly sessions of individual child and parent therapy. Post-treatment and six-month follow-up evaluations are conducted following treatment. Children's mental health outcomes include traumatic grief, posttraumatic stress disorder, depression, and externalizing behavior problems. The proposed paper is a case presentation of the cognitive behavioral treatment (CBT) of a young boy whose father died. CBT is divided into two phases: (1) skill building, to address the traumatic nature of the death (affect regulation, relaxation, cognitive techniques, and gradual exposure), and (2) structured activities, to promote the bereavement process (by helping the family mourn the death). Each phase of CBT will be presented in the context of the evaluation findings and developmental considerations. Implications for the development of a comprehensive treatment model for traumatic grief will be discussed.

2:30 p.m.–3:45 p.m.

Family Systems and Culturally Sensitive Trauma Treatment

Consultation (culture) **Wabash Room, 3rd Floor**

Hardy, Ken, PhD, Department of Family Studies, Syracuse University

In many cases, the symptoms associated with mental illness stems from acute and often times chronic exposure to trauma. Therefore, to effectively treat mental illness, a paradigmatic shift is required that will allow providers to conceptualize and ultimately treat mental illness from a trauma sensitive perspective. A trauma sensitive approach is particularly critical when working with patients who are members of marginalized groups. For those who are poor, people of color, and/or female example, experiences with racism and sexism also can inflict trauma wounds. Moreover, because of the lack of strong ecological orientation with respect to understanding and treating mental illness, too many of our systems of care often inadvertently re-traumatize those who are already suffering from the wounds of familial and socioculturally-based trauma.

This workshop will outline the parameters of a multicultural, systemic approach to trauma sensitive mental health diagnosis and treatment. Special attention also will be devoted to examining how issues of class, race, and gender shape the provision of mental health care. Special emphasis will be placed upon discussing culturally competent ways of relating to patients, especially those who are marginalized on the basis of class, race, and/or gender.

International Trauma Training of Primary Care Providers

Panel (disaster) **State Ballroom, 4th Floor**

Eisenman, David, MD, MSHS, Rand Corporation and University of California at Los Angeles School of Medicine; Agani, Ferid, MD, Kosovo Federal Ministry of Health; Rolland, John, MD, University of Chicago, Department of Psychiatry; Danieli, Yael, PhD, Group Project for Holocaust Survivors and Their Children

This presentation of the Task Force on International Trauma Training addresses current activities and concerns of this ISTSS/RAND collaborative initiative. International trauma training is increasingly focused on training primary care providers (PCPs) to care for the mental health consequences and ongoing threat of mass violence. Despite practical and conceptual overlaps between primary care and mental health, it is still necessary to determine what such training is trying to achieve. David Eisenman will present the ISTSS/RAND Guidelines for International Trauma Training of Primary Care Providers. Innovative topics for the next millennium, including the nexus of mass trauma and HIV risk behavior, have pushed these guidelines into new territories. Second, Ferid Agani, Kosovo's Deputy Minister of Health, will apply the guidelines to frame his analysis of Kosovo's experiences with trauma training of PCPs. Third, John Rolland will present a collaborative and resilience-based, family systems approach to PCP trauma training that highlights the relationship of the guidelines to pioneering mental health interventions. The discussant, Task Force co-chair Yael Danieli, will discuss future directions that ISTSS and the guidelines can take in the changing global environment. Ample time will be available for dialogue on these and other possible Task Force activities.

Integrating Treatments in the Wake of Trauma: When, Who and How?

Panel (clin res) **Crystal Room, 3rd Floor**

Monson, Candice, PhD, VA National Center for PTSD and Dartmouth Medical School; Friedman, Matthew, MD, PhD, VA National Center for PTSD and Dartmouth Medical School; Watts, Bradley, MD, White River Junction VARO & MC and Dartmouth Medical School; Rothbaum, Barbara, PhD, Emory University School of Medicine; Price, Jennifer, PhD, National Center for PTSD and Dartmouth Medical School

Several psychosocial and psychopharmacological therapies have been established as powerful interventions for posttraumatic reactions. Medications and psychotherapy are often used simultaneously in clinical practice, in spite of relatively little empirical research about how these interventions should be integrated or timed to best ameliorate trauma sequelae. Meanwhile, there are limitations to existing empirically supported treatments, including problems in delivery (e.g., high attrition rates) and variable outcomes (i.e., 25% to 60% have diagnosable conditions post-treatment and at follow-up). The panel will discuss data on innovative biological (e.g., atypical antipsychotics, ECT) and psychosocial (i.e., Brief Integrative Therapy, Cognitive-behavioral Couple's Therapy for PTSD) therapies, and the integration of interventions (e.g., antidepressants and exposure therapy, adjunctive group therapy to facilitate individual exposure treatment). Particular attention will be paid to targeting micro- to macro-levels of functioning. Panelists and attendees will be invited to consider questions such as: How soon in the wake of trauma should intervention occur? Who should intervene with what? Is there an algorithm for the optimal sequence or combination of interventions? When does more intervention lead to fragmentation? Do medication and symptom-focused psychosocial treatments reduce the anxiety desired for some treatments and facilitate others? What are the short- and long-term considerations, including costliness?

Saturday, November 1

State of the Art: Research in Dissociative Identity Disorder (DID)

Symposium (frag) **Red Lacquer Room, 4th Floor**

Featured Symposium

Chefetz, Richard, MD, Institute of Contemporary Psychotherapy & Psychoanalysis

Drs. Boon, Draijer, Huntjens, and Dell will present their latest data on differentiation of imitated vs. genuine DID, inter-alter amnesia, and new diagnostic tools for DID, respectively. Dr. Chefetz will summarize their contributions and describe their clinical applicability.

Research on Inter-Identity Amnesia in Dissociative Identity Disorder

Huntjens, Rafaele, PhD, Department of Clinical Psychology, Utrecht University; Postma, A., Department of Psychonomics, Utrecht University; Peters, M., Department of Clinical, Medical, and Experimental Psychlogy, Maastricht University; Woertman, L., Department of Psychology, Utrecht University; van der Hart, Onno, PhD, Department of Clinical Psychology, Utrecht University

DID patients very frequently report episodes of inter-identity amnesia, in which an identity claims amnesia for events experienced by other identities. Whereas most clinical DID experts agree that DID is accompanied by a disturbance in episodic memory, they seem to disagree as to whether identities share implicit memory, such as priming and procedural memory, i.e., the expression of information without conscious recollection. We designed a series of cognitive studies to objectively determine the degree of information-transfer from one identity to another. Both explicit and implicit memory tests were used and both neutral and trauma-related material was included. Contrasting with previous studies, large patient samples were included (n >= 22) and special attention was given to exclude, or control for, the possibility of simulation of amnesia symptoms. The results of these critical studies all collude in that they showed evidence of transfer of information between identities. We therefore suggest that instead of an actual, objective inability to recall information, the patients' conviction of the inability to recall information seems central. Patients seem to lack the acknowledgement of remembered memories of other identities as belonging to themselves, which seems a direct result of their lack of an integrated feeling of identity.

Reconceptualizing DID: An Expanded Domain of Dissociative Experience

Dell, Paul, PhD, Trauma Recovery Center, Psychotherapy Resources of Norfolk

A subjective/phenomenological concept of dissociation has generated (1) a new understanding of the domain of dissociative experience, (2) a reconceptualization of dissociative identity disorder (DID), (3) new diagnostic criteria for DID, (4) a new MMPI-like measure of dissociation with five validity scales (Multidimensional Inventory of Dissociation; MID), and (5) new data that robustly support (a) the validity of the MID, (b) the reconceptualization of DID and (c) the proposed diagnostic criteria for DID. The proposed diagnostic criteria for DID consist of 23 dissociative symptoms that are organized into three symptom-clusters; (1) general dissociative symptoms, (2) symptoms that are partially dissociated from consciousness, and (3) symptoms that are fully dissociated from consciousness. The 23 dissociative symptoms have a Cronbach alpha coefficient of .98. A sample of 220 persons with DID were found to have a mean of 20.2 of the 23 symptoms. When compared to patients with borderline personality disorder (BPD), patients with DID had significantly higher dissociation scores. DID and BPD patients had similar levels of neurotic suffering (i.e., high) and endorsed similar numbers of rare symptoms (i.e., few). BPD patients, however, exhibited significantly more attention-seeking, factitious behavior, and manipulativeness than did DID patients.

The Differentiation of Imitated DID from Genuine DID

Boon, Suzette, PhD, Altrecht Regional Psychiatric Center (RPC); Draijer, N., PhD, Department of Psychiatry, Vrije University Amsterdam

Since the late eighties we have conducted systematic research on the diagnosis and differential diagnosis of dissociative disorders, in particular Dissociative Identity Disorder (DID) (Boon & Draijer, 1991, 1993a, b & c) .Gradually we were confronted with cases of imitated DID. Using the Structured Clinical Interview for DSM-IV Dissociative Disorders (SCID-D) for systematic assessment we compared cases of imitated DID with Genuine DID. We use the term "imitated DID" for patients who, partly unconsciously motivated, simulate a DID profile. We will present data on the clinical phenomenology of 36 patients with imitated DID and compare these with the data from our original study of 71 patients with genuine DID (Boon & Draijer, 1993 a & b). All patients with imitated DID met criteria for a personality disorder in particular borderline personality and histrionic personality disorder. In 55% of the cases of imitated DID the diagnosis was at one time confirmed by a clinician. The core dynamics behind DID symptom production in imitations of DID are 1) the avoidance of responsibility or feelings like shame for negative behaviors 2) the compensation for an overwhelming feeling of "not being seen, not being heard, not being recognized" and the "lack of identity". 3) getting more attention from clinicians and people from their support system.

Improving Treatment of Posttraumatic Stress Disorder

Symposium (clin res) **Monroe Ballroom, 6th Floor**

Bryant, Richard, PhD, University of New South Wales; Keane, Terence, PhD, National Center for PTSD

Psychological treatments of posttraumatic stress disorder (PTSD) are now attempting o increase treatment effectiveness through various approaches. Although cognitive behavior therapy (CBT) has been repeatedly shown to be effective in reducing PTSD symptoms across a wide range of populations, there is a need to develop approaches that increase the effectiveness of CBT for more trauma survivors. This symposium presents four treatment studies that focus on different attempts at increasing treatment effectiveness for PTSD. These attempts each address issues that potentially impede optimal treatment response in people affected by PTSD. These studies represent the most recent wave of treatment outcome research in the fields of PTSD. These approaches are building on proven approaches to extend their applicability to more people. Each of these studies adhered to gold standards of treatment outcome research. Overall, these studies provide innovative protocols in the treatment of PTSD and will be discussed in the context of the conference's theme of increasing treatment effectiveness.

Imaginal Exposure Vs. In-Vivo Exposure in Treating PTSD

Bryant, Richard, PhD, University of New South Wales

Exposure has been a highly efficacious intervention for posttraumatic stress disorder for many years. Exposure usually takes the form of either imaginal exposure to trauma memories or in vivo exposure to feared situations. Although exposure has been studied repeatedly in the treatment of PTSD, there is currently no reliable evidence pertaining to the relative efficacy of different forms of exposure. This paper reports the results of an ongoing study that compares four treatments of PTSD: (a) imaginal exposure, (b) in vivo exposure, (c) combined imaginal and in vivo exposure, and (d) supportive counseling. Treatment comprised 8 weekly 90-minute sessions administered on an individual basis. Civilian trauma survivors were randomly allocated to one of the four treatment conditions. Data will be presented on 80 patients who completed treatment. Imaginal exposure involves repeated exposure to memories of the traumatic experience. In vivo exposure involves graded exposure to a hierarchy of feared situations. Supportive counseling involved education, general problem-solving, and support. Participants were assessed, in part, with the Clinician Administered PTSD Scale, Impact of Event

Scale, and Beck Depression Inventory. Blind assessments were conducted at pretreatment, posttreatment, and six months posttreatment. Objective treatment fidelity ratings were conducted. Initial intent-to-treat analyses indicate that participants in the supportive counseling and in vivo exposure conditions had small reductions in PTSD symptoms than participants in the imaginal exposure condition, who in turn had small reductions than participants in the combined imaginal and in vivo exposure condition. More recent analyses will be provided and discussed in the context of the optimum form of exposure that should be provided with PTSD individuals.

Bringing a Manualized Treatment for PTSD to the Community

Cloitre, Marylene, PhD, New York University School of Medicine; Levitt, Jill, PhD, New York University School of Medicine; Davis, Lori, PhD, New York University School of Medicine; Miranda, Regina, MA, New York University Department of Psychology

PTSD treatments have been successful in very well specified trauma samples such as victims of rape or motor vehicle accidents. However, little is known about the success of such treatments in community settings. While there are clear advantages to randomized controlled trials, researchers need to move beyond the confines of efficacy studies to test the effectiveness of manualized treatments in the community. The current study examines the application of Skills Training in Affective and Interpersonal Regulation plus Modified Prolonged Exposure (STAIR-MPE) in a community sample of New Yorkers affected by the terrorist attacks of September 11, 2001. STAIR-MPE is a 16-session, sequential treatment designed to improve affective and interpersonal functioning and reduce PTSD symptoms in childhood abuse survivors with adulthood traumas of interpersonal violence. In early assessment of 9/11 survivors seeking treatment, it was found that the majority reported a previous trauma history, thus suggesting that STAIR-MPE could be an appropriate treatment for this sample. The effectiveness of STAIR-MPE will be compared to treatment as usual in the community. The presentation will focus on predictors of outcome, and differences between the two treatments on PTSD symptoms, depression, negative mood regulation capacity, social support and functional impairment at treatment end.

CBT for PTSD for Partial Treatment Responders

Foa, Edna, PhD, University of New South Wales; Hembree, Elizabeth, PhD, University of Pennsylvania; Rauch, Sheila, PhD, University of Pennsylvania; Cahill, Shawn, PhD, University of Pennsylvania

There is now considerable evidence that relatively brief treatment with cognitive-behavior therapy (CBT) can significantly reduce symptoms in many people with posttraumatic stress disorder (PTSD). However, in most of these studies there remains a group of participants who receive only a partial benefit from treatment. For purposes of experimental control, efficacy studies typically limit treatment to a specific number of sessions that is determined in advance by the investigator, and is not related to the progress of any particular study patient. This predetermined limit on the number of sessions raises the question, "Do partial responders to a standard course of treatment benefit from additional sessions of the same treatment, or do they require shifting to an alternative treatment?" This lecture presents data from a recently completed efficacy study of prolonged exposure (PE) with and without cognitive restructuring that incorporated a flexible decision rule to determine when treatment would be terminated. For participants who obtained a 70% reduction in self-reported PTSD symptoms by Session 8, treatment was terminated at Session 9. Participants who did not attain a 70% reduction were offered 3 additional sessions (12 sessions total). At Session 8, participants who met the criteria for termination had significantly lower PSTD severity scores (M = 8.7) than those who did not (M = 22.3), although the groups had not differed at the pretreatment assessment (Ms = 32.0 and 32.1, respectively). The group of partial responders showed continued reduction in PTSD severity after receiving additional treatment. However, an analysis of posttreatment scores revealed that early treatment responders had significantly lower levels of PTSD (M = 4.9) and depression (M = 4.7) than did participants who received three additional sessions (Ms = 11.6 and 9.1, respectively). These results suggest that individuals who show a partial response after a standard course of CBT may benefit from continued treatment.

Treating PTSD with Cognitive Processing Therapy or Prolonged Exposure

Resick, Patricia, PhD, University of Missouri, St. Louis; Galovski, Tara, PhD, University of Missouri, St. Louis

Both cognitive processing therapy (CPT) and prolonged exposure (PE) have been demonstrated to be effective for the treatment of PTSD and trauma-related depression among survivors of rape. In a study comparing CPT, PE and a delayed treatment control, more that 80% of each active treatment group lost their PTSD diagnosis, and good end-state functioning was found in 76% of the CPT and 58% of the PE treatment completers. The waiting group did not change. Because PTSD has been viewed as a chronic and treatment-resistant disorder, it is important to determine if the results of these protocols, albeit successful in the short term, continue to have a lasting effect over time. The purpose of this presentation will be to report on an ongoing effort to conduct comprehensive follow-up assessments on everyone who participated in the clinical trial comparing CPT and PE (Resick et al., 2002). There were 171 participants in the intent-to-treat sample who are being contacted and assessed at five years or more posttreatment. At the point of submission, 61 have been assessed: 24 CPT and 26 PE completers, and 11 who dropped out of treatment. We will compare data on PTSD, depression, cognitions, further treatment, and revictimization among these groups.

Recent Developments in Clinical Research on Complex PTSD II: Treatment

Symposium (clin res) — **Grand Ballroom, 4th Floor**

Featured Symposium

Endorsed by the Child Trauma Special Interest Group

Participants are advised that the presentation will include self-disclosure of personal information exercises asking participants to focus on past upsetting events.

Spinazzola, F., PhD, The Trauma Center, Boston University School of Medicine; van der Kolk, Bessel A., MD, The Trauma Center, Boston University School of Medicine

Children and adolescents exposed to chronic trauma routinely exhibit interrelated psychiatric and psychosocial difficulties beyond those targeted in treatments for PTSD. This symposium introduces three interventions designed to address these broader sequelae of childhood trauma in developmental context. Preliminary outcome findings are presented on trauma-related symptom reduction and impact on compromised domains of self-regulatory and psychosocial functioning.

Group Treatment for Adolescents with Complex PTSD

DeRosa, Ruth, PhD, North Shore University Hospital, Department of Psychiatry; Pelcovitz, David, PhD, North Shore University Hospital, Department of Psychiatry; Shannon, Maureen, MS, PhD, Nassau BOCES, TeenAge Parenting Program; Baker, Kristan, MS, North Shore University Hospital, Department of Psychiatry

This presentation will describe a community-based, pilot group therapy program for adolescents with Complex PTSD symptomatology. This manualized approach is based on three empirically validated interventions that were adapted and integrated in an effort to address the topics specifically relevant to exposure to chronic interpersonal violence while also addressing developmental issues

unique to adolescents. The broad treatment goals include 1) Managing the Moment: multiple sessions and practice assignments to help participants learn how to manage and to regulate their affect and impulses more effectively "here and now" when experiencing acute distress; 2) Building Coping Strategies: intended to help participants enhance their ability to cope with the impact of the trauma including psychoeducation, identifying emotions, thoughts and triggers, anger management, problem solving strategies; and 3) Enhancing Resiliency: designed to help participants identify current adaptations to the trauma that are working well and to enhance supports and buffers to the extreme stress. Clinical recommendations for work in community settings with at-risk adolescents will be explored. Preliminary findings from group work in residential treatment will be discussed.

Treatment of Adolescent Girls with Childhood Abuse

Cloitre, Marylene, PhD, New York University Child Study Center

Adolescent girls with childhood sexual and/or physical abuse show high rates of Posttraumatic Stress Disorder (PTSD) and have significant impairments in affect regulation and social competence. In addition, PTSD in adolescence is a powerful risk factor for the development of substance abuse problems, suicide attempts and revictimization. Thus, adolescence is a time of tremendous risk for multiple negative outcomes and there is urgent need for intervention during these years. We present a 16-week individual treatment program for adolescent inner-city girls organized into two sequential components: a 10-week module focused on Skills Training in Affective and Interpersonal functioning (STAIR) followed by a 6-week individual trauma-focused intervention that consists of narrative story telling (NST) about the traumatic experiences. The emphasis of the treatment, consistent with the developmental tasks of adolescence, is the organization of views about self that integrate trauma history with an emerging sense of self as competent and worthwhile. Throughout the treatment, therapist and client engage in partnership with community organizations to enhance skills in the "real world" and build success experiences. Preliminary data reveal improvements in PTSD symptoms, dissociation, depression, anger expression and social competence as compared to a supportive therapy and to skills training alone.

An Integrative Treatment Model of Child/Adolescent Complex Trauma

Lanktree, Cheryl, PhD, Miller Children's Hospital Abuse and Violence Intervention Center (MCAVIC)

This paper will describe empirically-based, integrated, multi-modal treatment approaches provided by a hospital-based multidisciplinary outpatient center for economically-deprived children and adolescents traumatized by physical and sexual abuse, domestic and community violence, and/or loss of family member. Due to extensive poverty, parental substance abuse, parent-child attachment issues, and multiple traumatic events, the majority of clients experience complex PTSD. Comprehensive clinical evaluations including standardized measures such as the Trauma Symptom Checklist for Children assess for symptoms of complex trauma such as dissociation and affect regulation (i.e., anger) as well as post-traumatic stress. As a Community Treatment and Services Center of the SAMHSA-funded National Child Traumatic Stress Network, treatment interventions continue to be expanded and refined to provide an optimal standard of care in a culturally diverse, high need community. Results will be presented from outcome studies examining the effectiveness of empirically-based, trauma-specific treatment models conducted in clinic- and school-based contexts. Individual treatment approaches to be discussed are assessment-driven targeting trauma symptoms and include play and art therapy, cognitive-behavior therapy, and attachment-based interventions while also emphasizing developmental aspects of trauma-specific symptoms. Group and family treatment approaches will also be discussed, as will circumstances for more extensive treatment due to complex psychological trauma.

Intimate Partner Violence: Threat Appraisal, Coping, and PTSD

Symposium (clin res) — Parlor F, 6th Floor

Dutton, Mary Ann, PhD, Georgetown University Medical Center

This panel will present empirical data from two studies involving female victims of intimate partner violence: one in the U.S. and the other in Japan. Individual papers will address threat appraisal, coping, and traumatic stress reactions among these women. The paper on threat appraisal will focus on factors that influence battered women's subjective perception or understanding of danger, as well as the level of predictive power of those appraisals for the realization of IPV-specific threats one year later. Two papers address coping. The first of these focuses on battered women's strategies for dealing with the effects or aftermath of intimate partner violence and the relationship between these strategies and posttraumatic symptoms. The second coping paper focuses on battered women's decision to remain in or leave an abusive relationship. Finally, a study of battered women in Japan examined effects of anger expression and parental behavior on PTSD of Japanese battered women. Treatment and policy implications for these findings will be addressed.

The Effect of Relationship Dynamics on Battered Women's Experiences

Bell, Margret, MA, Boston College; Goodman, Lisa, PhD, Boston College; Dutton, Mary Ann, PhD, Georgetown University

Many interventions with battered women rest on the assumption that women must end their relationships in order to improve their psychosocial functioning and decrease their experiences of violence. Advocates have begun to question this assumption, however, drawing from the well known finding that violence can increase when women leave their partners and anecdotal evidence that many battered women don't want to leave their partners. We set out to address this issue by comparing outcomes for women with different relationship trajectories, using a longitudinal sample of 400 low-income, primarily African American victims of IPV. Preliminary results indicate that women who stayed apart from their abusers over the course of the entire year reported a significantly higher quality of life ($p = .01$) and lower levels of physical abuse ($p = .03$), psychological abuse ($p = .00$) and stalking ($p = .04$) one year later (after controlling for initial levels of these variables) relative to women who stayed involved in the relationship even for part of that year. While these data support the notion that overall, women who separate from their partners are more likely to become violence-free and emotionally secure over time, they leave open the important question of how subgroups of women who follow different relationship pathways may fare.

Emotion-Focused Coping in Battered Women: Correlates and Outcomes

Kaltman, Stacey, PhD, Georgetown University Medical Center; Dutton, Mary Ann, PhD, Georgetown University Medical Center; Goodman, Lisa, PhD, Boston College

The prevalence of intimate partner violence and its negative mental health consequences are both astonishingly high and well-documented. However, very little is known about how battered women cope with the violence they experience and how coping efforts are related to mental health outcomes. The current study seeks to examine prospectively the emotion-focused coping strategies employed by battered women as well as the correlates and outcomes of emotion-focused coping use. The data presented are derived from a larger longitudinal study of a low-income, primarily African American community sample of battered women. The development and psychometrics of a new battered women's emotion-focused coping scale will be discussed. Overall, the sample employed many and varied emotion-focused coping strategies. At baseline, emotion-focused coping was negatively associated with depressive symptomatology ($p < .01$), level of violence ($p < .05$) and

level of psychological abuse (p < .01). Emotion-focused coping was positively associated with quality of life (p < .001). Emotion-focused coping use at baseline was predictive of higher quality of life (p < .001) and less cumulative violence (p < .01) four months later. Findings regarding the correlates and outcomes of substypes of emotion-focused coping will be presented and the clinical implications of these findings will be discussed.

Determinants of Battered Women's Threat Appraisal

Dutton, Mary Ann, PhD, Georgetown University Medical Center; Goodman, Lisa, PhD, Boston College; Weinfurt, Kevin, PhD, Duke University; Vankos, Natalie, MS, Georgetown University Medical Center; Kaltman, Stacey, PhD, Georgetown University Medical Center

Many victims of intimate partner violence (IPV) live with the ongoing threat of violence and abuse from their intimate partners. Indeed, women typically experience IPV repeatedly in their intimate relationship. In addition to the risk of revictimization, living with the continued expectation of future IPV can both constrain personal freedoms, as well as exact an emotional toll on victims. Indeed, a recent study of coping among women found that threat appraisal was a central component of stress (Hudek-Knezevic & Kardum, 2000). However, we know little about battered women's threat appraisal. The purpose of this paper was to examine potential factors associated with IPV threat appraisal among a sample of predominately low income, urban, African-American battered women. Univariate logistic regression analyses found that all violence variables (physical, sexual, stalking, psychological) and 10 other IPV risk factors significantly predicted total IPV threat appraisal at p < .001. Multivariate logistic regression revealed that stalking (OR = 10.7), psychological abuse (OR = 3.6), IPV during pregnancy (OR = 2.7), threat to kill (OR = 2.1), abuser's suicidality (OR = 1.9), and abuser's access to a gun (OR = 1.9) contributed uniquely to the prediction of women's own IPV threat appraisal. Further, women's IPV threat appraisal predicted actual IPV outcomes one year later. Implications for practice will be discussed.

Risk Factors of PTSD on Battered Women: Anger Expression/Parental Bahavior

Ishii, Tomoko, PhD, Tokyo Institute of Psychiatry, Setagaya-ku, Tokyo; Asukai, Nozomu, MD, PhD, Tokyo Institute of Psychiatry; Kimura, Yumiko, Musashino Women's University; Nagasue, Takako, MA, Musashino Women's University; Kurosaki, Michiko, MA, Shizu Clinic

We already reported that among battered women from a shelter in Japan (n=60) interviewed 40.0% (n=24) met DSM-IV criteria for PTSD by CAPS. The PTSD group was more variously and repeatedly victimized than those Non-PTSD group. The Anger-In which is the individual's typical tendency to suppress angry feelings is positively related to depression and PTSD (Tivis, L.J., et.al 1998). Over-Protection by the mother was significantly associated with depression (Parker G et. al, 1995). The purpose of the current study is to investigate the effects of anger expression trait and parental behavior on PTSD of battered women in Japan. Battered women from the shelter in Japan (n=55); PTSD group (n=18) and Non-PTSD group (n=37) were participants in the study. Measures include the State Trait Anger Expression Inventory (STAXI) and the Parental Bonding Instrument (PBI). The PTSD group's scores on Anger-In subscale of the STAXI (F= 3.67, df = 27.6, p < .0001) and Over-Protection Factor of Mother (F= 2.5, df =29.9, p < .05) subscale on the PBI were higher than for the Non-PTSD group. On the other hand, There were no significant differences in the Anger-Out and Anger-Control subscales of the STAXI and Care Factor and Over-Protection Factor of father and Care Factor of mother subscales of the PBI between the PTSD group and Non-PTSD group. Implications for treatments with battered women in Japan will be discussed.

Clinical Practice, Human Rights, and Impunity: Challenging Crossroads

Symposium (culture) **Parlor H, 6th Floor**

Endorsed by the Human Rights and Social Policy Special Interest Group

Fabri, Mary, PsyD, The Marjorie Kovler Center for the Treatment of Survivors of Torture

Who should be held responsible for crimes against humanity? Efforts to secure justice for human rights violations are being implemented internationally. Following an overview of laws and mechanism for prosecuting torturers, information collected through interviews with plaintiffs and clinicians who have participated in anti-impunity lawsuits will be presented.

The Pursuit of Justice Through Anti-Impunity Work

Portman, Scott, BFA, Heartland Alliance for Human Needs and Human Rights

Most survivors of torture are advocates for justice rather than retribution, and many consider the pursuit of justice a key factor in recovering their autonomy and dignity. Justice, as opposed to retribution, implies an impartial judicial process in which perpetrators are confronted with the consequences of their crimes, creating an accurate and public historical record. Over the last decade, there has been a dramatic expansion in international courts to obtain justice for torture survivors, such as the UN War Crimes Tribunals for Rwanda and the former Yugoslavia. The United Nations has recently established the International Criminal Court (ICC). Despite the United States failure to ratify the treaty for the ICC, civil and criminal laws provide an opportunity for torture survivors to initiate legal action against perpetrators entering the United States. This presentation will focus on the use of the courts, both local and international, to establish a record of human rights abuses, assess responsibility, and provide an opportunity for survivors' voices to be heard. A historical overview of laws and mechanisms for prosecuting torturers, current efforts to bring torturers to justice, and the future of universal jurisdiction for torture and other crimes against humanity will be discussed.

Anti-Impunity Work with Torture Survivors: The Clinician's Perspective

Gupta, Sonali, PsyD, International Institute of Boston; Fabri, Mary, PsyD, The Marjorie Kovler Centre for the Treatment of Survivors of Torture; Portman, Scott, The Marjorie Kovler Center for the Treatment of Survivors of Torture

Anti-impunity work may be a significant component of the clinician's therapeutic work with survivors of torture. This presentation explores the intersections and boundaries between various aspects of the therapeutic and anti-impunity work from the perspective of the clinician. A series of semi-structured interviews were conducted with five clinicians who provide psychotherapy services to survivors of torture and also engage in anti-impunity work. Clinicians described socio-political factors and personal motivations or ideologies as leading to and perpetuating their involvement in the torture treatment field and in the anti-impunity movement. They discussed their conceptualization of their role in the context of the psychotherapy and the anti-impunity work and stressed the importance of maintaining a clear sense of one's role in order to implement appropriate interventions. They described the therapeutic framework within which the anti-impunity work is carried out and the positive and negative effects of the this work on the therapeutic process and client-clinician relationship are considered. Finally, the interviewees also related the significant ways in which working with survivors of torture and engaging in anti-impunity work has influenced and impacted them in both their professional (e.g., countertransference) and personal (e.g., worldview, political beliefs) realms.

Saturday, November 1

Torture Survivors Creating Meaning Through Anti-Impunity Efforts

Fabri, Mary, PsyD, The Marjorie Kovler Center for the Treatment of Survivors of Torture

One aspect of psychological rehabilitation after a severe trauma, such as torture, is creating meaning for one's life after the event. Impunity often goes hand in hand with human rights abuses, and may deter psychological healing. How do anti-impunity efforts affect psychological outlook and symptoms? Structured interviews were conducted with four torture survivors who were plaintiffs in two successful anti-impunity cases in United States courts. The interviews included background information, personal motivation for filing, reflections on the legal process, and a self-assessment of psychological symptoms before and after their cases were heard. Two Bosnians and two Salvadorans were interviewed. Each reported different motivations for engaging in the cases. All four agreed that the opportunity to confront their perpetrators was a factor in making the decision to participate in the lawsuit. All four expressed an increase in fear after making the decision to participate. The number of psychological symptoms remained constant throughout the process, with all experiencing symptoms consistent with a diagnosis of Post Traumatic Stress Disorder. Although psychological symptoms were not alleviated, each survivor reported finding meaning or purpose from their experiences of exposing human rights violations in their country of origin, testifying in a judicial setting, and confronting their perpetrators.

Examining the Complex Puzzle of PTSD and Substance Abuse

Symposium (clin res) — Parlor A, 6th Floor

Riggs, David, PhD, University of Pennsylvania; Foa, Edna, PhD, University of Pennsylvania

These papers examine links among trauma, PTSD and substance abuse. One documents trauma/PTSD among persons treated for cocaine abuse; the second examines changes in PTSD during early abstinence; the third outlines steps to prevent substance abuse after trauma; the fourth evaluates a treatment program for comorbid PTSD and alcohol dependence.

Reductions in Trauma Symptoms During Alcohol and Cocaine Abstinence

Coffey, Scott, PhD, University at Buffalo, State University of New York; Schumacher, Julie, PhD, University at Buffalo, State University of New York; Brady, Kathleen, MD, PhD, Medical University of South Carolina; Dansky, Bonnie, PhD, CB Technologies Inc.

Previous research with substance users has demonstrated, across a variety of psychiatric disorders, significant decreases in psychological symptoms during early substance abstinence (e.g., Brown & Schuckit, 1988). Whether PTSD symptomatology adheres to this demonstrated pattern or whether PTSD symptoms increase during early substance abstinence has not been studied prospectively. Due to the high co-occurrence of trauma and PTSD in substance abusing populations, this important diagnostic issue may have serious treatment implications. This presentation will describe a study that prospectively assessed trauma symptoms over 28 days during early substance abstinence. Participants were 162 cocaine and/or alcohol dependent outpatients who reported a history of trauma that satisfied criterion A for PTSD (28% met criteria for current PTSD). Trauma-related symptoms, withdrawal symptoms, and substance use were assessed at 2, 5, 10, 14, 21, and 28 days following last substance use. Hierarchical linear modeling was employed to estimate changes in trauma and withdrawal symptomatology. PTSD symptoms and abstinence symptoms significantly declined across the study period regardless of withdrawal substance. Moreover, trauma and withdrawal symptoms declined irrespective of PTSD status. Since the findings from this study may be inconsistent with clinical assumptions of traumatized substance users, important diagnostic and treatment planning issues will be discussed.

An Acute Phase Intervention to Prevent Post-Rape Substance Use/Abuse

Acierno, Ron, PhD, Medical University of South Carolina; Resnick, Heidi, PhD, Medical University of South Carolina; Flood A., PhD, Medical University of South Carolina; Lebouef, F., PhD, Medical University of South Carolina; Kilpatrick, Dean, PhD, Medical University of South Carolina

Many rape victims experience extremely high levels of distress immediately post-rape, and are also at increased risk of long-term psychopathology and substance use or abuse. The degree of initial acute distress appears to predict future negative affect, and substance use may represent efforts to ameliorate this distress. Unfortunately, the nature of post-rape forensic evidence collection procedures may exacerbate initial anxiety, thereby potentiating post-rape negative emotional effects. To address this, a two-part video intervention was developed for use in acute post-rape time frames to: (a) minimize anxiety during forensic rape exams, and (b) prevent increased post-rape substance use and abuse. Pilot study data with 124 rape victims indicated that the low cost, easily administered intervention was effective in reducing risk of marijuana abuse at 6 weeks post-rape (5.1% of viewers vs. 16.1% of non-viewers). Non-statistically significant trends also were evident for reduced marijuana use. Trends were also evident in favor of the video intervention in the sub-group of women who were actively using substances pre-rape (among pre-rape alcohol users, 28% video viewers vs. 43% non-viewers met criteria for post rape alcohol abuse; among pre-rape marijuana users, the rates of post-rape marijuana abuse were 17% vs. 43%). A large-scale dismantling study is currently underway to determine which aspects of the intervention (e.g., exam distress minimization; psychoeducation to prevent symptom development) are associated with treatment gains.

Physical & Sexual Abuse, PTSD and Psychiatric Symptoms in Cocaine Dependent Women

Cook, Joan, PhD, University of Pennsylvania and Philadelphia VA Medical Center; Cacciola, John, PhD, University of Pennsylvania and Philadelphia VA Medical Center; Alterman, Arthur, PhD, University of Pennsylvania and Philadelphia VA Medical Center; Rutherford, Megan, PhD, University of Washington

This study examined the relationship between physical and sexual abuse, substance use, PTSD, and psychiatric comorbidity in a treatment seeking sample of cocaine dependent women (N = 137). 24.8% of women reported lifetime physical abuse, 17.5% reported sexual abuse and 33.6% reported physical and sexual abuse. Structured clinical interviews revealed that 13% percent of the sample met DSM-criteria for current PTSD. Comparisons between individuals with and without current PTSD revealed that individuals with PTSD had significantly higher rates of psychiatric symptomatology including depression. Possible psychiatric sequelae accompanying trauma including PTSD have highlighted the need for identification and treatment of trauma survivors among those seeking drug abuse treatment.

Treating PTSD and Alcohol Dependence Concurrently: Preliminary Findings

Riggs, David, PhD, University of Pennsylvania; Foa, Edna, PhD, University of Pennsylvania; Volpicelli, Joseph, MD, PhD, University of Pennsylvania; Rukstalis, Margaret, MD, University of Pennsylvania; Imms, Patricia, RN, University of Pennsylvania; Kalmanson, Danielle, BA, University of Pennsylvania; White, Lenea, MD, University of Pennsylvania

Posttraumatic stress disorder (PTSD) and substance use disorders (SUD) commonly occur comorbidly. Theory and data suggest a very complex relationship among the factors of trauma exposure, posttraumatic symptoms, and substance use/abuse that raises potential pitfalls for the treatment of PTSD and/or SUD. Treatments that target the SUD may result in increased PTSD symptoms leading patients to drop out of treatment. Conversely, treatments that target PTSD

symptoms may increase cravings for and use of substances. The present paper presents preliminary outcome data from a study that utilizes concurrent treatment with prolonged exposure, aimed at treating PTSD, and Naltrexone with supportive counseling, aimed at reducing alcohol dependence. Data from the first 50 participants in the treatment program indicate that the treatments are effective in reducing both PTSD symptom severity and alcohol consumption as long as the participants are able to complete at least 12 sessions. Additional results suggest that the drop-out rate from this program is comparable to that found in previous studies of the two independent treatments despite high rates of risk factors for drop-out (e.g., unemployment, homelessness). Discussion will focus on the promise of this concurrent treatment program and the adjustments necessary to discourage drop-out.

Posttrauma Emotional Functioning: Alexithymia and Emotional Numbing

Symposium (clin res) PDR #5, 3rd Floor

Vernon, Laura, PhD, Auburn University; Roemer, Lizabeth, PhD, University of Massachusetts at Boston

It is increasingly recognized that psychopathology is associated with disturbed emotional processing and functioning. Recent research and theory highlight the importance of considering emotional numbing and alexithymia in response to trauma. The purpose of this symposium is to highlight original research examining different aspects of emotional functioning following trauma.

Relations Among PTSD, Alexithymia, Attributions and Trauma Characteristics

Vernon, Laura, PhD, Auburn University; Berenbaum, Howard, PhD, University of Illinois at Urbana-Champaign

Recent research has documented disturbed emotional functioning following trauma. Elevated levels of alexithymia, a diminished ability to identify and describe one's emotions, has been reported in rape victims and holocaust survivors. The goal of the present study was to extend current research to examine associations among alexithymia, causal attributions, trauma characteristics, and current PTSD symptom level following a broad range of traumas experiences (e.g., motor vehicle accidents, physical assault, sexual assault). Undergraduate students who reported exposure to trauma (N = 150) during a verbal administration of the Life Events Questionnaire from the Clinician-Administered PTSD Scale completed the PTSD checklist, the Toronto Alexithymia Scale, and a measure to assess trauma characteristics (e.g., harm, loss) and attributions (e.g., internal, external). A multiple regression analysis was conducted with PTSD symptom level entered as the dependent variable and alexithymia, three attribution variables, and four trauma characteristic variables entered as the independent variables. PTSD symptom severity was positively predicted by alexithymia, psychological loss, and a feeling of contamination. Implications for future research and clinical applications for trauma survivors will be discussed.

Emotional Processing in Sexually Assaulted Women

Palmieri, Patrick, PhD, University of Illinois at Urbana-Champaign; Berenbaum, Howard, PhD, University of Illinois at Urbana-Champaign

Trauma researchers have utilized the emotional Stroop task to investigate attentional biases toward trauma-relevant information. Generally, such research focuses on diagnostic groups (PTSD, No PTSD), examines how color-naming response times to trauma-relevant words differ from those to other types of words (neutral, positive, general threat), and utilizes blocked stimulus presentation. However, it is also potentially valuable to examine emotional processing regardless of diagnostic status, not focus primarily on the processing of trauma-relevant stimuli, and use randomized stimulus presentation. The present study utilized a computerized emotional Stroop task to examine emotional processing in a sample of sexually assaulted college students (n=31) and control subjects (n=35). Neutral, positive, general threat, and trauma-relevant words were presented in randomized format and response latencies were recorded. Then participants completed the PCL and several emotion measures. A repeated measures ANOVA revealed a significant group by word-type interaction on Stroop response times. Among assaulted women, interference scores for positive words correlated negatively with the PCL Emotional Numbing subscale. Several composite scores were also created to examine different aspects of emotional numbing, and these showed distinct correlational patterns with the PCL subscales. Results will be discussed in terms of clinical implications and possible future research.

Alexithymia in Battered Women: Increasing Our Understanding

Valera, Eve, PhD, Massachusetts General Hospital Department of Psychiatry/Harvard Medical School; Berenbaum, Howard, PhD, University of Illinois at Urbana-Champaign

Alexithymia is a personality characteristic whose features include the diminished abilities to identify and verbally communicate one's own emotions. Elevated levels of alexithymia have been linked to trauma as well as mental health problems such as depression and posttraumatic stress disorder. Further, research suggests that assessing alexithymia may be valuable for understanding and treating psychological disturbances. Surprisingly however, there appears to be no research examining levels of alexithymia in battered women, or how alexithymia relates to battered women's trauma (e.g., partner abuse) or emotional functioning. Thus, in this study we assessed ninety-nine battered women using the Toronto Alexithymia Scale-20 and a battery of psychopathological and abuse history measures. Women were recruited from both shelters and community-based programs. Correlational analyses revealed that elevated levels of alexithymia were related to partner abuse severity over the past year. Further, alexithymia was also highly associated with general distress, worry, anxious arousal, anhedonic depression, and PTSD symptomatology. The relationship between alexithymia and partner abuse severity was significant independent of its relationship to these measures of psychopathology. These findings stress the need for more research examining alexithymia in battered women as well as the role alexithymia may play in the efficacy of intervention techniques.

Dissociative Symptoms and Auditory Hallucinations in Torture Survivors

Symposium (frag) PDR #4, 3rd Floor

Okawa, Judy, PhD, Center for Multicultural Human Services

This symposium describes the phenomenology of dissociative symptoms among torture survivors, utilizing the Trauma Symptom Inventory and clinical psychiatric interviews. Dissociative auditory hallucinations are distinguished from those of psychotic disorders, with which they are often confused. Clinical implications of these findings are discussed for the psychotherapy and pharmacotherapy of PTSD.

Psychiatric Treatment for Auditory Hallucinations in PTSD

Griffith, James, MD, Department of Psychiatry & Behavioral Sciences, George Washington University Medical Center

Psychiatric treatment for psychotic symptoms in PTSD has received little systematic study. Auditory hallucinations previously have been reported in 30% to 40% of combat-related PTSD, and PTSD in 45% to 55% of patients with schizophrenia. Distinguishing dissociative (posttraumatic) from schizophreniform hallucinations is important, since optimal therapies differ for each, and an incorrect attribution of psychosis can risk demoralizing a traumatized person. Based on a literature review and our current data, we propose as criteria for distinguishing dissociative from schizophreniform hallucinations:

Auditory hallucinations are more likely dissociative when maximal during nightmares or flashbacks; specific voices are recognized as actual memories; voices express trauma-related content; or, rarely, voices are felt as comforting presences of real people. Hallucinations are more likely psychotic when associated with cognitive impairments, delusions, or negative symptoms (apathy, amotivation, social withdrawal); or voices are multiple in number, speak continuously, or comment upon mundane details of daily life. First-generation antipsychotic medications have been reported to be ineffective for dissociative hallucinations. Our data suggest that dissociative hallucinations often remit alongside other post-traumatic symptoms with multi-modality trauma treatment. Second-generation, atypical antipsychotic medications have been consistently effective, often in low doses. Illustrative cases are presented.

Auditory Hallucinations Among Torture Survivors with PTSD

Gaby, Lynne, MD, Department of Psychiatry, George Washington University Medical Center; Griffith, James, MD, Department of Psychiatry, George Washington University Medical Center

Psychotic symptoms, particularly auditory hallucinations, have been reported among PTSD patients, but there has been no clear consensus regarding their diagnostic and treatment implications. This lack of clarity is significant for torture survivors with post-traumatic hallucinations. Misdiagnosis of a psychotic disorder risks both unnecessary treatment and a psychiatric labeling that can diminish the political and moral meaning of the person's suffering. A retrospective review of 108 new referrals to a political torture-survivor treatment program revealed that 28 (26%) reported auditory hallucinations during a routine diagnostic psychiatric evaluation. These hallucinations were not accompanied by other signs of psychosis, such as delusions or affective blunting. These voices most often reflected trauma-related content, but often occurred separate in time from re-experiencing symptoms, such as flashbacks and nightmares. 18 of 28 required no antipsychotic medication, with hallucinations resolving quickly with the initiation of a multi-modality treatment model. 10 others were treated with low-dose atypical antipsychotic medications with rapid improvement (olanzapine 5 mg daily, quietapine 100 mg daily, risperidone 1 mg daily, or less). These findings suggest that auditory hallucinations in torture-survivors do not typically reflect a co-morbid psychotic disorder and do not require antipsychotic medications as typically prescribed for Axis I psychoses, such as schizophrenia.

Hallucinations and Other Dissociative Symptoms in Torture Survivors

Okawa, Judy, PhD, Center for Multicultural Human Services

Torture survivors receiving treatment at CMHS's Program for Survivors of Torture and Severe Trauma in Falls Church, VA, present with a myriad of symptoms that go beyond the DSM-IV constructs of post-traumatic stress disorder and dissociation. Victims report experiencing extensive dissociative symptoms, including depersonalization (including out-of-body experiences), derealization, amnesia, emotional numbing, dissociative flashbacks, auditory hallucinations, somatoform symptoms (including paralysis and disconnection from one's own body or body parts), absorption, and identity disturbance. This presentation will report the results of a review of archival records of Trauma Symptom Inventory protocols of 60 torture survivors with a focus on auditory hallucinations and dissociative symptoms. The Atypical Response validity scale was elevated in 24 (40%) out of 60 records. In 36 records with non-elevated ATR scales, 9 (25 %) endorsed auditory hallucinations, and the following scales were elevated: Defensive Avoidance (83%) Intrusive Experiences (81%) Dissociation (58%), Anxious Arousal (53%), Depression (50%). Dissociative symptoms endorsed most frequently included: (1) absent-mindedness, (2) not feeling like your real self, (3) feeling things weren't real, (4) feeling like you're in a dream, (5) daydreaming, and (6) not being able to feel your emotions. Dissociation in torture survivors may be better understood within the ICD-10 construct of dissociation.

Values, Addiction and PTSD: Integrating Self and Spirituality

Workshop (practice) **PDR #8, 3rd Floor**

Young, Helena, MS, VA Sierra Nevada Health Care System/The National Center for PTSD, Palo Alto HCS; Donovan, Beverly, PhD, DVA Medical Center; Padin-Rivera, Edgardo, PhD, DVA Medical Center; Drescher, Kent, PhD, The National Center for PTSD/VA Palo Alto HCS

Trauma is about conflict and fragmentation; spiritual dissonance relates to the shattering of previously-held assumptions about justice, safety, and meaning. This workshop presents interventions that address spiritually-based self-integration conflicts for combat veterans dually diagnosed with PTSD and substance abuse. Two VA treatment programs (a partial hospitalization and outpatient intervention) in different regions of the country demonstrate the importance of spiritual issues to PTSD recovery, and ways to incorporate spiritual concerns into PTSD treatment. This workshop will examine the differences between religion and spirituality, ways to promote the exploration of values, barriers to goal-setting, forgiveness of self and others, grief and loss, and development of spiritual resources. The presentation incorporates concepts from Hayes' Acceptance and Commitment Therapy (ACT). Values definition and barriers to goal (e.g., sobriety) endorsement are discussed from the therapeutic perspective of confrontation of emotional avoidance. Meaning-making is conceptualized as comprehensibility (the ability to make sense of loss within an existing worldview) as well as benefit-finding (the discovery of significance vis-à-vis a new appreciation for life and the value of relationships). Assessment of treatment utility is directed towards changes in multidimensional aspects of spirituality and quality of life. Handouts detailing practical application of these concepts will be provided.

Treatment of BPD as a Disorder of Trauma, Attachment and Dissociation

Workshop (frag) **PDR #9, 3rd Floor**

Howell, Elizabeth, PhD, Institute Psychoanal. Study Trauma & Dissociation; Blizard, Ruth, PhD, Institute Psychoanal. Study Trauma & Dissociation

This experiential workshop is intended for clinicians at all levels of experience who treat complex trauma survivors. Accumulating evidence indicates that borderline personality has its etiology in complex, chronic trauma, neglect and double-bind relationships in the family of origin. An understanding of these etiological factors helps to form a framework for treatment of this often bewildering and challenging disorder. The hallmarks of BPD, namely, affect dysregulation, fear of abandonment, idealization and devaluation, explosive rage, and self-mutilation, will be examined in light of recent research on neurobiology, attachment, and dissociation. These characteristics will be explained as manifestations of dissociative fragmentation resulting from neurobiological state changes, disorganized attachment, traumatic reenactment, post-traumatic magnification of perceived threat, and avoidance of overwhelming memories. A relational approach to treatment, based on an understanding of the traumatic origins of these characteristics, will be demonstrated. Role-play of therapeutic interactions will be used to illustrate the empathic confrontation of destructive and self-defeating behavior. We will demonstrate how to marshal patients' strengths and overcome resistance to change by reframing these behaviors as initially adaptive responses to trauma with ultimately maladaptive consequences.

Lessons from Auschwitz: Making a New Life and Sharing a New Meaning

Workshop (frag) **Adams Ballroom, 6th Floor**

Kudler, Harold, MD, Duke University, Durham VA Medical Center; Fried, Hedi, MA, Stockholm Institute of Teachers´ Education; Albeck, Joseph, MD, Harvard University

A survivor shares her own experiences of adapting to a new life as well as the lessons she has learned regarding the psychology of the individual and the pedagogical methods that best promote this knowledge. Questions to be addressed include: What happens when silence prevails? How can trauma be worked through? Why do some people adapt easier than others? What are the salutogenic aspects of surviving trauma? Lessons learned about the psychological mechanisms behind the Holocaust will be reviewed such as the role of prejudices, the tendency to agree with the majority, the belief in one's own invulnerability, and the fine line between good and evil within all humans. Methods to teach about the Holocaust will be shared to include: Living History, the Authority established by the Swedish Government, the curriculum offered by the Stockholm Teachers University and the speaker's own program. Only after the trauma has been worked through can the survivor arrive at a new meaning for life. The act of advancing knowledge about the trauma and about the lessons learned can give such meaning to survivors of any trauma.

Pediatric Illness Injury: Models for Treating Traumatic Stress

Workshop (child) **Parlor B, 6th Floor**

Kazak, Anne, PhD, The Children's Hospital of Philadelphia; Saxe, Glenn, MD, Boston Medical Center; Stuber, Margaret, MD, University of California at Los Angeles

Understanding child and family responses to pediatric illness and injury from a traumatic stress framework is a relatively recent development with growing empirical support. An integrated model will be presented that conceptualizes illness and/or injury as potentially traumatic events with short and long-term opportunities to intervene to prevent or reduce traumatic stress outcomes. Examples of interventions will be discussed in detail, drawing on two case presentations. The importance of acute neurobiological intervention and treatment that impacts the child's social environment will be illustrated in the case of a 10-year-old boy burned on 30% of his body while playing with matches. Treatment during his 6-week hospitalization incorporated the impact of multiple surgeries that occur in the context of family conflict and divorce. A psycho-educational group intervention for parents of young children and adolescents who are undergoing organ transplantation will be also be described. These patients experience multiple invasive procedures, and parents who often feel helpless. Preventative approaches to the family to increase self-efficacy and decrease fear and helplessness are key in the treatment. A guided discussion among the presenters and audience will link the cases and model with recommendations for treatment more broadly in pediatric healthcare.

Closing Plenary Address

4:00 p.m.–5:15 p.m.

The Emerging Psychobiology of Trauma-Related Dissociation

Plenary (frag) **Grand Ballroom, 4th Floor**

Nijenhuis, Ellert, PhD, Mental Health Care Drenthe, Assen Cats-Polm Institute, Zeist Research School Psychology & Health

Participants are advised that the presentation will involve slight potential for some distress (a video fragment of a patient who has many traces of self-mutilation, mainly burns and cuts, will be shown).

Exciting recent studies on the psychobiology of trauma-related dissociation greatly enhance our understanding of how the body and the mind respond to overwhelming threat. This presentation reports the crucial findings of these innovative neuroimaging and psychophysiological studies of chronically traumatized and highly dissociative individuals. MRI studies of complex dissociative disorder patients reveal major brain abnormalities that correlate with the severity of dissociation and traumatization. Experimental neuroimaging and psychophysiological studies have tested the hypothesis that different types of dissociative parts of the personality have distinct psychobiological responses to perceived threat cues. Dissociative parts that are fixated on traumatic memories display reactions that are mediated by the action system of defense to bodily threat from a person (e.g., amygdala and insula activation). Parts that engage in flight, freeze, and fight involve sympathetic dominance, and parts that exhibit total submission seem to be controlled by parasympathetic dominance. Dissociative parts that are mediated by action systems for functioning in daily life inhibit cognitive and emotional awareness of threat cues, and block bodily feelings. This presentation will show that the understanding of dissociation as a structural division of the personality opens exciting avenues in the psychobiological study of traumatization and has profound clinical implications.

Thursday, October 30

Poster Organization

Each poster is presented Thursday, Friday or Saturday, starting at 10:00 a.m. and concluding at 6:30 p.m. Each day concludes with a Poster Open House where presenters will be available to answer questions from 5:15 p.m.–6:30 p.m.

Posters are organized by presentation day, and then by track within each day. Within each track, posters are listed in order by presenting author's last name. In addition, the index provided at the rear of the final program includes the presenting author of each poster. A floor map showing the location of posters will be available in the poster hall.

Poster Numbering System

Each poster is designated by a poster number that will be displayed in the upper right corner of each poster board. The first letter designates either Thursday, T; Friday, F; or Saturday, S. The next two numbers designate the track number. The last two digits are the poster number within that track.

Example: S04-03
Poster displays on Saturday, Track 4, 3rd poster in that track.

Conference Tracks

Sessions will be presented on a wide variety of topics grouped by track:

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

Thursday, October 30

T01–01 **assess**

Prevalence and Patterns of PTSD in Persons with Severe Mental Illness

Albert, David, PhD, Cambridge Health Alliance/Harvard University Medical School, Victims of Violence Program

This study investigated the prevalence and patterns of Post-Traumatic Stress Disorder (PTSD) in a multi-site stratified probability sample of 1,005 psychiatric aftercare patients in Chicago, Illinois. The results of this study confirm that PTSD disproportionately afflicts persons with severe mental disorders: the rate of 12-month PTSD in our sample was 21.12%. This study also confirms that PTSD is grossly underdiagnosed in clinical settings that serve persons with severe mental disorders: only 2.69% of our subjects had a chart diagnosis of PTSD. Rates of current PTSD were significantly associated with gender, race/ethnicity, and psychiatric diagnosis. Female subjects were significantly more likely than male subjects to have PTSD (26.89% vs. 15.42%). Hispanic subjects had the highest rate of PTSD (29.11%), followed by African-American subjects (20.15%), and non-Hispanic white subjects (12.60%). Rates of PTSD were highest among subjects with Bipolar Disorder (37.40%), followed by Obsessive-Compulsive Disorder (36.13%), Psychotic Disorder (32.51%), and Major Depressive Disorder (29.96%). Overall, seven demographic and diagnostic factors emerged as significant risk factors for PTSD (and for underdiagnosis): (1) female gender; (2) African-American race/ethnicity; (3) Hispanic race/ethnicity; (4) a comorbid Bipolar Disorder; (5) comorbid Obsessive-Compulsive Disorder; (6) a comorbid Psychotic Disorder; and (7) a comorbid Major Depressive Disorder.

T01–02 **assess**

Attentional Bias for Childhood Physical Abuse on a Modified Stroop

Baxt, Chiara, PhD, Fordham University; Bernstein, David, PhD, Fordham University; Broner, Nahama, PhD, RTI International

Research continues to explore the cognitive processing of those who develop PTSD after trauma. Studies using modified Stroop paradigms have established that individuals with PTSD demonstrate attentional bias for information related to rape, combat, and sexual abuse traumas. This study explored the nature of the relationship between recollection of trauma and attentional bias in childhood physical abuse survivors. Forty four criminal offenders with both major psychiatric and substance abuse diagnoses were administered a modified Stroop using physical abuse words, a validated retrospective report for childhood maltreatment (CTQ), and measures of their psychiatric diagnoses (DIS-IV) and symptoms (PCL-C). Regression analyses demonstrated that the relationship between explicit recall of physical abuse (CTQ) and attentional bias for physical abuse words (Stroop) was moderated by PTSD symptom severity (R2 changed from .031 to .139; F (1, 40) = 4.997, p = .03). In participants with higher PTSD symptoms, greater self-reported physical abuse was associated with greater attentional bias for Physical Abuse words; in participants with lower PTSD symptoms, greater self-reported physical abuse was associated with less attentional bias. This study extends existing research findings on the modified Stroop to physical abuse and suggests that PTSD symptoms intervene in the cognitive processing of trauma-related information.

T01–03 **assess**

Military Deployment Stress: New Inventory of Risk and Resilience

Chrysos, Elisa, VA Boston Healthcare System; National Center for PTSD; Vickers, Kristin, VA Boston Healthcare System, National Center for PTSD; Stein, Nathan, MA, University of Rhode Island; King, Lynda, PhD, VA Boston Healthcare System, National Center for PTSD; King, Daniel, PhD, VA Boston Healthcare System, National Center for PTSD; Vogt, Dawne, PhD, VA Boston Healthcare System, National Center for PTSD; Knight, Jeffrey, PhD, VA Boston Healthcare System, National Center for PTSD; Foy, David, PhD, Pepperdine University; Pless, Anica, VA Boston Healthcare System, National Center for PTSD; Samper, Rita, VA Boston Healthcare System, National Center for PTSD

Thirteen percent of the 700,000 men and women deployed to the Gulf War between 1990 and 1991 suffer from physical and/or psychological problems more than a decade later. The purpose of this project was to create an instrument to assess psychosocial risk and resilience factors for stress-related illnesses. Whereas most studies of Gulf War stressors have used measures developed for previous generations, we aimed for multiple measures of risk and resilience that would be content valid for contemporary deployments. Accordingly, we created the Deployment Risk and Resilience Inventory (DDRI). The study was divided into 4 phases. Phase 1 focused on content validity, using veteran focus groups to refine construct definitions and generate preliminary item sets. Examples of measured constructs are combat exposure, perceived threat, aftermath of battle, and war-zone social support. Data were obtained via 2 different methods: a telephone survey in phase 2 (N=357), and a mail survey in phase 3 (N=320). Estimates of internal consistency reliability (coefficient alpha), where appropriate, were quite good, ranging from .82-.91 (telephone) and .85-.94 (mail). The DDRI was validated in phase 4, a second telephone survey, via associations with self-reported physical and mental health and health-related quality of life in Gulf War veterans.

T01–04 **assess**

Assessment of Social Support Among Veterans with Military-Related PTSD

Daniels, Lori, PhD, Department of Liberal Arts, Hawaii Pacific University

This study is the first to psychometrically evaluate a measure of current social support for use among war veterans diagnosed with PTSD. Numerous studies in the past 20 years have found an inverse correlation between social support and post-traumatic stress disorder (PTSD). However, the social support literature is encumbered by a wide-spread inconsistency of social support measurement, with many studies not using existing validated measures. Identifying a valid social support measure with clinical utility among veterans diagnosed with war-related (PTSD) would be a helpful resource for clinicians. Using data from 689 veterans seeking treatment from a VA PTSD program, the reliability, factor structure, and construct validity of the Social Support Questionnaire (SSQ; Sarason, Levine, Basham, & Sarason, 1983) were evaluated. The hypothesis of this study was based on the theoretical assumption that social support (as measured by the SSQ), would be inversely correlated with severity of PTSD symptoms (as measured by the Mississippi Scale for War-related PTSD; Keane, Caddell & Taylor, 1988) and depression (as measured by the Beck Depression Inventory; Beck, 1961). Findings from correlation and factor analyses are presented, as well as numerous implications for research and clinical practice.

T01–05 **assess**

Evaluating the Cultural Validity of a Trauma History Measure (SLESQ)

Green, Bonnie, PhD, Department of Psychiatry, Georgetown University Medical School; Chung, Joyce, MD, Department of Psychiatry, Georgetown University Medical School; Daroowalla, Ana, PhD, Kingsbury Center, Washington, DC; DeBenedictis, Caroline, University of Pennsylvania; Krupnick, Janice, PhD, Department of Psychiatry, Georgetown University Medical School

Most measures of psychological trauma have not been evaluated for their cultural validity with poor and minority populations. We used a tripartite process of evaluating the cultural validity of the Stressful Life Events Screening Questionnaire (SLESQ; Goodman et al., 1998). Three focus groups included 17 low-income African American women recruited in primary care. An additional 20 women from similar settings completed individual cognitive interviews about the SLESQ, giving feedback on individual questions. Finally, 18 reliability tapes of the baseline interview from a depression treatment study with a similar population were reviewed for deviations of wording during SLESQ oral administration. Focus group data generally showed similar language to refer spontaneously to traumatic events, and tended to identify SLESQ events as traumatic. Events experienced as traumatic but not covered on the SLESQ included miscarriage/abortion, homelessness, and joblessness. In the cognitive interviews, most of the SLESQ items were well understood, but criticisms of the style of certain questions were noted, as well as content problems with two questions. Tape reviews indicated little modification of the wording by interviewers. They did use tone and stress of words to comport meaning, and one item was often reworded for administration. The interview will be revised accordingly.

T01–06 **assess**

The PDI Self-Report Version in French-Speaking Traumatized Subjects

Jehel, Louis, MD, PhD, University Hospital (AP-HP); Brunet, Alain, PhD, Douglas Hospital Research Centre; Paterniti, Sabrina, MD, PhD, AP-HP; Louville, Patrice, MD, AP-HP; Guelfi, Julien, Pr, CMME

Objectives : Based in recent studies peritraumatic distress is a risk factor for PTSD. The Peritraumatic Distress inventory (PDI) is a short questionnaire that measures an intensity of immediate distress reaction at the time of traumatic event. The goal of this study is the validation of the French Version of PDI. Method: 127 subjects recruited in French psychiatry Consultations were assessed during the first consultation and 3 months later. The Impact of Event Scale (IES-R) the Peritraumatic Dissociative Experience Questionnaire (PDEQ) and the General Health Questionnaire (GHQ12) were administered. The PDI and GHQ were administered again 3 months after baseline. Results: Convergent validity revealed significant correlation with IES-R and PDEQ. The Cronbach's alpha (0.83) indicate a high internal consistency. The PDI showed satisfactory test-retest reliability with intraclas correlation 0.79 in an confidence interval 0.61-0.89. Principal Component proposed two dimensions as in the English version. Conclusions: These results showed satisfactory psychometric qualities. The factory analyses are near as the English version. The PDI is an interesting tool to measure emotional response in French Speaking victims.

T01–07 **assess**

Psychological and Neurocognitive Sequelae in Persian Gulf Veterans

Knight, Jeffrey, PhD, National Center for PTSD, Boston DVAMC; Samper, Rita, National Center for PTSD, Boston DVAMC; Vogt, Dawne, PhD, National Center for PTSD, Boston DVAMC; King, Lynda, PhD, National Center for PTSD, Boston DVAMC; King, Daniel, PhD, National Center for PTSD, Boston DVAMC; Foy, David, PhD, Pepperdine University; Pless, Anica, National Center for PTSD, Boston DVAMC; Chrysos, Elisa, National Center for PTSD, Boston DVAMC

Relationships between neurocognitive problems (NC; attention-concentration, executive functions, and memory skills), and PTSD, depression, general anxiety, and current physical problems were examined using telephone survey data systematically collected from a large, national sample of PGW veterans (n=317) during the cross-validation of a self-report measure of psychosocial risk and resilience factors. Internal consistency of individual scales was high (.89-.98). Self-reported NC symptoms were significantly correlated with PTSD, current Physical Symptoms and Negative Affect (.72, .59, .62, respectively). Anxiety, and Depression symptoms correlated with PTSD (.79, .74). Perceived exposure to Nuclear-Biological-Chemical agents and to Threat showed lower associations with PTSD (.45, .41). Patterns of correlations among NC subdomains and PTSD B, C, and D criteria revealed relatively higher associations: a) between D Criteria and Executive Functioning, b) between C Criteria and Attention/Concentration, and c) no relative differences across B, C, and D with Memory functioning. Although subgroups analyses suggested the presence of a group that was high on all symptom measures, stronger relationships found between PTSD and psychological factors than between PTSD and physical symptoms point to a constellation of psychological and neurocognitive sequelae rather than a generalized symptom reporting bias. Additional patterns among these variables will be discussed.

Thursday, October 30

T01–08 **assess**

Context of Data Collection Affects Reported Distress After Assault

McCart, Michael, MS, University of Wisconsin, Milwaukee; Davies, W. Hobart, PhD, University of Wisconsin, Milwaukee; Phelps, Lori, MS, University of Wisconsin-Milwaukee; Klein-Tasman, Bonita, PhD, University of Wisconsin, Milwaukee; Melzer-Lange, Marlene, MD, Medical College of Wisconsin; Heuermann, Wendi, Children's Hospital of Wisconsin

Examined the effects of a procedural change in the collection of the Trauma Symptom Checklist for Children (TSCC) on the self-reported rates of distress among adolescent victims of community violence. For Group 1, the TSCC was administered during the first home visit following a pediatric emergency department visit for an assault-related injury. Other family members were typically present while the youth filled out the questionnaire. For Group 2, the TSCC was given at the second home visit in a private session between a therapist and the youth. For Group 1, results were marked by elevated rates of Underreporting (unwillingness to acknowledge common emotional experiences) and only modest clinical elevations. For Group 2, the rates of Underreporting dropped substantially and the levels of reported psychopathology increased dramatically. Obviously, this naturalistic study confounds the presence of potential family observers, early rapport building with the clinician, and length of time since the injury. Results do, however, point to the importance of systematically considering the context of data collection in studies of the reactions to trauma. Information on the setting and procedure of data collection should be routinely included in the study of post-trauma functioning.

T01–09 **assess**

Quality of Life, Psychological Distress and PTSD in HIV+ Individuals

Morgan, Erin, Boston Medical Center; Cuevas, Carlos, MA, Boston Medical Center; Bollinger, Andreas, PhD, Boston University School of Medicine, VA Boston Healthcare System; Vielhauer, Melanie, PhD, Boston Medical Center, Boston University School of Medicine; Brief, Deborah, PhD, Boston University School of Medicine, VA Boston Healthcare System; Buondonno, Lisa, RN, Boston Medical Center; Goodin, Burel, Boston University School of Medicine; Berger, Jori, PhD, Boston Medical Center, Boston University School of Medicine; Keane, Terence, PhD, Boston University School of Medicine, VA Boston Healthcare System

Research has shown that affective and anxiety disorders can have a negative impact on quality of life (QOL), with some of this work specifically examining the effect of posttraumatic stress disorder (PTSD) on perceived QOL. Little is known, however, about the impact of PTSD on QOL in HIV-seropositive individuals, a population previously shown to have diminished health-related QOL related to their medical status, as well as high rates of trauma exposure. The current study examined perceived QOL in HIV-seropositive individuals as a function of PTSD diagnosis. Differences in psychological symptoms were also examined in relation to PTSD diagnostic status, given prior findings demonstrating greater levels of psychological distress, including depression and anxiety, in other PTSD populations. Individuals diagnosed with PTSD were shown to have greater impairment in emotional well-being, social functioning, and general mental health as measured by the SF-36 (all p's < .05). Participants were also found to have greater interpersonal sensitivity as measured by the Brief Symptom Inventory (BSI; p = .04). However, no significant differences were found in depression, anxiety, paranoid ideation, or on the BSI global severity index. Implications and limitations of the study are reviewed, and directions for future research are discussed.

T01–10 **assess**

The TSI Validity Scales: How Valid for Combat Veterans?

Nye, Ella, PhD, New Mexico VA Health Care System

Combat Veterans (N=50) diagnosed with Posttraumatic Stress Disorder (PTSD) at the New Mexico Veterans Affairs Health Care System completed the Trauma Symptom Inventory (TSI) as part of a larger study. 80% of the veterans had been awarded service-connected disability for PTSD. Using recommended cut-off scores on the three validity scales of the TSI, 20% of the profiles were invalid. Using more conservative cut-off scores suggested in the literature, 60% of the TSI profiles were invalid. Except in two cases, invalid profiles were the result of elevations on the Atypical Response Scale (ATR). Qualitative data for individual ATR items contributing to scale elevations in the sample is presented. Differences between combat veterans with valid TSI profiles and those with invalid profiles are explored in terms of demographics, military experience, co-morbidity and treatment history. Implications for the use of the TSI with combat veterans are considered.

T01–11 **assess**

Predictors of Health Service Use in Combat PTSD Patients

Reeves, Andrea, The University of South Dakota; Elhai, Jon, PhD, The University of South Dakota; DeJong, Gary, The University of South Dakota; Butcher, Jimmie, The University of South Dakota; Frueh, B. Christopher, PhD, Medical University of South Carolina

Little is known about health service use predictors among patients diagnosed with posttraumatic stress disorder (PTSD). In this study relevant predictors of service use in a sample of combat veterans with PTSD were examined. Relevant predictors were provided by the extant literature, including sociodemographic variables and psychological test scores. The aim was to find the best predictors of service use among this sample. Archival data were drawn from 74 male combat veterans age 18 or older diagnosed with PTSD at an outpatient Veterans Affairs (VA) Medical Center PTSD clinic. Results show that racial background as well as the MMPI-2 scales Fptsd (a new validity scale for PTSD patients; Elhai et al., 2002) and Paranoia (Pa) were significantly related to PTSD service use, with a significantly higher number of PTSD sessions attended by Caucasians and those with lower scores on Fptsd and Pa. Second, we found no significant predictors of VA primary care utilization. Third, we found that race was significantly related to the number of overall psychiatric medications prescribed (with Caucasians prescribed more), while marital status was related to the number of anti-depressants prescribed (with those currently married prescribed more). Regression findings combining predictors will also be presented.

T01–12 **assess**

Quality of Life in Dutch New Guinea Veterans with(out) Health Problems

Schok, Michaela, MSc, Veterans Institute, Centre for Research and Expertise

In this study Quality of Life (QOL) between Dutch New Guinea veterans with (n=59) and without health problems (n=93) was compared, and predictors of overall QOL and general health were explored using the World Health Organization Quality of Life assessment instrument (WHOQOL-100). Assessment of QOL emphasizes the individual perception on physical, psychological and social dimensions of health. A stratified sample of 250 male New Guinea veterans was sent the WHOQOL-100 reflecting 57% navy, 39% army and 4% air force personnel. Response was 61% (N=152). Mean age was 64 years (SD = 3,5). New Guinea veterans with health problems scored lower on overall QOL and general health ($F(1, 149)=32.18$, $p<.001$), physical health ($F(1,149)=48.33$, $p<.001$), psychological health ($F(1, 149)=18.96$, $p<.001$), level of independence ($F(1, 149)=83.00$, $p<.001$), social relationships ($F(1, 149)=7.53$, $p<.01$), and

environmental features (F(1, 149)=11.27, p<.01). QOL domains as level of independence, social relationships, and psychological health proved to be significant contributors to overall QOL and general health in veterans with health problems, explaining 76% of overall variance. Health problems in Dutch New Guinea veterans significantly impair their QOL. Interventions to improve their overall QOL and general health should aim at enhancing their level of independence, social relationships and psychological health.

T01–13 **assess**

The ProQOL Revision of the Compassion Satisfaction and Fatigue Test

Stamm, B. Hudnall, PhD, Institute of Rural Health and Department of Psychology, Idaho State University; Larsen, Debra, PhD, Institute of Rural Health and Department of Psychology, Idaho State University; Davis-Griffel, Kelly, Institute of Rural Health and Department of Psychology, Idaho State University

Multiple versions of the Compassion Fatigue test (CFST or CSF, Figley, 1995; Figley & Stamm, 1996) have been widely used in assessing compassion fatigue or secondary/vicarious trauma. Subscale psychometric difficulties have been noted (Figley & Stamm, 1996; Jenkins & Baird, 2002; Larsen, Stamm & Davis, 2002). The Professional Quality of Life Scale (ProQoL) is a third revision of the CSF. This revision addresses difficulties separating burnout and secondary/vicarious trauma and reduces participant burden by shortening the test from 66 to 30 items. The revision, based on over 1000 participants from multiple studies, was developed by retaining the strongest, most theoretically salient items. Specifically, items that met both high item-to-scale criteria and were theoretically good representatives of the subscale construct were retained. Quantitative decisions were made using Chronbach's alpha, factor analysis, and multigroup factorial invariance. Each new subscale has 10 items; 7 items from the previous CSF version and 3 new items designed to strengthen the overall theory of the subscale. New items were developed from the most recent literature on burnout and theory relating to compassion satisfaction. The ProQoL now consists of three subscales: Compassion Satisfaction, Burnout, and Compassion Fatigue. Initial data suggest that this subscales have excellent internal consistency.

T01–14 **assess**

Rates of PTSD and Depression Across Two Domestic Violence Agencies

Wright, David, University of Tulsa; Davis, Joanne, PhD, University of Tulsa; Inness, Tera, University of Tulsa

Interpersonal violence has been deemed one of the most pressing and important public health concerns in the United States, affecting women of all ethnic and socioeconomic backgrounds (Biden, 1993; Koss et al., 1994). One form of interpersonal violence, domestic violence, has many negative sequelae, including depression (Campbell, Kub, Bellcnap, & Templin, 1997; Stein & Kennedy, 2001), post traumatic stress disorder (PTSD) (Jones, Hughes, & Unterstaller, 2001; Morrell & Rubin, 2001; Zoellner, Goodwin & Foa, 2000), as well as a host of other problems (Briere, 1997; American Psychiatric Association, 2000). This study examined the prevalence of PTSD, depression, and trauma-related nightmares in a sample of domestic abuse survivors who were residing in a domestic violence shelter or receiving outpatient services for domestic violence related issues. Initial analyses have shown that PTSD and depression are quite common for domestic abuse survivors, paralleling what Jones, Hughes and Unterstaller (2001) reported in their review of domestic violence and PTSD, namely that rates of PTSD vary depending on the location (i.e., outpatient, shelter). In both settings, rates of depression and the experience of trauma-related nightmares, were significantly correlated with a diagnosis of PTSD.

T02–01 **biomed**

The Role of the Cerebellum in PTSD Symptomatology: An fMRI Study

Asukai, Nozomu, MD, Department of Stress Disorders Research, Tokyo Institute of Psychiatry; Yoshikawa, Kohki, MD, Department of Radiology, The Institute of Medical Science, The University of Tokyo; Sugishita, Morihiro, PhD, Department of Cognitive Neuroscience, Faculty of Medicine, The University of Tokyo

Accumulating evidences show an important role of the cerebellum in fear onditioning. The aim of our study is to investigate the neural correlates of PTSD symptomatology focusing on the involvement of the cerebellum. We conducted a functional magnetic resonance imaging (fMRI) study on female survivors of the Tokyo Sarin Attack with (N=6) and without (N=8) PTSD by using a video-driven symptom provocation paradigm. Trauma-related activation of bilateral medial supplementary motor area (SMA) (Brodmann's area 4/6) and the cerebellar vermis was significantly greater in PTSD subjects than in non-PTSD subjects. Our findings suggest a new insight that the bilateral SMA and the cerebellar vermis are involved in the neural correlates of PTSD symptomatology.

T02–02 **biomed**

Neurosteroids and Suicidality in PTSD

Butterfield, Marian, MD, MPH, Durham VA, Duke University; Stechuchak, Karen, MS, Durham VAMC, Institute for Clinical and Epidemiologic Research; Mackuen, Courtney, Durham VAMC and Grinnell College; Davidson, Jonathan, MD, Duke University; Kathryn, Connor, MD, Duke University; Marx, Christine, MD, MA, Durham VAMC, Duke University

Objective: Studies suggest neurosteroids (steroids synthesized de novo in the brain) may be altered in PTSD. It is unclear if these alterations are related to PTSD symptoms. Because high rates of suicidality are noted in PTSD, we examined neurosteroid levels and correlations to suicidality in veterans with PTSD. Methods: Veterans (n=130) with PTSD were consecutively enrolled from a psychiatric inpatient unit. History of suicidal ideation and attempts were assessed. Serum from morning blood draws was used to determine neurosteroid levels across one biosynthetic pathway (dehydroepiandrosterone (DHEA) --> androstenedione --> testosterone --> estradiol) using standard radioimmunoassays. Bivariate associations between neurosteroids and suicidality were examined by Wilcoxon rank sum statistics. Control variables considered in the analyses were age, alcohol use, childhood sexual and physical trauma, and smoking. Logistic regression analyses were conducted. Results: High rates of suicidality were noted: 70% had suicidal thoughts and 25% had attempted suicide. Those who had attempted suicide vs. those who had not demonstrated significantly higher levels of DHEA (16.6 vs 11.7 ng/ml, p=0.02) and estradiol (28.2 vs 23.8 pg/ml, p=0.03). Younger age was related to having attempted suicide (p=0.02); no relationship was observed for smoking status, alcohol disorder or childhood trauma. After adjusting for age in the logistic model, DHEA remained associated with attempted suicide (p=0.0556). Conclusions: Higher DHEA levels may be linked to suicidality in veterans with PTSD.

Thursday, October 30

T02–03 **biomed**

Cortisol Reactivity to Trauma Scripts in Borderline Personality

Elzinga, Bernet, PhD, University of Leiden, Section Clinical and Health Psychology; Schmahl, Christian, MD, Department of Psychiatry and Psychotherapy, University of Freiburg Medical School; Bremner, Douglas, MD, Departments of Psychiatry and Behavioral Sciences and Radiology, Emory University

Borderline Personality Disorder (BPD) is a highly prevalent condition that has been linked to stressful early life events. Animal studies indicate that early, sustained stress is associated with a chronic dysfunction of the Hypothalamic-Pituitary-Adrenal (HPA) axis with increased reactivity to stress. Therefore, we hypothesized that sustained traumatic stress in childhood affects the reactivity of the HPA-axis of traumatized BPD patients in response to stressful reminders. Cortisol secretion in response to two personalized scripts of traumatic and abandonment situations in patients with BPD (n=7) were compared to those of patients with posttraumatic stress disorder (PTSD) (n=12), and control subjects with an abuse history but no psychiatric disorder (n=12). All subjects reported a history of sexual and/or physical abuse before age 18. Patients with BPD showed the highest cortisol levels following exposure to the trauma and abandonment script compared to PTSD patients and controls. Moreover, in contrast to the other two groups, BPD patients did not show any recovery (i.e., decrease in cortisol levels) after exposure to the scripts. Our findings reveal enhanced cortisol levels following exposure to stressful reminders in BPD compared to PTSD and controls. These findings may further substantiate the trauma-spectrum view of BPD.

T02–04 **biomed**

Psychophysiological Responses as Treatment Outcome Indicators in PTSD

Griffin, Michael, PhD, University of Missouri, St. Louis; Resick, Patricia, PhD, University of Missouri, St. Louis

There are now a number of treatments for PTSD that have demonstrated efficacy including Prolonged Exposure (Foa et al., 1999) and Cognitive Processing Therapy (Resick et al., 2002). In these studies the outcome measures typically include self-report or interview-based symptom assessments. There is currently very little information about changes in physiological responses as a result of successful treatment. Data will be presented on a treatment study in which both PE and CPT treatments were used in rape and physical assault victims. Specifically, we currently have psychophysiological data on 52 women at pretreatment with follow-up data on 35 women at posttreatment. Data collection is ongoing and we hope to have a larger dataset at the time of the conference. Participants were assessed in a scripted imagery paradigm (adapted from Pitman, Orr, et al., 1987) in which measures of heartrate, skin conductance, and respiration were collected. Additional data were collected in an auditory startle paradigm during which heartrate, skin conductance and eye-blink electromyogram activity were measured. Physiologic data will be analyzed to examine the effect of treatment on physiological responses. The findings will be discussed in terms of the significance of biological measures as indicators of treatment outcome.

T02–05 **biomed**

Effects of Psychotherapy on Psychophysiological Responses in PTSD

Lindauer, Ramón, MA, MD, Academic Medical Center; Meijel, Els, MA, Academic Medical Center; Olff, Miranda, MD, PhD, Academic Medical Center; Jalink, Margje, MS, Academic Medical Center; Gersons, Berthold, MD, PhD, Academic Medical Center

Purpose: In psychophysiological studies of posttraumatic stress disorder (PTSD), heart rate (HR) and blood pressure (BP) were increased during trauma imagery compared with healthy participants and non-PTSD anxiety disorders. Psychophysiological measures could be used as outcome measures for evaluating treatment effects in PTSD patients. Are psychophysiological responses associated with traumatic memories decreased after successful treatment of PTSD? Method: In a randomized clinical trial, 24 PTSD patients were randomly assigned to a treatment group or a waiting-list group, and controls were traumatized participants without PTSD (n=15). At baseline and after the treatment period (only for PTSD patients), participants listened to scripts (neutral, stressful, and trauma) while psychophysiological measures (HR response, BP response, and STAI-state) were administered. The treatment comprised Brief Eclectic Psychotherapy (BEP). Findings: At baseline, STAI-state scores on the different scripts (p=0.000) and HR response on the trauma script (p=0.023) were increased in the PTSD group compared with the traumatized control group. After treatment, PTSD score (p=0.000), STAI-state scores on the different scripts (neutral p=0.046; stressful p=0.023; trauma script p=0.040), and HR response on the trauma script (p=0.043) were decreased. Conclusions: Psychophysiological responses associated with traumatic memories were decreased after successful treatment and may be useful for evaluating treatment effects.

T02–06 **biomed**

Childhood Sexual Abuse and Female Physiological Sexual Arousal

Rellini, Alessandra, MA, University of Texas at Austin; Meston, Cindy, PhD, University of Texas at Austin

Based on literature which suggests that childhood sexual abuse survivors (CSA) have higher baseline sympathetic nervous system activity (SNS) than controls, this study examined the impact of SNS activation on the sexual arousal of CSA survivors. Physiological and subjective sexual arousal was measured in CSA women with (n=10) and without (n=8) PTSD during exposure to non-sexual and sexual videos, during hi-SNS or baseline-SNS activity reached through exercise. Consistent with our hypothesis, women with a history of CSA without PTSD showed a decrease in physiological sexual arousal with heightened SNS activity. This is in contrast with findings in sexually functioning women who responded more after heightened SNS and warrants further investigation towards potential physiological moderators of sexual dysfunction in CSA survivors. Interestingly, CSA women currently diagnosed with PTSD showed a different response from CSA women with no-PTSD. Physiological sexual arousal in CSA women with PTSD was substantially elevated with heightened SNS but subjective sexual arousal substantially decreased compared to the baseline-SNS. Also, the relationship between physiological and subjective sexual arousal was weaker compared to the baseline-SNS condition. Further studies are needed to explore the mechanism of the exaggerated desynchrony between subjective and physiological sexual responses in CSA survivors with PTSD.

T03–01 **child**

Fear and Unresolved Loss: Reverberations Across Generations

Busch, Amy, MA, University of California, Berkeley; Rifkin, Anne, MA, University of California, Berkeley

The death of a loved person can be a traumatic experience, resulting in feelings of fear and helplessness. While most people eventually recover from loss, others are considered "unresolved" because they display fear when confronted with reminders of the death (Main & Hesse, 1990). Current attachment relationships may trigger memories of the lost relationship. For example, when required to care for her child, an unresolved mother might reexperience memories of the loss and feelings of anxiety and helplessness. As a result, she should have difficulty parenting effectively. To test this prediction, this study examined 74 mothers who had experienced loss and their preschool children. Unresolved loss was assessed using the Adult Attachment Interview (22% of mothers were "unresolved"), and parenting and child outcomes were assessed through observations and achievement tests. As predicted, unresolved mothers displayed more negative and fewer positive parenting behaviors, and their children appeared more oppositional in preschool and had lower academic achievement rates in kindergarten. Unresolved mothers' parenting difficulties were also linked to trends ($p < .10$) toward higher rates of child oppositional behavior and lower academic achievement in 4th grade. Thus, unresolved loss appears to have negative implications for both parenting and children's adjustment across time.

2002 Student Research Award Winner Research Update

T03–02 **child**

School Psychologists Recognize Trauma Reactions in School Children?

Butkerit, Margaret, CSW, CAS, State University of New York at Albany

Most traumatized children exhibit learning and/or behavioral problems. Over time these symptoms can retard or impair development, thereby creating emotional, behavioral, and/or learning disabilities. Trauma related impairments significantly reduce a child's quality of life and can lead to school-based accommodations that are costly to schools and society-at-large. School psychologists are in a unique position to help traumatized children by identifying them and referring them for trauma-specific treatment. Are school psychologists adequately trained to provide this service? This study used a factorial mail survey to measure the trauma-specific assessment skills of school psychologists. The survey was composed of three vignettes that varied by type of trauma endured (i.e., sexual abuse, domestic violence, and car accident). This created a within-subjects variable. Respondents were randomly assigned to low-, medium-, or high-information versions of the vignettes. This created a between-subjects variable. Thirty-five percent of the 344 respondents failed to recognize trauma in at least one of the experimental conditions. Most respondents use unstructured interviews (42.7%) and behavioral observations (20.3%) when conducting trauma-specific assessments. Only 1% of respondents use trauma-specific assessment instruments. Trauma-specific training was significantly correlated (.19) with trauma recognition, however most respondents did not receive enough training to insure assessment competency.

T03–03 **child**

Witnessing Physical and Psychological Domestic Violence: Child Outcome

Clarke, Stephanie, National Center for PTSD, VA Boston Healthcare System; Koenen, Karestan, PhD, National Center for PTSD, VA Boston Healthcare System; Taft, Casey, PhD, National Center for PTSD, VA Boston Healthcare System; King, Lynda, PhD, National Center for PTSD, VA Boston Healthcare System; King, Daniel, PhD, National Center for PTSD, VA Boston Healthcare System

More than 10 million children in the United States are exposed to violence between their parents each year (Straus, 1992). Such violence often co-occurs with psychological abuse and high levels of non-violent conflict. Although psychological abuse between partners is more prevalent than domestic violence, researchers have not examined whether exposure to such abuse has adverse effects on children's behavior, independent of the effects of witnessing violence. To address this issue, we examined the relationship between domestic violence, psychological abuse, and children's internalizing and externalizing problems in the families of the male veterans ($n=376$; $n = 470$) who participated in the comprehensive National Vietnam Veterans Readjustment Study (NVVRS; Kulka et al., 1990). Our results show that psychological abuse between parents is more strongly related to child problems than witnessing domestic violence. Furthermore, the association between witnessing psychological abuse and child problems is partially mediated by the effect of psychological abuse on the mother's level of distress. Exposure to psychological abuse appears to have unique direct and indirect effects on child problems.

T03–04 **child**

Post-Disaster Child Mental Health Screening: Barriers/Recommendations

Geddie, Lane, PhD, University of Dayton; Smith, Angela, PhD, Marriage & Family Therapy Program, East Carolina University; McCammon, Susan, PhD, Department of Psychology, East Carolina University; Mega, Lesly, MD, Department of Psychiatry, East Carolina University

A multidisciplinary group (psychology, marriage and family therapy, child psychiatry) shares "lessons learned" from a school-based post-disaster screening efort. An initial screening, follow-up evaluation of indicated students, and a psychoeducational intervention were offered following a natural disaster. This poster draws from our experience following Hurricane Floyd, as well as the child trauma screening literature. The pros and cons of formal screening, barriers to conducting school-based screening, and recommendations for successfully implementing a screening program will be addressed. The discussion of barriers will include the concept that children in need can be easily recognized, the belief that asking about feelings/reactions will contribute to creating distress, and the pressure to meet physical needs before mental ones. The mechanics of implementing a screening program include additional barriers: deciding on an appropriately normed screening instrument; obtaining parental consent; identifying and training personnel to administer measures; and the time lag between administering, scoring, and providing an appropriate intervention. Suggestions for successful implementation of a screening program will require advance preparation for a disaster: preselected instruments and advance permission for screening; preparation programs for school presonnel and administrators; and endorsement from relevant national organizations for screening programs and monetary support for implementation.

Thursday, October 30

T03–05 **child**

Predicting Posttraumatic Stress in Parents of Acutely Burned Children

Hall, Erin, MA, Boston University Medical Center, National Child Traumatic Stress Network; Saxe, Glenn, MD, Boston University Medical Center, National Child Traumatic Stress Network; Stoddard, Frederick, MD, Shriner's Burns Hospital; Lopez, Carlos, MD, Boston University School of Medicine, National Child Traumatic Stress Network; Kaplow, Julie, PhD, Boston University School of Medicine, National Child Traumatic Stress Network; Koenen, Karestan, PhD, National Center for PTSD, Bronx VA Healthcare System; Bartholomew, David, Boston University School of Medicine, National Child Traumatic Stress Network; King, Daniel, PhD, National Center for PTSD, Boston VA Medical Center; King, Linda, PhD, National Center for PTSD, Boston VA Medical Center

Research indicates that parents develop posttraumatic stress symptoms following a medical trauma endured by their child. The goal of the current study was to prospectively examine parents' posttraumatic stress symptoms 3 months after their child was hospitalized for an acute burn. It was hypothesized that familial factors, the child's psychological functioning, and objective trauma-related factors would contribute to the parents' symptoms. Twenty-four parent-child dyads were assessed via semi-structured interviews and self-report questionnaires during the child's hospitalization and again three months later. Preliminary data demonstrates strong bivariate relationships between parents' PTSD symptoms and objective trauma variables, such as length of stay ($r=.57$, $p<.005$) and total body surface area burned ($r=.52$, $p< .01$). Parents' posttraumatic stress symptoms were also significantly correlated with children's self-reported pain ($.79$, $p < .001$), anxiety ($r=.51$, $p=.01$), posttraumatic stress symptoms ($r=.49$, $p <.05$), and the parents' self-report of family strains ($r= .54$, $p <.01$). These results suggest that parents develop posttraumatic stress symptoms in response their child's injury. It may be useful to take into account parents' symptoms in the design of interventions for children with PTSD following a medical trauma.

T03–06 **child**

Child's Reaction to Traumatic Events Scale: Sensitivity and Specificity

Jones, Russell, PhD, Virginia Tech; Fletcher, Kenneth, PhD, University of Massachusetts; Ribbe, David, PhD, Crossroads

This presentation outlines the steps taken in developing the Child's Reaction to Traumatic Events Scale (CRTES). This scale is a revision of Horowitz's Impact of Events Scale, which has been used to study children exposed to catastrophic events. It is a 15 item self-report measure designed to assess psychological responses to stressful life events. Initially modified for children by Jones (HIES-C), the scale targeted the Intrusion and Avoidance criteria of DSM 3-R and was derived from statements most frequently used by people to describe serious life events. Data using the CRTES with children exposed to wildfire and residential fires are presented. There are 8 avoidance statements (3 avoidance of emotions, 2 thoughts, 1 conversation; 1 avoidance of reminders; 1 disavowal/dissociation) and 7 intrusion statements (4 intrusive thoughts/images; 1 dream; 2 feelings). Findings examining the impact of residential fire on children and their families within the context of Jones and Ollendick's NIMH funded project will be provided. The most recent version of the Child's Reaction to Traumatic Events Scale-Revised (CRTES-Revised), which is a 23 item self report measure designed to assess psychological responses to stressful life events, will be presented. Results of ROC analyses determining levels of distress will be provided.

T03–07 **child**

Community Violence Exposure: Is Systematic Screening Effective?

Kimball, Timothy, Brigham Young University; Britton, Joshua, Brigham Young University; Layne, Christopher, PhD, Brigham Young University

This study focused on the sensitivity with which a program designed to detect violence-exposed youths detected students exposed to community violence. Thirty one secondary school students referred for violence exposure at a school-based mental health clinic were individually interviewed for violence exposure and associated distress. Twenty four 24 demographically-matched students referred for problems other than violence were interviewed as a "contrast group." Results indicated that members of both groups had extensive histories of community violence exposure. Implications of the findings for systematic screening of youths living in areas visited by high levels of gang-related violence are discussed.

T03–08 **child**

Post-War Adjustment in War-Exposed Bosnian Youths: An SEM Analysis

Legerski, John-Paul, Brigham Young University; Layne, Christopher, PhD, Brigham Young University; Isakson, Brian, Georgia State University; Saltzman, William, PhD, Long Beach State University; Djapo, Nermin, University of Sarajevo; Kutlac, Milena, University of Banja Luka

This study will examine predictors of long-term (two years post-war) adjustment in a large multi-ethnic sample of war-exposed Bosnian adolescents. More than 1,500 students attending 15 secondary schools located throughout Bosnian and Herzegovina completed a risk screening survey in fall 1997 as part of the UNICEF Psychosocial Program for War-Exposed Adolescents. The survey contained measures of selected pre-war (e.g. marital discord, pre-war trauma exposure), war-time (e.g. harm to family members, displacement, direct war exposure), and post-war stressful life events and circumstances (e.g. living as a war refugee, family disruptions). Measures of post-traumatic stress, depressive, and grief reactions were also included. Structural equation modeling (SEM) will be used to test theorized pathways linking variables existing within the pre-war, war-time, and post-war contexts to indices of long term psychological adjustment as measured two years after the war concluded. Implications of the study for assessment and treatment will be discussed, include the identification of potential etiological and/or maintenance variables that contribute to the perpetuation of war-related distress over time.

T03–09 **child**

Play Narratives of Critically Ill Children and Their Siblings

Rafman, Sandra, PhD, McGill University Health Centre, Montreal Children's Hospital and UQAM

Recommended interventions for children who face potentially traumatic critical events often include the encouragement of expression through drawing and play. Yet knowledge of the meanings of the representations thus elicited is sorely lacking with the consequent risk of re-traumatization. In this study, we portray and contrast the themes in the play narratives and symbolic representations of two groups of three to six year old children: a) 10 children (3 girls) who are facing life-threatening critical illness or injury and b)10 siblings (5 girls) of children who are facing or have died as a consequence of such illness or injury. Dominant motifs of recorded play sessions were coded by two sets of experienced clinicians. In large part, the play of the both ill children and their siblings reflected age-typical developmental concerns interacting with medical, familial and peer-related issues. Nonetheless, for both groups, these themes were often overshadowed by the salience of the threat of death. We show how children represent death, and the ambiguous and unpredictable nature and course of illness. Both groups portray

dilemmas of trust and betrayal as well as issues of protection and aggression. Play features that reflect fragmentation and integration over the course of therapy will be highlighted.

T04–01 clin res

Equine Facilitated Psychotherapy for Post-Traumatic Stress Disorder

Allen, Steven, PhD, VA Salt Lake City Health Care System; Overall, James, MD, VA Salt Lake City Health Care System; Kilpatrick, Jeff, LCSW, VA Salt Lake City Health Care System; Hatch, Heidi, RT, VA Salt Lake City Health Care System; Brighton, Mary Lee, Brighton Stables

In this study we examined the utility of Equine Facilitated Psychotherapy (EFP) in the treatment of chronic Post-Traumatic Stress Disorder (PTSD). EFP uses the "soft" techniques of horse training, e.g. "Horse Whispering," to help participants learn to attend to non-verbal behavior, develop a non-threatening approach, develop trust and guide horses. The application of EFP in the treatment of PTSD has not been previously described. Ten veterans in an outpatient PTSD participated an eight-week EFP program. Veterans' functioning in several domains, i.e., PTSD symptoms, sleep, conflict, socialization, was assessed at baseline, completion of the program and 3 and 6 month follow-ups. Seven of eight veterans completing EFP showed an average 10% reduction in PTSD symptom report compared to baseline. Social activities improved an average of 23%. There was no significant change in frequency of arguments or conflicts with others, depression and anxiety scores or sleep quality or duration. Participants uniformly rated their EFP experience as very highly satisfactory. The group aspects of EFP also received positive evaluations. Six-month follow-up suggested previous gains were not sustained. However, one participant maintained his interest in horse training, volunteering and training two horses himself. Further study would include more subjects and controls.

T04–02 clin res

Effectiveness of Cognitive and Exposure Treatments in a Group Setting

Castillo, Diane, PhD, New Mexico VA Health Care System

The Women's Trauma Clinic offers comprehensive assessment and outpatient treatment in a series of topic-specific groups for PTSD, while maintaining the integrity of treatment protocols. The assessment includes a semi-structured interview, battery of psychological tests (MMPI2, MCMI2, BDI), and CAPS. The groups include an unstructured initial support group, PsychEd, and groups separating each treatment, into which patients self-select. The groups include exposure therapy in Focus (Foa), cognitive restructuring utilizing Resick's model, behavioral interventions in Skills, and sexual functioning in Sexual Intimacy group. A brief overview of the program will be provided. Preliminary analyses reveal PTSD, with elevations on F,2,8,PK,PS scales of the MMPI2 and elevations on Schzoid/Avoidant scales of the MCMI2. Other analyses show 18% of women selecting exposure therapy (EP), 62% of women choosing other therapy (OT), and 20% electing no therapy (NT). EP/OT groups were significantly higher than NT groups on the CAPS, with OT higher than EP on avoidance symptoms. OT was significantly higher than EP on Anxiety, Depression, and Schizotypal scales, among others. Finally, outcome data for the structured groups, using the PCL reflected significant decreases in PTSD symptoms in the Focus and Cognitive groups, but not in the Skills or Sexual Intimacy groups.

T04–03 clin res

Taking Charge: Self-Defense Training as a Treatment for PTSD

Cotton, Ann, PsyD, University of Washington, VA Puget Sound Health Care System; David, Wendy, PhD, University of Washington, VA Puget Sound Health Care System; Simpson, Tracy, PhD, University of Washington, VA Puget Sound Health Care System; Weitlauf, Julie, PhD, Sierra Pacific MIRECC, VA Palo Alto Health Care System

Training in self-defense/personal safety (SD/PS) has been shown to increase independence, confidence, and self-efficacy among community women as well as among a more vulnerable population of visually impaired women and men. However, to our knowledge, SD/PS has not been utilized as a treatment intervention for clinical populations with PTSD. Self-defense training incorporates the benefits of repeated exposure while teaching pro-active cognitive and behavioral responses to feared stimuli and may thus be utilized as an intervention that facilitates emotional and physical re-scripting of and mastery over the trauma. This poster will present the pilot project: "Taking Charge," a 36-hour comprehensive behavioral intervention involving psychoeducation, personal safety, and self-defense training for female veterans with PTSD from military sexual trauma. We will present results of diagnostic and behavioral measures at pre, post, three month and six month follow-up. Results have revealed reductions in avoidance and decreases in PTSD and depression. Based on our results from this pilot project we conclude that specially designed PS/SD programs may serve to be potent therapeutic tool in the treatment of PTSD.

T04–04 clin res

Psychoeducational Group Therapy with Spouses of Veterans with PTSD

Dunn, Nancy Jo, PhD, Houston VA Medical Center, Baylor College of Medicine, South Central MIRECC; Chu, Serena, PhD, Houston VA Medical Center, South Central MIRECC, Baylor College of Medicine; Hamilton, Joseph, MD, Houston VA Medical Center, Baylor College of Medicine, South Central MIRECC

Surprisingly, relatively little research has been conducted on structured intervention approaches with families of veterans with PTSD. The main purpose of this VA Health Services Research and Development funded pilot study was to test the viability of a Psychoeducational Group Therapy protocol (PGT; Dunn et al., 2000) with family members of PTSD veterans. Nine spouses of PTSD veterans were recruited through the Trauma Recovery Program at the Houston VAMC to participate in the PGT protocol, conducted in 1-1/2 hour weekly sessions for 14 weeks. Spouses were assessed at pretest and posttest with brief measures of psychiatric symptomatology, caregiver burden, relationship satisfaction, group satisfaction, and knowledge of PTSD and related disorders. Equal numbers of spouses who did not receive PGT completed assessment instruments at similar times pre and post. PGT participants expressed high satisfaction with the therapy, and had statistically significant but clinically minimal decreases in feelings of inadequacy and overall psychological symptoms as compared to the control group. No significant differences occurred in other measures. Similar to our findings with PTSD veterans, the nonspecific treatment effects of PGT make it a good active comparison condition with which to test other interventions.

Thursday, October 30

T04–05 **clin res**

Psychiatric Morbidity of MVA Survivors One Year Post-Accident

Freidenberg, Brian, MA, Center for Stress and Anxiety Disorders, University at Albany, State University; Kuhn, Eric, MA, Center for Stress and Anxiety Disorders, University at Albany, State University; Sykes, Mark, MA, Center for Stress and Anxiety Disorders, University at Albany, State University; Malta, Loretta, MA, Center for Stress and Anxiety Disorders, University at Albany, State University; Blanchard, Edward, PhD, Center for Stress and Anxiety Disorders, University at Albany, State University; Hickling, Edward, PsyD, Center for Stress and Anxiety Disorders, University at Albany, State University

Study 1. We assessed 75 survivors of personal-injury MVAs that occurred between one and two years earlier. Those with PTSD had a significantly greater likelihood of suffering from any current mood disorder and current major depressive episode. There was a trend for those with current PTSD also to be more likely to meet criteria for panic disorder. While not significant, 25.5% of those with current PTSD also met criteria for generalized anxiety disorder (GAD) versus only 12.5% of those without current PTSD. Study 2. We assessed 132 survivors of personal-injury MVAs prospectively. Those who continued to have PTSD had a significantly greater likelihood of suffering from any current mood disorder, current major depressive episode, GAD, and any anxiety disorder. In both studies, we found comparable levels of current co-morbid mood disorder (62.7%, 68.4%), major depressive episode (52.9%, 52.6%), GAD (25.5%, 26.3%) and any anxiety disorder (43.1%, 42.1%) for both groups of participants with chronic PTSD. Thus, a sizeable majority of individuals with chronic MVA-related PTSD are likely to have mood disorders and anxiety disorders. It is recommended that clinicians assess for co-morbid conditions when encountering someone with chronic PTSD secondary to an MVA and tailor the overall treatment plan accordingly.

T04–06 **clin res**

High Risk Behavior Following Trauma: Possible Mediating Variables

Inness, Tera, University of Tulsa; Davis, Joanne, PhD, University of Tulsa; Schneider, Christiane, University of Tulsa; Wright, David, University of Tulsa

The vast amount of research that has been done regarding the relationship between trauma and high risk behavior has primarily been limited to studies of interpersonal violence and combat. Most research has also studied the impact of a particular trauma with the participation in a specific high risk behavior, such as childhood sexual victimization and substance abuse (e.g. Wilsnack, Bogeltanz, Klassen, & Harris, 1997). Therefore, it remains unclear if high risk behaviors are exclusive to victims of these specific interpersonal traumas. This study attempted to identify possible variables that contribute to the relationship between a history of trauma and high-risk behavior, namely the age of the victim at the time of trauma and the type of trauma experienced. Preliminary analyses indicate that the frequency of engaging in high risk behavior differed between the victim and the nonvictim groups. Additionally, differences within the victim group were indicated based on age of the victim at time of trauma, as well as the type of trauma experienced. It is hoped that the identification of specific mediating variables will better allow the increased risk engaging in high risk behavior by trauma victims to be better addressed.

T04–07 **clin res**

Sleep Disturbance, Insomnia and PTSD: A Study in Progress

Jones, Charlie, MA, University of Oxford; Harvey, Allison, University of Oxford

For most people sleep disturbance following a trauma is transient, for others it can become an enduring problem and is a symptom of PTSD. This study assessed patients following a trauma for insomnia and sleep disturbance using validated instruments. Participants were consecutive road traffic accident survivors, assessed at 6 weeks posttrauma (n = 70), and at 3 months posttrauma (n = 53). At 6 weeks, participants completed the Insomnia Severity Index and Pittsburgh Sleep Quality Index to indicate the extent of sleep problems in the month posttrauma. At 3 months, PTSD was diagnosed with the PTSD Diagnostic Scale. Three months posttrauma, 7 people were diagnosed with PTSD and 41 were not diagnosed with PTSD. There were significant positive correlations between both insomnia, and sleep disturbance at 6 weeks, and PTSD severity at 3 months ($p < 0.001$). These data support the idea that there is a relationship between enduring sleep problems, measured with validated instruments, and later PTSD.

T04–08 **clin res**

Domestic Violence Group Counseling Intervention

Lauretti, Jennifer, PhD, Seton Hall University; Palmer, Laura, PhD, Seton Hall University

This study examined the impact of the therapeutic alliance and client motivation for therapy on program completion and changes in self-reported abusive behavior among a sample of 88 adult male domestic violence perpetrators who attended a group counseling program for male batterers. Results revealed evidence of significant differential Group change (completers vs. noncompleters) with regard to treatment outcome, as measured by decreased husband-to-wife psychological and physical aggression. In addition, Internal Motivation for Therapy and a strong Working Alliance were not significantly related to treatment completion. Level of education was not found to be a significant predictor of self-reported changes in abusive behavior (measured by the Conflict Tactics Scale-2). Relationship status was significantly, but marginally, related to only the Negotiation subscale of the CTS-2. It may be hypothesized that there are additional factors related to changes in self-reported abusive behavior that influence program completion. There is considerable variation in the type and duration of treatment currently being employed with domestic violence perpetrators. Group dynamics and exploration of client treatment termination is a potentially fruitful area of inquiry in the quest to improve services with this population.

T04–09 **clin res**

Telepsychiatry Treatment Outcome Research Methodology

Monnier, Jeannine, PhD, Medical University of South Carolina; Frueh, B.Christopher, PhD, Medical University of South Carolina; Elhai, John, PhD, University of South Dakota; Grubaugh, Anouk, MS, Medical University of South Carolina; Knapp, Rebecca, PhD, Medical University of South Carolina

The use of videoconferencing technology to provide mental health services ("telepsychiatry") offers a potential solution to longstanding problems regarding work force shortages and access to care, especially in remote or rural areas. Empirical studies generally support the reliability of clinical assessments and consumer satisfaction with clinical services provided via telepsychiatry. Furthermore, many descriptive reports of telepsychiatry programs from around the world have been published in the past few years. However, data on treatment outcomes (i.e., randomized clinical trials) from telepsychiatry applications are virtually nonexistent, representing an important gap in the literature. An important methodological decision point in

developing treatment outcome research is whether to take an efficacy or effectiveness approach to addressing the questions at hand. We review the relative strengths and limitations of each approach as applicable to the current state of the telepsychiatry literature, incorporate the example of an ongoing telepsychiatry treatment outcome study with combat veterans with posttraumatic stress disorder, and discuss implications for future telepsychiatry research.

T04–10 **clin res**

The PTSD Motivation Enhancement Group in a Randomized Control Trial

Murphy, Ronald, PhD, Dillard University; Thompson, Karin, PhD, New Orleans VA Medical Center

Recent findings indicate that veterans in PTSD treatment are frequently unaware or ambivalent about the need to change significant PTSD symptoms and related problems. The PTSD Motivation Enhancement (PME) Group, based on the Stages of Change and Motivational Interviewing approach, is a brief intervention designed to increase awareness of the need to change PTSD-related problems. The rationale for the group is that increased problem recognition will lead to better treatment adherence and post-treatment functioning because patients will perceive treatment as more relevant to them. Previous uncontrolled clinical trials of the PME Group have provided preliminary evidence for its feasibility and effectiveness in modifying beliefs about the need to change PTSD-related problems. In preparation for a MIRECC-funded randomized control trial of the PME Group in a VA outpatient PTSD treatment program, the intervention has been modified based on new findings and clinical experience. The presenters will briefly review the rationale and structure of the PTSD ME Group, and then describe modifications made to the group that aim to increase its effectiveness and ease of implementation. A strategy for assessing the impact of the group, derived from the clinical trial, will also be reviewed.

T04–11 **clin res**

Parental Coping with the Death of a Child and the Marital Relationship

Owada, Setsuko, Kobe Shoin Women's University, Department of Psychology

It is generally conceded that the death of a child has devastating effects on individual, marital, and family functioning. There are various explanations to account for the marital disruption. This study focused on the difference in parental coping, and examined the relationship between parental coping strategies, marital relationship, and psychological distress in Japan. One hundred bereaved parents who had lost their child by homicide completed the Coping Scale, the Dyadic Adjustment Scale, the General Health Questionnaire, and the Impact of Event Scale. Main results were as follows : 1) Five coping strategies were found by factor analysis, i.e.,"intra-family communication", "seeking support", "positive acceptance", "avoidance of painful feelings "and "denial of loss of a child". 2) "Seeking support" was more frequently used by mothers than fathers. 3) Parents who frequently used "intra-family communication" showed the highest scores of marital relationship. 4) Regression analyses indicated that, among fathers, marital relationship significantly predicted lower psychological distress, while restraint coping strategies (avoidance, denial) predicted psychological distress. On the other hand, among mothers, only marital relationship significantly predicted lower psychological distress. Implications of these findings on the possibilities of support for bereaved parents will be discussed.

T04–12 **clin res**

Risk Factors for Partner Violence Among Male Combat Veterans

Pless, Anica, VA Boston Healthcare System, National Center for PTSD; Taft, Casey, PhD, VA Boston Healthcare System, National Center for PTSD; Koenen, Karestan, PhD, VA Boston Healthcare System, National Center for PTSD; King, Daniel, PhD, VA Boston Healthcare System, National Center for PTSD; King, Lynda, PhD, VA Boston Healthcare System, National Center for PTSD

An accumulating literature indicates greater partner violence among veterans with PTSD compared to veterans without the disorder. We sought to identify potential war zone-related (combat exposure, atrocities exposure, perceived threat) and family-related (marital adjustment, family adaptability, family cohesion) risk factors for partner violence perpetration among a subsample (n = 109) of men who participated in a national study of Vietnam veterans. Risk factors were compared among three groups: PTSD-positive partner-violent veterans, PTSD-negative partner-violent veterans, and PTSD-positive non-partner-violent veterans. Results indicate PTSD-positive partner-violent veterans were highest on every risk factor of interest. All differences between the PTSD-positive partner-violent group and PTSD-negative partner-violent group were at least marginally significant, with effect sizes (Pearson r) ranging from .29 to .59. Differences between the two PTSD-positive groups (partner-violent versus non-partner-violent) reached statistical significance for marital adjustment (r = .35) and exposure to atrocities (r = .32). Findings suggest that war zone-related experiences and relationship problems serve as risk factors for partner violence perpetration among combat veterans with PTSD. Further, results suggest theoretical models for partner violence specific to combat veterans should be more fully developed and empirically validated.

T04–13 **clin res**

Reducing Treatment-Resistant Social Isolation: PTSD Growth Group

Powch, Irene, PhD, Portland VA Medical Center; Huwe, Jennifer, PsyD, Portland VA Medical Center

Male veterans who complete PTSD group treatment programs frequently remain largely isolated, fail to establish meaningful relationships outside the treatment setting, and eventually return to treatment. The PTSD Growth Group is a 12-session intervention over a 6-month period designed to iteratively (a) increase awareness of the need to actively change PTSD-related social isolation, (b) increase the veteran's hope in his ability to do so, and (c) coach and support active change. Stages of Change and Motivational Interviewing approaches are integrated with stragetic goal-setting and problem-solving approaches based on Snyder's (1991) model of hope. We hypothesize that as the agency (goal-directed determination) and pathways (planning of ways to meet goals) components of hope increase, veterans move through the stages of change in a self-reinforcing process that results in increased social interaction, improved quality of life, and decreased dependence on treatment. Preliminary program evaluation data will be presented on the agency and pathways components of hope, social isolation, quality of life, and treatment utilization. Anecdotal examples of patient goal-setting, action plans, and relationship successes will be presented. Plans for further evaluation of this group treatment will also be discussed.

Thursday, October 30

T04–14 **clin res**

PTSD and Parenting Satisfaction: A Replication

Samper, Rita, National Center for PTSD, VA Boston Healthcare System; Taft, Casey, PhD, National Center for PTSD, VA Boston Healthcare Systems; King, Lynda, PhD, National Center for PTSD, VA Boston Healthcare System; King, Daniel, PhD, National Center for PTSD, VA Boston Healthcare System

Despite an accumulating body of evidence indicating family problems among veterans with PTSD, little research has focused upon veteran's relationships with their children. Recently, among a convenience sample of Vietnam veterans, Ruscio and colleagues (2002) documented a robust association between avoidance/emotional numbing symptoms and lower parental relationship quality, even when controlling for a number of potential confounding factors. The current study similarly examined the associations between the three PTSD symptom clusters (reexperiencing, avoidance/numbing, and hyperarousal) and parenting satisfaction. We extended the Ruscio et al. (2002) study by: (a) using a sample (n = 250) derived from a large, nationally-representative study of Vietnam veterans (Kulka et al., 1990); and (b) controlling for intimate partner violence. Consistent with results from Ruscio et al. (2002), we found the avoidance/numbing PTSD symptom cluster to be the strongest negative predictor of veteran self-reported parenting satisfaction. In fact, this cluster was the only significant predictor of parenting satisfaction, both at the bivariate level (r = -.30) and when controlling for depression, alcohol abuse/dependence, and intimate partner violence (partial r = -.27). Taken together, the available evidence suggests that emotional numbing symptoms exert a particularly deleterious impact on the relationships between combat veterans and their children.

T04–15 **clin res**

Efficacy of Relational Treatment for Traumatized Children and Families

Sprang, Ginny, PhD, University of Kentucky; Kaak, Otto, MD, University of Kentucky

This study examines the efficacy of a relational intervention with foster/adoptive parents and children (age 0-5) who have been exposed to trauma and who are experiencing attachment related problems. Driven by a comprehensive biopsychosocial assessment, this intervention is designed to 1) help parents reinterpret behavioral cues in children who fail to elicit nurturance; 2) decrease caregiver discomfort in providing nurturance; and 3) address problems with behavioral, emotional and neuroendocrine dysregulation. Forty paretn-child dyads families from the Comprehensive Assessment and Training Services (CATS) program were randomly assigned into one of three treatment groups, using a phased experimental design with multiple measures. Quantitative and qualitative measures were used to determine the impact of the intervention on variables representing family functioning, caregiver stress, and the nature and quality of the attachment relationship. Findings suggest group equivalency on demographic variables and levels of distress that exceed national norms for families without attachment-disordered children. ANOVA and MANCOVA interaction effects and main effects for outcome measures (Parenting Stress Index, Child Abuse Potential Inventory, Family Adaptability and Cohesion Scale-III, Parent-Child Reunion Inventory, the Crowell and Working Model) indicate significant differences in family and relational functioning between groups. Based on the findings, clinical and research implications for targeted subgroups are drawn.

T04–16 **clin res**

Peritraumatic Dissociation and Psychiatric Distress

Taylor, Wendy, University of Michigan; Pole, Nnamdi, PhD, University of Michigan

Dissociation at the time of a traumatic event (peritraumatic dissociation) is one of the most robust predictors of PTSD symptoms in the extant literature (see Ozer et. al 2003 for review). However, the role of peritraumatic dissociation on other psychiatric syndromes has not been as extensively explored. The purpose of this study was to assess the relationship between peritraumatic dissociation and psychiatric symptomology in a non-clinical population using the Trauma History Questionnaire-Revised, Peritraumatic Dissociative Experiences Questionnaire, and the Dissociative Experiences Questionnaire-C, along with various measures of psychiatric symptomology (SCL-90, PCL, CES-D). We found that increased peritraumatic dissociation was correlated with increased PTSD symptoms. Furthermore, even after controlling for PTSD symptoms, peritraumatic dissociation was found to be significantly correlated with all symptom subscales of the SCL-90. Trait dissociation was also significantly correlated with all subscales of the SCL-90 after controlling for peritraumatic dissociation and PTSD symptoms. These findings demonstrate the importance of exploring the relationship between peritraumatic dissociation and psychiatric syndromes other than PTSD.

T04–17 **clin res**

Memory Intrusions Among Individuals with and Without PTSD

Wajdik, Chandra, University of Washington; Zoellner, Lori, PhD, University of Washington

Individuals with PTSD experience intrusive recollections of the traumatic event long after it occurred. These symptoms cannot be attributed solely to the etiologic trauma since the majority of trauma survivors do not suffer from subsequent PTSD (e.g., Kessler, 1995). Cognitive processing studies suggest that individuals with PTSD may process information, particularly trauma-relevant information, differently than those who do not have PTSD (e.g., Foa et al., 1991). Source monitoring, the ability to avoid blending memories from multiple sources, is a cognitive processing task that may provide insight into retrieval processes. Indeed, elevated source monitoring errors have been detected in trauma survivors with and without PTSD relative to no-trauma controls (Zoellner et al., 2000). In the present study, our main hypothesis is that rates of source monitoring errors will be elevated in individuals with PTSD relative to control groups. Participants complete a modified DRM-based paradigm (Deese, 1959; Roediger & McDermott, 1995), with pre-list prime (negative, neutral) and list emotional valence (negative, neutral, positive) as within-subjects factors. Data will be presented comparing source monitoring error rates in female assault survivors with PTSD, without PTSD, and no-trauma controls. Results of this study may provide insights about how memory retrieval processes relate to PTSD.

T04–18 **clin res**

Acceptance and Commitment Therapy: Treatment for PTSD

Walser, Robyn, PhD, National Center for PTSD and MIRECC, VA Palo Alto Health Care System; Westrup, Darrah, PhD, National Center for PTSD, VA Palo Alto Health Care System; Rogers, David, LCSW, National Center for PTSD, VA Palo Alto Health Care System; Gregg, Jennifer, MA, VA Palo Alto Health Care System; Loew, Dorene, PhD, Anxiety Treatment Center

The concept of emotional avoidance offers organization to the functional analysis of trauma-related problems and lends coherence to understanding sequalae of trauma. Many individuals who have been diagnosed with PTSD are struggling with traumatic memories, painful feelings and unwanted thoughts, often taking great efforts to avoid these private experiences. Avoidance of private internal experience commonly seems to become the goal of many trauma survivors and powerfully impacts individuals diagnosed with PTSD. One therapeutic alternative to experiential avoidance is acceptance. Acceptance can create a new context from which the trauma survivor may view the world and self. If efforts to control private experience are relinquished as a means to mental health, then efforts to take healthy action, while still acknowledging private experience without effort to control, can lead to valued and life enhancing changes. Acceptance and Commitment Therapy (ACT) is one structured intervention that applies acceptance techniques to internal experience while encouraging behavior change that is consistent with individual values. In this pilot investigation we adapted the structured ACT protocol to be applied to groups of patients diagnosed with PTSD. We will present the basic theory and application of ACT. In addition, we will present preliminary assessment results of this intervention.

T04–19 **clin res**

Exposure Enhancement Group

Zayfert, Claudia, PhD, Dartmouth Medical School; Becker, Carolyn, PhD, Trinity University; DeViva, Jason, PhD, Dartmouth Medical School; Gillock, Karen, PhD, Dartmouth Medical School

Since the efficacy of exposure therapy (ET) for civilian PTSD has been adequately demonstrated, research has turned to whether it can be effectively employed in real world settings. The effectiveness of an intervention is influenced by a variety of factors that ultimately determine whether the intervention is implemented and whether it achieves the desired benefits. Barriers to effectiveness occur at the level of the therapist's decision to utilize the intervention and at the level of the patient's decision to embark on the intervention, adhere to its tasks, and persevere with them for the duration. We will present data that shows that ET can be effective for PTSD in a real world behavior therapy clinic but that effectiveness is markedly diminished by patient drop-out, broadly defined. Thus, the key to enhancing effectiveness may be to develop deliberate strategies to reduce drop-out. One such strategy that we developed, the Exposure Enhancement Group (EEG), complements individual PTSD therapy and aims to increase engagement with ET. Preliminary data shows that EEG is associated with increased adherence to exposure. We will present data here to show that inclusion of EEG with ET for PTSD is also associated with effective outcome.

T05–01 **commun**

Predictors of Relationship Stability Among Court-Mandated Women

Rhatigan, Deborah, PhD, VA Boston Healthcare System and Boston University Medical Center; Moore, Todd, PhD, Brown University Center for Alcohol and Addiction Studies; Stuart, Gregory, PhD, Brown Medical Center and Butler Hospital; Street, Amy, PhD, VA Boston Healthcare System and Boston University School of Medicine

Nationally representative samples suggest that intimate partner violence involves a considerable amount of bi-directional violence between men and women (see Archer, 2000, for review); however, little is known about its effects on relationship stability. The present study attempted to answer this question by applying an empirically-validated theoretical model of relationship decision-making (i.e., Rusbult's Investment Model, 1980) to 60 women court-mandated for batterers' intervention. Participants completed the Revised Conflict Tactics Scale, Psychiatric Diagnostic Screening Questionnaire, Investment Model Scale, and one-item assessing behavioral intentions to leave relationships. Descriptive data showed that court-mandated women reported comparable levels of physical and psychological abuse perpetration as they did victimization; however, only their victimization scores predicted relationship outcomes. That is, women's physical abuse victimization, after controlling for perpetration, predicted their relationship satisfaction and commitment. Women's scores on psychological abuse victimization demonstrated similar associations with satisfaction, but were unrelated to commitment. Hierarchical analyses showed that women's satisfaction scores fully mediated the association between physical abuse victimization and commitment. Investment model factors and women's commitment demonstrated expected associations with stay/leave intentions; however, depression and PTSD scores did not add significantly to the prediction of stay/leave above and beyond other factors. Research directions and clinical implications will be discussed.

T06–01 **culture**

Satisfaction with Life of Refugees and Immigrants

Bowen, Neal, PhD, Central Washington University; Rude, Stephanie, PhD, The University of Texas at Austin; Ainslie, Ricardo, PhD, The University of Texas at Austin

The relationship between satisfaction with life, acculturation attitudes and distress generated by trauma was explored in a regression study of a community sample of refugees and immigrants living in Central Texas. Participants came from 9 different countries, with the immigrant group (N = 36) coming from Mexico and the refugees (N = 35) predominantly from Cuba and Vietnam. Most participants were female and married, with an age range of 18 to 73. The Satisfaction With Life Scale was used, while the Los Angeles Symptom Checklist provided a measure of distress generated by trauma. Acculturation attitudes were examined with the Stephenson Multigroup Acculturation Scale, which provides orthogonal measures of orientation towards the ethnic group of origin and towards the dominant, Anglo society in the United States. There were no significant differences between the refugee and immigrant samples on these measures. Distress related to trauma was a significant negative predictor of SWL for refugees ($b = -.63$, $p = .0003$), but not for the immigrant sample. Similarly, orientation towards the dominant society was a significant positive predictor of SWL for refugees ($b = .41$, $p = .009$) but not for immigrants. Implications for the organization of social services to immigrants are discussed.

Thursday, October 30

T06–02 **culture**

Concepts of Development: Pakistan Development Plans and Rural Poor

Hassan, Bushra, MA, Premier-Kufpec Pakistan B.V.; Stamm, B. Hudnall, PhD, Institute of Rural Health, Idaho State University

Prolonged poverty is a known risk factor for traumatic stress and can in and of itself present life-threatening conditions. This poster reports on a qualitative study of poverty with respect to development planning in Pakistan. The research question for the study asked if the concept of development varied between the poor people in rural areas (RP) and the concepts of the official five year plans (5P). The methodology used focus groups with 54 poor people living in rural communities and policy analyses of the plans. The data showed that a variety of differences exist in how development is perceived by the two. The RP group perceived development negatively while it was considered positive by the 5P; RP viewed development experientially while 5P focused on facts and figures, ignoring psychosocial variables. Taken together, the factors explored may explain why those in the poor rural societies feel dependent, powerless, and isolated, creating social and political alienation from cities, planners, and the government. The two groups of society can be integrated through empowerment, decentralization of development plans, understanding importance of community and values, and enlivening facts and figures with stories to create an experiential embodiment to bridge the gap in society.

T06–03 **culture**

Service Utilization and Traumatic Bereavement

Marotta, Sylvia, PhD, The George Washington University; Erickson, Chris, PhD, The George Washington University

This archival exploratory study of traumatically bereaved individuals tests a model of factors that predict the use of grief counseling services in a racially and ethnically diverse community setting. The purposes of the study were twofold: a) to characterize a sample of more than 800 bereaved individuals who identified bodies at an urban morgue in terms of race/ethnicity, socioeconomic status, coping processes, and stressors; b) to test a structural model of service utilization to determine the effects of socioeconomic status on service utilization via a social support pathway. The study examined the extent to which the model was supported across different ethnic groups. A descriptive pre-implementation phase of the project was presented at the ISTSS annual meeting in 2001, under the title, "Reaching across the clinical/research interface: A dialogue about issues." The data will be analyzed with Lisrel. The data collection phase ended in February, and data are still being cleaned; no results are currently available. Conclusions will be provided for researchers, clinicians, and policymakers interested in developing service delivery models that are helpful to individuals who must integrate the experience of unexplained and unpredictable losses in urban settings.

T06–04 **culture**

Hunger: The Silent Epidemic Among Resettled Refugees and Asylum Seekers

Piwowarczyk, Linda, MD, MPH, Boston Center for Refugee Health and Human Rights, Boston University School of Medicine; Cajdric, Aida, BCRHHR, National Center for PTSD; Keane, Terence, PhD, BCRHHR, National Center for PTSD, Boston University School of Medicine

After realizing that a patient had not taken medication due to the lack of food, patients seen through the International Mental Health Program at the Boston Center for Refugee Health and Human Rights were systematically queried about food security and housing issues (n=109). One fifth reported having to move from place to place due to the lack of permanent housing. Twenty eight percent described their current neighborhod as somewhat safe, somewhat unsafe, or unsafe. Two or fewer meals were eaten the previous day by 71% of the population. Level of food insecurity in the US approximated pre-departure conditions. Almost half reported having gone to bed hungry once in a while or quite often in the previous two weeks. More than half (51.4%) reported eating less currently in the United States than in the country of origin. These results raise the importance of systematically screening for food insecurity among refugees, asylum seekers, and aslees and making appropriate referrals. Also, medication compliance and therapeutic effect can also be influenced by the availability of food in the home, and should therefore be monitored.

T06–05 **culture**

Assessment of Ethnoculturally Diverse Veterans of the Iraqi War

Whealin, Julia, PhD, Veterans Affairs National Center for PTSD; Liu, Hsin-Tsin, PhD, private practice; Ruzek, Josef, PhD, Veterans Affairs National Center for PTSD; Gusman, Fred, MSW, Veterans Affairs National Center for PTSD

Culture influences the types of threat perceived to be traumatic and how one interprets the meaning of the trauma and copes with its impact. This poster addresses trauma assessment issues for ethnoculturally diverse servicemen and women who have participated in the Iraqi War. In addition to war-related trauma, Veterans of diverse background are subject to various stressors related to their ethnicity (Loo, 2001). Minorities serving during the Iraqi War may experience direct racism and prejudice through offensive remarks, crude jokes, and veiled or overt threats. Those who appear as if they are of Arab background may experience added racial prejudice/stigmatization. In addition to racism and prejudice, they may fear harm due to being mistaken for an Iraqi soldier or sympathizer, as has occurred in previous wars (Loo, 1994). Also, those Americans actually of Arab descent and who have strong cultural ties to their "motherland" may feel conflict between their pride of being American and pride related to their heritage. Such individuals may have been subject to pejorative statements about Arabs and Islam as well as devaluation of the significance of loss of life among the enemy. Assessment procedures that address ethnocultural differences in trauma experience(s) and expression will be itemized.

T07–01 **practice**

Military Sexual Trauma: Overview of Issues

Armsworth, Mary, EdD, University of Houston

The fragmenting nature of sexual trauma on the core being of an individual is captured in phrases used to describe the effects, such as "rupture in the fabric of the self", "broken connections", "splintered reflections", and "shattered assumptions". Sexually traumatic behaviors are those intended to humiliate, control, degrade, retaliate, or dehumanize the victim. Military Sexual Trauma (MST) remains a pervasive problem in all branches of the military. Estimates from Defense Department data (1996) indicated that from 4% to 9% of women in four branches of the military reported experiences of

rape or attempted rape that year, representing as many as 10,000 sexual assaults or attempted assaults each year. One to two percent of males in the military are estimated to receive treatment for sexual trauma but data are difficult to obtain. While the prevalence is high, the military setting presents barriers for individuals who seek treatment for MST. Trust and betrayal affect self, career, and organizational issues. Lack of confidentiality, fear of repercussions related to work, promotions, or perceptions, and the rigid hierarchy of power and command complicate reporting and help seeking. This presentation will focus on conditions to encourage support, safety, and integration of trauma in this significant population.

T07–02 **practice**

Stuffed Animals, Pets, and Dissociation

DeMarni Cromer, Lisa, MS, University of Oregon; Freyd, Jennifer, PhD, University of Oregon; Arakaki, Hilary, University of Oregon

Emotional attachment to pets is empirically related to dissociation (Brown and Katcher 1997, 2001). What about stuffed animals? In a sample of college students (N=300), we found that high dissociators compared to low dissociators more frequently use stuffed animals as friends ($p<.05$), as someone to listen to ($p<.002$), and as a comfort when angry ($p<.05$). In a follow-up study (N=620) we examined the relationship between trauma history, dissociation, stuff animals attachment, pet attachment and pets' impacts on participants' lives. We will discuss various pathways that may relate trauma, dissociation, and attachment to pets and stuff animals.

T07–03 **practice**

Treatment Issues with Male Survivors of Sexual Trauma

Elmore, Diane, PhD, SPSSI James Marshall Public Policy Scholar, American Psychological Association

Research suggests that at least 9-10% of American men have experienced some form of sexual trauma in their lifetime (Boney-McCoy & Finkelhor, 1996). For decades, many male survivors of trauma remained silent about their abuse histories. Society is slowly beginning to consider these experiences as courageous stories of survival. Although many strides have been made in opening the doors for survivors to share their experiences of abuse, men continue to remain reluctant to speak out and seek treatment. Male survivors of sexual abuse often experience detrimental psychological aftereffects including: depression, substance abuse, suicidal thoughts, recurring or intrusive thoughts and dreams, avoidance, and relationship problems. Although common threads exist between the experiences of male and female survivors, many individuals present with dilemmas specific to their gender. Men often encounter unique struggles including concerns regarding manliness, questions regarding their sexual orientation and disruptions in power schemas (McCann & Pearlman, 1990). The current presentation will focus on the impact of sexual trauma on male survivors. Both individual and group treatment approaches will be discussed which highlight issues of gender sensitivity. In addition, case studies will be presented in order to explore the transition from fragmentation to integration, including cases of military sexual trauma.

T07–04 **practice**

Psychologic Distress in a Private Medical Practice Following 9/11

Horowitz, Mark, MD, Beth Israel Medical Center

According to a variety of surveys conducted after the terrorist attacks on New York and Washington, DC on September 11, 2001, the prevalence of psychologic distress and symptoms of PTSD approached 20%. Populations with a high degree of exposure to the events of that day, particularly those residing near the disaster sites, were more likely than those with a low degree of exposure to have symptoms of distress and PTSD. Between six and seven months after September 11, 2001, we administered the PTSD Checklist, civilian version, to patients attending a private practice of Family Medicine (n=233) located one-quarter mile from the site of the World Trade Centers (WTC), many of whom observed the events of that day first hand and knew victims of the attacks on the WTC. We report a prevalence of probable PTSD of 20% and 5% one and six months after the attacks, respectively. Factors associated with symptoms of PTSD included proximity to the attacks and female sex.

T07–05 **practice**

Childhood Abuse and PTSD in Patients with Alcohol Disorders

Johnson, Dawn, PhD, Center for the Treatment and Study of Traumatic Stress, Summa Health System, St. Thomas Hospital; Zlotnick, Caron, PhD, Brown University Department of Psychiatry and Human Behavior; Stout, Robert, PhD, Decision Sciences Institute; Zywiak, William, PhD, Decision Sciences Institute; Schneider, Robert, EdD, Harvard, Vanguard Medical Associates

There is accumulating evidence to suggest that childhood abuse is a risk factor for alcohol disorders. Given the high rates of PTSD among patients with substance use disorders, and that risk for PTSD is significantly increased in those with histories of childhood abuse, it is important to understand the interface between child abuse and PTSD in patients with alcohol disorders. In a sample of 336 patients with alcohol abuse or dependence (245male), this study aimed to examine whether participants with histories of child sexual abuse (CSA) and/or physical abuse (CPA) have a greater severity of alcohol problems and psychosocial morbidity than those without such histories. Additionally, the mediating role of PTSD on CSA and CPA was explored. PTSD strongly related to both CSA and CPA. CSA also significantly related to younger age of onset of alcohol disorder and greater socio-familial difficulties, psychiatric status, and Axis I comorbidity. Significant relationships were also found for CPA and more severe psychiatric status and drinking consequences and greater Axis I comorbidity. Preliminary analyses suggest that PTSD may mediate the relationship between age of onset of alcohol disorder and CSA and that between psychiatric status and CPA. Clinical implications will be discussed.

T07–06 **practice**

Cognitive Therapy for PTSD: Case Analysis with a Rural Woman Client

Lynn, Ginger, MEd, The University of Missouri, Columbia

Research concerning the mental health status of women in rural America has shown that traumatic events such as child abuse, rape, and domestic violence are prevalent among rural and frontier women. Unfortunately, rural women often face greater obstacles in obtaining needed legal and mental health services than do their urban counterparts. In addition, most treatment outcome research has been conducted in urban and sub-urban communities, with the result that many issues unique to rural women have not been examined in extant treatment protocols. This study describes the successful treatment of a rural woman with a history of child sexual abuse and adult domestic violence and who presented with a diagnosis of PTSD. Treatment consisted of 16 sessions of cognitive-behavioral therapy, with a focus on cognitive re-structuring, anxiety management training and safety planning. The client's symptoms were assessed pre-treatment, immediately post-treatment, and at three-months post-treatment. Issues central to working with a rural woman victim of violence are described, including geographic isolation, the role of extended family/social networks, and traditional gender-role norms.

Thursday, October 30

T07–07 **practice**

Trauma Symptoms in Locomotive Engineers After Tresspasser Deaths

Sherry, Patrick, PhD, University of Denver; Philbrick, Karen, PhD, University of Denver

A significant number of fatalities are caused by collisions between locomotives and trespassers or vehicles crossing railroad tracks. In many cases locomotive engineers have had several incidents of this sort of the course of their career. Questions about the extent to which symptoms of psychological trauma occur in the railroad employee population remain unanswered. The present study attempted to determine what percentage of the population of railroad employees experienced psychological post traumatic symptoms following railroad grade-crossing or trespasser accidents. A sample of 151 locomotive engineers completed the PCL and a history and demographics questionnaire. Results of the survey indicate that 30.9% of respondents reported being involved in one or more fatalities in over the course of their job tenure. A total of 8% of the sample reported symptom severity levels of 3.0 or above on the PCL. In addition, 54.2% reported high levels of intrusive thoughts, 17.3% report flashbacks, 16.3% reported emotional numbing, and 22.8% reported trouble sleeping. The results suggest the need for further examination of the possibility that members of this occupational group may face a higher degree of exposure to workplace trauma than those in other occupations.

T07–08 **practice**

Day Treatment Group Psychotherapy in Dutch Veterans with Complex PTSD

Voncken, Karla, MSc, Central Military Hospital, Utrecht, The Netherlands; Meijer, Miranda, MSc, Central Military Hospital, Utrecht, The Netherlands; Unck, Ferdy, MD, PhD, Central Military Hospital, Utrecht, The Netherlands; Vermetten, Eric, MD, PhD, University Medical Centre, Utrecht, The Netherlands

From 1978 approx 70,000 Dutch veterans have participated in United Nations peacekeeping missions. Most known is the deployment to former Yugoslavia (25,000 deployed). For the Dutch situation, it has become known that veterans with PTSD prefer treatment in centralized Defense related setting. Therefore the Dutch Military Hospital has developed a Day Treatment program for veterans with complex PTSD. An average patient and doctors delay of 9 years complicates treatment. Veterans admit themselves with multilayer problems in a wide range of areas, requiring intensive and long term treatment. Main ingredient of treatment is acknowledgement, safety and personal growth in exposure-based group psychotherapy. Other ingredients are non-verbal therapy (drama, psychomotor therapy), and case management. Veterans participate in this setting one full day a week for a period of approx 18 months. Participating patients can recognize their own symptoms in those of others and learn to tone down their impulsive behavior, inadequate coping and contextualize their personal experience. Spouses and family members are invited to participate at some time points. The therapists' role is to recognize, acknowledge, structure, and coach the person's troubles, problems and pain. Veterans that finished the program improved on multiple domains; some are capable to be successfully deployed again.

T07–09 **practice**

A Group Model for Treating Military Sexual Trauma in Female Veterans

Wills, Sharon, PhD, Central Texas VHCS, Austin Outpatient PTSD Clinic

This discussion will present a Cognitive-Processing model for Group treatment of Women who have suffered sexual assault while serving in the military. This model has been adapted for use with women veterans in a group setting from Cognitive Processing Therapy for Rape Victims – A Treatment Manual by Patricia A. Resick and Monica K. Schnicke, and also utilizes material from McCann & Pearlman, Wills & Goodwin, and Freyd. This model lends itself to 20 weekly 90-minute sessions that aim to repair and rebuild the foundations of psychological development that are fragmented and disrupted by trauma. To minimize the risk of vicarious traumatization, and unproductive exacerbation of the intensity of the group material, all exposure to the details of individual traumatic events is done through writing, which only the group facilitators read. Rule-outs for this group include current suicidality, recent inpatient psychiatric hospitalization for other than medication stabilization, uncontrolled psychosis, uncontrolled dissociative disorders, gross current instability in personal circumstances, cognitive impairment, inability to commit to attendance rules, lack of sobriety, and gross deficits in ego resources. Theoretical foundations of the model will also be discussed.

T08–01 **disaster**

The Effects of Past Traumas on PTSD Symptomatology Related to 9-11-01

Bennett, Shannon, Boston Department of Veteran Affairs Medical Center and Boston University; Cohen Silver, Roxanne, PhD, University of California, Irvine; Holman, E. Alison, FNP, PhD, University of California, Irvine; Maguen, Shira, Boston Department of Veteran Affairs Medical Center; Litz, Brett, PhD, Boston Department of Veteran Affairs Medical Center and Boston University

A national probability sample of over 2,000 individuals completed a web-based survey approximately two weeks after the tragedies of 9/11/01 (Silver, et. al., 2002, JAMA, 288). A subset of these individuals completed a follow-up survey at one month, six months, and one year post-9/11. The results of this study (and other epidemiological studies of the effects of 9-11) have revealed steady distress in individuals who were only indirectly exposed to the tragic events of 9/11 (and afterward), via exposure to news media (often in real time). The purpose of this analysis is to examine whether past history of traumatic loss or past history of trauma differentially impacts the indirect mental health effect of the national trauma of 9-11. We will examine the effect of traumatic loss and trauma on PTSD symptomatology using a repeated measures ANOVA design. Traumatic loss and trauma history will be assessed using the Life Events Checklist (LEC). Measures of PTSD symptomatology will be standardized and indexed to 9-11. Limitations of this study will be discussed, as will implications and suggestions for future research.

T08–02 **disaster**

Innovative Strategies for Reprocessing Memories of Trauma Survivors

Berger, Rony, PsyD, Natal, The Israel Trauma Center for Victims of Terror and War; Larsen, Kenneth, DMin, PhD, New England Baptist Hospital; Lackie, Bruce, PhD, The Black Rock Center for Psychotrauma

While Americans more recently woke up to the realities of terrorism after 9-11, Israel has been too familiar with this phenomenon for decades. This presentation will address important innovative strategies for identifying and therapeutically responding to only those individuals who are likely to develop PTSD following a catastrophic incident, while respecting those who are able to utilize their natural resources. You will become familiar with the approach used at Natal, the Israeli Center for Victims of War and Terror, and the Traumatic Memory Restructuring (TMR) model. You will also have the opportunity to become familiar with another innovative technique used specifically to centrally reprocess eidetic memories in those who go on to develop PTSD symptoms of recurrent nightmares and intrusive memories associated with catastrophic experiences.

T08–03 **disaster**

Bombing Terrorism in Nairobi: Dissociation and Numbing over Two Years

Doughty, Debby, PhD, University of Oklahoma Health Sciences Center; Pfefferbaum, Betty, MD, JD, University of Oklahoma Health Sciences Center; North, Carol, MD, MPH, Washington University; Narayanan, Pushpa, MA, University of Oklahoma Health Sciences Center

In 1998, a terrorist bombing of the U.S. embassy in Nairobi killed or injured hundreds. The psychological impact of this disaster was of concern to the U.S. and health care providers in Nairobi. Many Kenyan citizens sought mental health treatment. In this study, we examined 129 Kenyans who sought mental health treatment following the bombing. Variables examined were gender, age, exposure, injuries, initial responses of fear and arousal, and dissociation at the time of the bombing. Other variables, measured two years after the bombing, were posttraumatic stress symptoms (PTSS), numbing symptoms, persistent fears about safety, and functional impairment. Multiple regression analyses revealed that gender, age, and exposure were not related to dissociation, while high levels of fear and arousal were highly related. Two years later, 90% of participants still did not feel safe, with older participants feeling the least safe. Initial fear and arousal, and dissociation were most predictive of PTSS two years later. Injury and dissociation at the time of the bombing, and the level of PTSS two years later were highly associated with numbing symptoms. Functional impairment two years later was most related to injury, initial dissociation, and current numbing.

T08–04 **disaster**

Urbanicity as a Protective Risk Factor in Disaster

Jones, Cynthia, MA, Columbia University Graduate Student; Bennett, Joan, Columbia University Student

All disasters have the potential to wreak catastrophic consequences on environments and the people in them. Norris and colleagues (2002) identified several risk factors for psychiatric disorders such as PTSD, depression, and generalized anxiety disorder. These include age, experience, marital status, location (developing or developed country) and a number of disaster related stressors such as injury and death. We would like to build on these findings by adding a measure of population density ("urbanicity" or "rurality") as an effect modifier of the disaster's impact on the individual. If local destruction leads to decreases in positive affect as suggested, then the overall effect in a rural community with fewer financial, social, and technological resources, should be greater than in an urban community. It is our argument that social organization and properties of rural communities make them more vulnerable to negative psychological affect following disaster. This is a comparative descriptive analysis of US disasters such as the Oklahoma City Bombing, the September 11th attacks on the World Trade Center, and the flood at Buffalo Creek.

T08–05 **disaster**

Prospective Assessment of Child and Parent Reactions to Trauma Research

Kassam-Adams, Nancy, PhD, Children's Hospital of Philadelphia; Newman, Elana, PhD, University of Tulsa

Traumatically injured children (age 5–17) and their parents were recruited in the acute medical setting for a prospective study of posttraumatic stress responses. In order to systematically assess participants' views of the research process, the Reactions to Research Participation Questionnaires for Children (RRPQ-C) and for Parents (RRPQ-P) were administered at 2 time points: to 320 children (and parents) completing a research interview within one month of injury (T1) and to 270 completing a follow-up interview six months later (T2). T1 appraisals did not predict retention to follow-up. Reactions to study participation were largely consistent from T1 to T2. The majority of children and parents reported positive reactions to both interviews. A few children (6% T1; 8% T2) or parents (7% T1; 3% T2) reported feeling upset or sad; this upset was not associated with regret regarding participation. At T1 and T2, younger children were more likely to report feeling upset. At T1 only, children and parents with significant posttraumatic stress were more likely to report upset, and fewer young children reported autonomy in choosing whether to participate in the study. Implications for clinical research with recently traumatized children and parents in the acute medical setting will be discussed.

T08–06 **disaster**

Innovative Strategies for Reprocessing Memories of Trauma Survivors

Larsen, Kenneth, DMin, PhD, New England Baptist Hospital; Berger, Rony, PsyD, Natal, The Israel Trauma Center for Victims of Terror and War; Lackie, Bruce, PhD, The Black Rock Center for Psychotrauma

The second part of the presentation will focus on an innovative technique used with injured workers, including a survivor of a mass murder in the workplace. This topic is a compelling one because of the emerging necessity for, and relevance of, a time-effective approach to neutralize emotionally debilitating trauma in the lives of medical patients who need to get beyond such trauma history in order to more fully heal, rehabilitate, and return to function. Eidetic Memory Reprocessing (or the "Trauma Theatre") may give us added insight and understanding into how neurolinquistic procedures along with hypnotherapy can be used effectively in the treatment of the emotional and mental impact of both physiological and psychological trauma. The nature of eidetic "rewinding" seems to have a "neutralizing" effect on both affect assignment and cognitive memory coding. EMR serves to neutralize the distressing affect associated with trauma memory. Typical REM activities observed during both phases of this procedure suggest that reorganization of central processes is likely occurring at a fairly deep subcortical level. EMR is a safe method in which trauma memories can be absorbed and metabolized in the body and brain, leading the way for positive reconstruction of attitudes, values, feelings and self-attributions.

T08–07 **disaster**

Path Analysis of Stress Reactions After the WTC: Social Workers in NYC

Matthieu, Monica, PhD Candidate, Columbia University

The impact of traumatic disasters such as 9/11 and the resulting fragmentation of our nation weighs heavily on the psychological well-being of mental health workers; indeed they are often 'hidden victims' in disaster research. A purposive sample of all 1st year MSW interns at a major university in NYC completed self-report questionnaires four weeks post 9/11 (Hardiness Scale, Crisis State Assessment Scale, Impact of Events Scale). As theoretically predicted, statistically significant correlations were found between gender and psychological distress ($r = -0.21$; $P < 0.01$), hardiness and stress ($r = -0.24$; $P < 0.01$), and crisis state and stress ($r = 0.62$; $P < 0.01$). Path analysis revealed that hardiness and coping strategies operated primarily as intermediary variables between appraisal and acute stress reactions; appraisal emerged as the pivotal variable explaining stress. Using mediational models and multiple regression analyses, hardiness was revealed as a significant mediator between the magnitude of a crisis state and stress. Results add support to theoretical propositions linking personal and contextual resources to mental health-related outcomes and offer insights into specific factors that may affect the well-being of professionals that may respond to the needs of fragmented disaster-affected communities. Integration has to start with us, the helpers.

Thursday, October 30

T08–08 **disaster**

One Year After 9/11: Prevalence and Predictors of Traumatic Reactions

Rowell, Dianna, University at Albany, State University of New York (SUNY); Kuhn, Eric, MA, University at Albany, SUNY; Gusmano, Rebecca, University at Albany, SUNY; Blanchard, Edward, PhD, University at Albany, SUNY

This study examined the prevalence and predictors of current traumatic reactions one year after the events of September 11, 2001 (9/11). In the fall of 2002, 491 university students in Albany, NY completed a survey prepared for this study assessing exposure to 9/11 and one-year anniversary media coverage, participation in reparative acts, and proximity and connection to New York. Current PTSD and depression were assessed with the PTSD Checklist (PCL) and Beck Depression Inventory (BDI), respectively. Finally, past traumas were assessed with the Life Events Checklist (LEC). The mean PCL score was 27.68 and the BDI average was 6.72. Thirty-nine respondents (7.9%) met criteria for probable PTSD. There were significant differences between those with and without probable PTSD on such variables as average BDI scores, number of victims known, perceived difficulty contacting social supports on 9/11, past depression, and memorial service attendance in 2001 and 2002. Significant predictors of PTSD symptom severity included past depression, past trauma, perceived difficulty contacting social supports, and memorial service attendance following 9/11. These findings suggest a significant portion of the population may be experiencing long-term psychological distress one year after 9/11.The implications of the findings and their relationship to previous research are discussed.

T08–09 **disaster**

Ethics of Research with Patients Hospitalized for Traumatic Injury

Ruzek, Josef, PhD, National Center for PTSD, VA Palo Alto Health Care System; Zatzick, Doug, MD, Univ of Washington School of Medicine

Research on acute traumatic stress reactions and longer-term adaptation of those receiving hospital treatment for physical injury is rapidly increasing. This presentation reviews issues surrounding the research recruitment of acute care trauma center populations and reports results of two empirical investigations of reactions to research participation among physically injured, hospitalized, motor vehicle accident and assault survivors. Immediately following a one-hour research interview, participants receiving health care treatment in two level 1 trauma centers responded to a subset of Reactions to Research Participation Questionnaire items designed to assess the experience of research participation. Results across the two samples were consistent. The majority of subjects endorsed positive experiences and global satisfaction with research participation. A minority of reported that the research questions made them think about things they did not want to think about, that they experienced unanticipated distress because of participation, and that they felt they could not refuse participation. However, over 95% of patients reported that the benefits of protocol participation outweighed the costs and that in retrospect they would again agree to participate. These results suggest that while a minority of recently injured accident and assault survivors may have difficulties with specific aspects of the research process, the majority is satisfied with their research participation experience.

T08–10 **disaster**

Afghanistan: Epidemiological Findings from a Mental Health Survey

Scholte, Willem, MD, University of Amsterdam, Academic Medical Center, Department of Psychiatry; Olff, Miranda, PhD, University of Amsterdam, Academic Medical Center, Department of Psychiatry; Jansveld, Eveline, MA, University of Amsterdam, Academic Medical Center, Department of Psychiatry; de Vries, Giel-Jan, MA, University of Amsterdam, Academic Medical Center, Department of Psychiatry; Lopes-Cardozo, Barbara, MD, Centers for Disease Control and Prevention, Atlanta; Gotway, Carol, MA, Centers for Disease Control and Prevention, Atlanta; Ventevogel, Peter, MD, University of Amsterdam, Academic Medical Center, Department of Psychiatry

Over two decades of armed conflict have caused massive suffering and displacement of the Afghan population. We studied the prevalence of psychological traumatization and other mental health problems in Nangarhar province in eastern Afghanistan. Using a multi-stage cluster survey technique we selected a representative sample and interviewed 1012 persons (73% response rate, 46% male). Part of the interview consisted of the following instruments: Hopkins Symptom Checklist (HSCL-25), Harvard Trauma Questionnaire (HTQ) and some domains of the Symptom Checklist (SCL-90). Preliminary results reveal a PTSD prevalence rate of 12%. Reporting of separate PTSD symptoms, however, was substantially more frequent. Depression and anxiety as represented by mean scores of the HSCL-25 were moderately high (1.73 and 1.86, respectively). In our presentation we will address the survey's set-up, execution and results.

T09–01 **train**

ISTSS Trauma Training Survey

Orazem, Robert, University of Missouri, St. Louis; Resick, Patricia, PhD, University of Missouri, St. Louis

The purpose of the Trauma Training Survey project was to identify training opportunities that are currently available in the field of trauma. To achieve this, training providers were surveyed regarding training opportunities offered by their institutions. Respondents were recruited through notices sent to all International Society for Traumatic Stress Studies (ISTSS) members and through an announcement posted on the ISTSS internet website. Email announcements were also sent to other organizations. Respondents completed the survey on-line through the ISTSS internet website. A total of 226 responses were received. After eliminating redundant responses,187 responses remained. Responses included information regarding degrees offered, type of programs offered, program features, types of trauma being addressed, and trauma populations being served. Of the responding institutions, 108 offer graduate degrees, 79 offer internships or residencies, and 73 offer post-doctoral fellowships. The most commonly offered degrees included Ph.D. (n = 76), MA/MS (n = 46), M.D. (n = 26), LCSW (n = 10), Psy.D. (n = 8), and MSW (n = 7). More detailed summaries of the results will be presented for each level of training: graduate programs, internships/residencies, and post-doctoral opportunities.

Thursday, October 30

T10–01 frag

Ambiguity Tolerance and Posttraumatic Growth

Bayer, Shiri, MA, Behavioral Sciences Department, Ben-Gurion University, Israel; Amir, Marianne, PhD, Behavioral Sciences and Social Work Departments, Ben-Gurion University, Israel

Purpose: Research on Posttraumatic Growth (PTG) suggests that personality traits such as optimism and openness to experience enhance growth in trauma survivors. Ambiguity Tolerance (AT) is a personality variable, which has been identified as a moderator between stressful life events and the subjective experience of stress. The purpose of this study was to examine the relationship between exposure to trauma, PTG, and AT. Method: 221 female students were divided into two groups, those exposed to traumatic events (n=138) and those not exposed (n=83). They completed the following questionnaires: Measure of Ambiguity Tolerance, Posttraumatic Growth Inventory, and Traumatic Events Questionnaire. Findings: Results showed a main effect of group (exposure to trauma) and AT on PTG, in that participants exposed to trauma had significantly higher PTG scores. In addition, lower AT was significantly associated with higher PTG. Conclusions: Results suggested that among female students, exposure to trauma was related to Posttraumatic Growth. In addition, the less tolerant of ambiguity a person was, the more she experienced PTG. It is suggested that low AT can be interpreted as a form of distress, and as such, results are in concert with earlier studies showing that a certain amount of distress enhances PTG.

T10–02 frag

The Role of Maltreatment and Emotion Dysregulation in Dissociation

Gratz, Kim, MA, McLean Hospital and Harvard Medical School; Tull, Matthew, MA, University of Massachusetts, Boston

Although the relationship between childhood maltreatment and dissociation has been the topic of extensive study, the possible mechanisms underlying this relationship have received limited attention. Given the suggestion that dissociation may function to avoid emotions experienced as intolerable (e.g., Foa & Riggs, 1993), one such mechanism may be emotion dysregulation. That is, childhood maltreatment may increase risk for emotion dysregulation, and consequently, dissociation may function as an attempt to regulate these emotions. Moreover, given evidence that more intense emotions are more difficult to regulate and increase the risk for dysregulation, the interaction of childhood maltreatment and negative affect intensity could further increase the risk for emotion dysregulation and subsequent dissociation. This study examined whether emotion dysregulation mediates the relationship between childhood maltreatment, negative affect intensity, and their interaction, and dissociation. Two hundred and fifty-six female college students completed measures assessing childhood physical and sexual abuse, emotional neglect and overprotection, negative affect intensity, emotion dysregulation, and dissociation. Results indicate that whereas maltreatment and negative affect intensity significantly predicted dissociation, their interaction did not. As predicted, emotion dysregulation mediated the relationship between maltreatment and affect intensity and dissociation. Findings that dissociation may function to regulate emotions have important treatment implications.

T10–03 frag

Fragmentation and Integration in Children's Play Narratives of Trauma

Rafman, Sandra, PhD, McGill University Health Center, Montreal Children's Hospital and UQAM

Fragmentation in the moral as well as the relational and physical universe characterize children's experience of critical medical, social and political events. As play can reflect both fragmentation and integration, children's play narratives are media par excellence to explore the representations and transformations associated with disruptive events. We hypothesized that a) fragmented moral universe would be reflected in the representations of the children who had encountered such contexts, b) different critical experiences would present socio-moral dilemmas and c) the ability to address these dilemmas would distinguish clinical from non-clinical children. The play narratives of fifty children from community based, prevention and therapeutic settings were recorded and analyzed by two sets of experienced clinicians for dominant motifs. Children come from contexts of war, parental loss or sibling loss and critical illness or injury. Dilemmas related to good and evil, trust and betrayal, protection and aggression are prevalent in children's representations. Roles of perpetrator, victim and witness shift rapidly as moral ambiguities permeate fragmented scenes for war-bereaved children. The ability to assign non-fragmented and coherent socio-moral meanings to the experiences often distinguishes clinical from non-clinical outcomes. The role of the moral dimension in the evolution of play representations from fragmented to integrated narratives over the course of therapy will be illustrated.

T10–04 frag

Psychosocial Moderators of Physical Health and PTSD

Wolf, Erika, National Center for PTSD, VA Boston Healthcare System; Bedard, Michele, National Center for PTSD, VA Boston Healthcare System; Fisher, Lisa, PhD, National Center for PTSD, VA Boston Healthcare System; Niles, Barbara, PhD, National Center for PTSD, VA Boston Healthcare System

The association between physical health and PTSD has received much attention in the literature, however less is known about factors that might mediate or moderate this relationship. The present investigation examined the main effects and the interactions of self-reported physical health symptoms (breathing, heart, gastrointestinal problems, pain, and non-specific somatic sensations), depression, and social support as predictors of PTSD severity in a sample of 272 male veterans with symptoms of PTSD. PTSD severity was significantly correlated with each physical health symptom cluster, depression, and social support. However, multiple regression analyses indicate these variables are not uniquely associated with PTSD. Specifically, results indicate that pain is the only health variable uniquely associated with PTSD (beta = .12, $p = .021$), as all other health variables are accounted for by depression. Social support (smallest beta = -.12, $p = .059$), depression (smallest beta = .41, $p < .001$), and the interaction of social support and depression (smallest beta = .16, $p = .006$), significantly predicted PTSD. These results have important implications for the understanding of psychosocial moderators of PTSD and fit well with the evolving literature on the comorbidity of pain and PTSD. Treatment implications will be discussed.

Friday, October 31

F01–01 **assess**

Personality Styles and Posttraumatic Stress Disorder

Arzy-Sharabani, Ronit, MA, Ben-Gurion University of the Negev Israel; Bayer, Shiri, MA, Ben-Gurion University of the Negev Israel; Amir, Marianne, PhD, Ben-Gurion University of the Negev Israel

Purpose: The purpose of the present study was to broaden the knowledge about vulnerability to posttraumatic stress disorder (PTSD) among battered women. Specifically, the study explored the relationship between personality styles, self-criticism and dependency, and post traumatic stress disorder (PTSD) among battered women in Israel. Method: The research population comprised a sample of 91 battered women aged 20-60 applying to Domestic Violence Treatment and Prevention Centers for treatment. They were administered questionnaires relating backgrounds variables, previous traumatic events, personality styles (self-criticism and dependency) and the intensity of PTSD. Findings: The findings suggest that self - critical personality style was significantly associated with the diagnosis of PTSD. Furthermore, dependency personality style was a moderator factor to the association between self-criticism and PTSD. In that, at high levels of self-criticism, dependency had no influence on the intensity of PTSD, but at low levels of self-criticism high levels of dependency moderate the intensity of PTSD. Conclusions: Personality trait is a vulnerability factor in PTSD.

F01–02 **assess**

Evaluation of the Mississippi Scale Using Rasch Measurement

Aziz, Mohamed, MD, Cincinnati Veterans Affairs Medical Center; Betemps, Elizabeth, PhD, University of Cincinnati

This study used Rasch measurement theory to examine the Mississippi Scale-Revised for its utility in the development of a continuous measure of PTSD. Rasch is a probability based theory that provides both a measure of the person responding to the instrument and the location of each item calibration on one common variable. The study used a largely male sample of 153 veterans to evaluate the quality of the items defining PTSD, to describe how the items represent the symptom range of the disorder, and to assess the functioning of items in evaluating pTSD with and without comorbid MDD. Ten items defined the construct in equal interval units and could be used to construct a measurement of PTSD.

F01–03 **assess**

The PTCI: Factor Structure in Motor Vehicle Accident Survivors

Beck, Gayle, PhD, University at Buffalo, SUNY; Colder, Craig, PhD, University at Buffalo, SUNY; Coffey, Scott, PhD, University at Buffalo, SUNY; Gudmundsdottir, Berglind, University at Buffalo, SUNY; Palyo, Sarah, University at Buffalo, SUNY; Miller, Luana, University at Buffalo, SUNY

The Posttraumatic Cognitions Inventory (PTCI: Foa et al., 1999) is a relatively new measure to assess negative cognitions in Posttraumatic Stress Disorder (PTSD). The PTCI contains 33 items, which load onto three factors: Negative Cognitions about the Self, Negative Cognitions about the World, and Self-Blame. In an effort to proved additional psychometric support for the PTCI, an independent confirmatory factor analysis (CFA) was performed using a sample of 112 individuals who experienced a motor vehicle accident (MVA) that met criterion A for PTSD (48% PTSD+; 25% subsyndromal PTSD). The CFA model specified in Foa et al. (1999) did not fit the data well and some of the standardized factor loadings were small. Modification indices indicated that four items cross-loaded on two factors. Elimination of the cross-loading items resulted in a model that approached an adequate fit to the data (X2 (374, n= 112) = 540.52, p<.00001, X2/df ratio = 1.45, CFI = 0.88, RMSEA = 0.06) and all standardized factor loadings were substantial (>.45). The PTCI appears to capture many aspects of dysfunctional cognitions in PTSD that fall into 3 domains. These data indicate that further refinement of this promising measure may result in more homogeneous factors.

F01–04 **assess**

Evaluating LOSS: Comparing War Eras Among Aging Veterans

Chrysos, Elisa, VA Boston Healthcare System, National Center for PTSD; Samper, Rita, VA Boston Healthcare System, National Center for PTSD; Pless, Anica, VA Boston Healthcare System, National Center for PTSD; King, Lynda, PhD, VA Boston Healthcare System, National Center for PTSD; King, Daniel, PhD, VA Boston Healthcare System, National Center for PTSD; Davison, Eve, PhD, VA Boston Healthcare System, National Center for PTSD; Spiro III, Avron, PhD, VA Boston Healthcare System, National Center for PTSD

Late-onset Stress Symptomatology (LOSS) is a condition among older veterans who: a) were exposed to highly stressful war-zone events in their early adult years; b) have functioned successfully with no long-term history of chronic stress-related disorders; and c) began to register combat-related mental health complaints in their later years. A 36-item questionnaire was developed to assess the construct validity of LOSS via associations with potentially related variables including concerns about retirement, elder life stressors, and PTSD. Our preliminary sample included 254 combat veterans derived from the Normative Aging Study, the Veterans Health Study, and a sample of repatriated prisoners of war. Participants included 3 eras of war veterans: World War II, the Korea Conflict, and Vietnam. In general, correlations between LOSS and related variables were similar and in the expected direction for all 3 eras. However, while LOSS and the Elder Life Stressor Inventory were positively correlated for WWII and Korean conflict veterans (r = .32 and r = .58 respectively), for Vietnam veterans the association between LOSS and Elder Life Stressor Inventory was small but negatively correlated (r = -.10). These findings suggest that LOSS may be similar across these three war eras.

F01–05 **assess**

The Identification of Latent Factors Underlying Comorbidity in PTSD

Forbes, David, MA, Australian Centre for Posttraumatic Mental Health and University of Melbourne; Creamer, Mark, PhD, Australian Centre for Posttraumatic Mental Health and University of Melbourne; Allen, Nicholas, PhD, University of Melbourne; Elliott, Peter, PhD, Australian Centre for Posttraumatic Mental Health; McHugh, Tony, MA, Austin and Repatriation Medical Centre

Previous research by the current authors, using the MMPI-2 and a range of other measures, identified social alienation, anger, antisociality, disinhibition, and alcohol use as factors influencing treatment outcome for PTSD. One model gaining increased attention in the literature has identified externalization as a latent factor of underlying a number of psychiatric conditions, including anti-sociality, impulsivity and substance abuse, factors identified in our previous research as predictors of outcome. This paper examines data from 275 treatment seeking veterans with combat-related PTSD (C-R PTSD). The paper investigated whether the comorbidities associated with PTSD were best explained as manifestations of underlying externalisation or internalization constructs or another discrete syndrome. Confirmatory factor analytic procedures, using Mplus, identified that the two-factor solution of externalisation and internalization best accounted for the range of key areas of comorbidity associated with C-R PTSD. These two constructs were moderately correlated with each other and with PTSD. The results are discussed in terms of the use of the MMPI-2 as a measure of comorbidity in PTSD, the relationship of these two latent factors with the MMPI-2 personality disorder and PSY-5 scales, and implications of these findings for conceptualizations of the broader posttraumatic syndrome.

F01–06 assess

Memory Differences in PTSD Are Not an Artifact of Impaired Attention

Franklin, Kristin, PhD, San Francisco VA Medical Center; Neylan, Thomas, MD, San Francisco VA Medical Center; Rothlind, Johannes, PhD, San Francisco VA Medical Center; Lenoci, Maryanne, MA, San Francisco VA Medical Center; Metzler, Thomas, MA, San Francisco VA Medical Center; Marmar, Charles, MD, San Francisco VA Medical Center

Many, but not all, studies have documented explicit memory and attention differences between veterans with and without PTSD. Few have addressed the question of whether differences in performance on memory tests seen in PTSD and controls are related to memory function or an artifact of poor attention. The present study compares verbal memory and attention in 32 veterans with PTSD and 31 demographically matched veterans without PTSD while controlling for possible differences in attention. Participants were medically healthy and had no substance abuse or dependence within the last five years. PTSD participants showed significantly lower scores on a number of verbal memory and attention measures, although still in the non-impaired range. After covarying for the effects of attention, some of the observed differences between PTSD and controls were no longer significant with a few notable exceptions. PTSD subjects demonstrated poorer performance in paragraph recall and total word recall in tests of verbal memory. These results suggest that verbal memory differences in veterans with PTSD are not merely an artifact of poor attention.

F01–07 assess

Military Records of Veterans Seeking Treatment for Combat-Related PTSD

Frueh, B. Christopher, PhD, VAMC-Charleston and Medical University of South Carolina; Elhai, Jon, PhD, The University of South Dakota; Monnier, Jeannine, PhD, Medical University of South Carolina; Sauvageot, Julie, MSW, Medical University of South Carolina; Burkett, B., MBA

Data show that veterans seeking treatment for combat-related PTSD within VA Medical Centers show diffuse elevations across measures of psychopathology, and they elevate the validity scales of the Minnesota Multiphasic Personality Inventory (MMPI) in a manner suggestive of symptom overreporting. This is a concern because 69-74% of these veterans are seeking disability from the VA, and disability seeking veterans evidence even greater elevations across clinical and validity measures than do non-disability seeking veterans. This has led some to question the validity of PTSD reports in this population. It has also been noted that neither VA clinicians nor investigators tend to substantiate veterans' reports of combat by checking available military personnel records. We conducted a Freedom of Information Act request from the National Military Personnel Records for 100 consecutive veterans reporting Vietnam combat trauma in a VA PTSD clinic. Results showed that while 92% of the sample had clear documentation of having served in Vietnam during the war, only 40% of the total sample had clear evidence of combat exposure documented in their record. The rate of Purple Heart (21%) and valorous (7%) medals are also noted. Implications and future directions for research with combat veterans will be discussed.

F01–08 assess

Posttraumatic Distress in Motor Vehicle Accident Survivors

Gusmano, Rebecca, University at Albany, SUNY; Tulloch, Lisa, University at Albany, SUNY; Rowell, Dianna, University at Albany, SUNY; Lerner, Jonathan, MA, University at Albany, SUNY; Sabsevitz, Jill, MA, University at Albany, SUNY; Blanchard, Edward, PhD, University at Albany, SUNY

The present study investigated the effects of motor vehicle accidents (MVA), and the relationship between peri-accident variables and short and longer-term outcomes on students at the University at Albany. Survivor's anonymously answered a MVA survey, PTSD checklist (PCL), Center for Epidemiological Studies Depression Scale (CES-D), Travel Anxiety Questionnaire (TAQ), and State Dissociation Questionnaire (SDQ). The mean age of our sample was 19 years; 55% were female. Approximately 2% of the MVA survivors met the criteria for current probable PTSD and 20% met the criteria for current probable depression. Those with current probable PTSD scored significantly higher on the SDQ, past CES-D, current CES-D, and past PCL. Significant predictors of current PCL score include: fear during the MVA, responsibility attributed to other conditions during the MVA, fear of death during the MVA, age at the time of the MVA, decrease in health in the month after the MVA, and current feelings of vulnerability as a passenger. Overall, this model accounted for 13% of the variance in current PCL score. When past PCL score was added as a predictor to the above model, 46.3% of the variance was accounted for. Additional results will be presented and directions for future research discussed.

F01–09 assess

Developing Methodology for Quantifying Fear Inhibition in PTSD

Jovanovic, Tanja, PhD, Atlanta VA Medical Center, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine; Fiallos, Ana, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine; Keyes, Megan, MA, Altanta VA Medical Center; Myers, Karyn, MA, Department of Psychiatry and Behavioral Sciences, Emory University; Davis, Michael, PhD, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine; Duncan, Erica, MD, Atlanta VA Medical Center, Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine

Patients with posttraumatic stress disorder (PTSD) have persistent fear despite the presence of safety signals. Although the inability to inhibit fear is a central problem in PTSD, it has not been well studied. Our purpose was to assess fear potentiation and fear inhibition as independent processes in humans. We utilized fear-potentiated startle because it has been observed across many different species, its neural correlates are well known, and it has face validity with PTSD symptoms. We translated a conditional discrimination procedure (AX+/BX-), validated in animals, in order to quantify fear inhibition. Protocol adaptation was difficult and involved 11 experimental iterations tested across 50 pilot subjects. These difficulties included selecting the appropriate startle probe, overcoming configural processing by introducing a response keypad, and adding a novel stimulus to control for external inhibition. The final version of this protocol was tested on ten healthy volunteers and resulted in significant fear potentiation (startle amplitude to `danger'=182.85 arbitrary machine units (mu) vs. baseline startle=144.32mu, $F(1,9)=5.84$, $p<0.05$) and trend level fear inhibition (difference from baseline startle: `safety + danger'=44.83mu vs. `novel + danger'=99.12mu, $F(1,9)=4.53$, $p=0.06$). We believe this procedure will advance PTSD research by providing an effective measure of fear inhibition independent of fear potentiation.

Friday, October 31

F01–10 **assess**

Testing the URICA in a PTSD Treatment Group

Kelly, Cynthia, PhD, Cincinnati Veterans Affairs Medical Center; Aziz, Mohamed, MD, Cincinnati Veterans Affairs Medical Center; Lackey, Cynthia, Cincinnati Veterans Affairs Medical Center; Baker, Dewleen, MD, Cincinnati Veterans Affairs Medical Center

This pilot study was conducted to evaluate the psychometric properties of the University of Rhode Island Change Assessment (URICA) long form. This form has been utilized with veterans undergoing residential treatment for posttraumatic stress disorder (PTSD). The URICA is a 32 item continuous measure designed for use in psychotherapy to assess readiness to change. The instrument pre-test and post-test subscales (precontemplation, contemplation, action and maintenance) were evaluated using Rasch Rating Scale method based on criter identified by Smith (2000). Our analysis revealed that the URICA scale in the PTSD population did not provide evidence of construct validity. The major limitation of this pilot study was a small sample size.

F01–11 **assess**

Correlates of PTSD Diagnosis and Symptom Severity in a VA Program

Koch, Ellen, PhD, University of Michigan Health System; Amdur, Richard, PhD, Ann Arbor VA; Pole, Nnamdi, PhD, University of Michigan; Porter, Katherine, Ann Arbor Veterans Health Care System; Liberzon, Israel, MD, University of Michigan Health System and Ann Arbor VA

In addition to symptoms of PTSD, people exposed to trauma may also experience diffuse anxiety, depression, dissociative states unrelated to traumatic memories, difficulty putting feelings into words, and difficulty feeling understood. Some of these symptoms may adversely affect quality of life at least as much as do symptoms of PTSD. Veterans presenting for treatment in a VA outpatient PTSD treatment program over the course of three years responded to questionnaires and were evaluated by experienced clinicians. Nearly half of the participants were diagnosed with PTSD based on their total Clinician Administered PTSD Scale score. A majority of the measures were significantly related; however, the amount of self-reported avoidance was not correlated with the clinician's rating of avoidance symptoms. Self-reported degree of alexithymia, current anxiety, and working alliance during the evaluation were not significantly related to PTSD symptom severity. The self-reported quality of life was correlated with symptoms of dissociation and depression as well as clinician-rated avoidance and hyperarousal PTSD symptoms. Based on logistic regression, symptoms of dissociation and anger, number of trauma-related combat experiences, and quality of life significantly contribute to a diagnosis of PTSD. The results are discussed in terms of the fragmentation following exposure to traumatic events.

F01–12 **withdrawn**

F01–13 **assess**

Internalizing and Externalizing Personality Characteristics in PTSD

Mozley, Susannah, PhD, Boston VA Healthcare System, National Center for PTSD, Boston University School of Medicine; Miller, Mark, PhD, VA Boston Healthcare System, National Center for PTSD, Boston University School of Medicine; Dillon, Amy, Boston VA Healthcare System, National Center for PTSD; Niles, Barbara, PhD, Boston VA Healthcare System, National Center for PTSD, Boston University School of Medicine; Wolf, Erika, Boston VA Healthcare System, National Center for PTSD; Doron-Lamarca, Susan, MS, Boston VA Healthcare System

Studies of the latent structure of mental illness suggest that patterns of co-morbidity cohere along dimensions of internalization (a propensity to express distress inwards) and externalization (a propensity to express distress outwards; Krueger, McGue, & Iacono, 2001). The present study continues a line of work investigating heterogeneity in post-traumatic responses among veterans with PTSD. Forty-five male combat veterans were administered the Multidimensional Personality Questionnaire (MPQ, Tellegen, 1985; in press) as well as measures of PTSD, anger, violence, social support, anxiety, and repression. MPQ results were used to identify internalizing and externalizing profiles using criteria established in prior research (Miller, Dillon, Kaloupek, & Keane, under review; Miller, Greif, & Smith, in press). Results support an association between internalizing profiles and number of PTSD symptoms, anxiety, and inward-focused anger. Externalizing was associated with violent behavior, outward anger expression, and number of traumatic life events. Evidence for a stronger linkage between PTSD and indices of internalizing pathology support findings that PTSD tends to load on the internalizing dimension along with anxiety and unipolar mood disorders (Cox, Clara, & Enns, 2002). Results are discussed with regard to the development of clinical techniques that appropriately address individual differences in presentation of PTSD.

F01–14 **assess**

Quality of Life in Crime Victims with Posttraumatic Stress Disorder

Paunovic, Nenad, PhD, Traumacenter, Danderyds Hospital; Öst, Lars-Göran, PhD, Department of Psychology, Stockholm University

The psychometric properties of the Swedish version of the quality of life inventory (QOLI) were investigated with a sample of crime victims with posttraumatic stress disorder (PTSD) and a nontraumatized sample with no lifetime or current psychiatric disorder from the general population in the Stockholm county of Sweden. The QOLI showed excellent internal consistencies in both the clinical and the non-clinical sample. A PTSD group matched on age and gender with a nontraumatized control group displayed a significantly lower quality of life in 15 out of 16 domains of life than the latter group. The QOLI was inversely correlated with the severity of PTSD, depression and anxiety on a broad range of interview and self-report measures. The results are discussed in relation to previous research, methodological limitations and future directions.

F01–15 **assess**

Psychometric Evaluation of a Spanish Harvard Trauma Questionnaire

Sabin, Miriam, PhD, The University of Georgia School of Social Work; Bride, Brian, PhD, University of Tennessee, Nashville

The validation of instruments that measure traumatic stress in indigenous refugees is critical to field research in traumatology. The Harvard Trauma Questionnaire (HTQ) is one of the most widely used measures of traumatic stress designed for refugee populations. However, the HTQ has primarily been normed and validated with Southeast Asian and Bosnian refugee groups. This study investigates the psychometric characteristics of a Spanish language version of the HTQ, developed for two cross-sectional surveys in 2000 and 2001 with Mayan Guatemalan refugees in five refugee camps in Chiapas

and five repatriated communities in Guatemala, respectively. Six independent reviewers who were fluent in Spanish, and knowledgeable about Guatemalan refugee trauma experiences and Mayan conceptions of mental illness modified the HTQ for content validity and for dialect Spanish comprehension. All reviewers concurred independently with a final Spanish version in back-translations. Data collectors were trained to verbally administer the questionnaire in Spanish and two unwritten Mayan languages. The modified HTQ was administered to a total of 358 refugees; sixty percent of questionnaires were conducted in Mayan. Analysis revealed that reliability and validity results were comparable to prior studies on the HTQ.

F01–16 **assess**

Developmental and Neuropsychological Issues of High Functioning BPD

Sikora, Elizabeth, PhD, The Wholeness Institute

This presentation suggests different developmental experiences of women who are high functioning and diagnosed with BPD, as well as an increase in the number of cases of mild Traumatic Brain Injury. The impact of mild Traumatic Brain Injury on the symptomology of BPD in several women is presented; and the need for early evaluation of TBI and cognitive impairment is shown, along with evaluation methods, treatment needs, and comorbid treatment considerations.

F01–17 **assess**

Correlates for PTSD in Gulf War Veterans: A Retrospective Study

Stein, Amanda, University of Cincinnati; Tran, Giao, PhD, University of Cincinnati; Aziz, Mohamed, MD, Cincinnati VAMC and University of Cincinnati; Dashevsky, Boris, PhD, Cincinnati VAMC; Haji, Uzair, MD, Cincinnati VAMC; Baker, Dewleen, MD, Cincinnati VAMC and University of Cincinnati

Prior research has shown that childhood and lifetime trauma, combat exposure, and avoidant coping are correlated with Post-Traumatic Stress Disorder (PTSD), although few studies have examined their concurrent effects. This study investigated these correlates' unique and additive effects on PTSD, as well as combat exposure's moderating effects on the other variables' relations to PTSD. Sample consisted of 120 Gulf War veterans (89% men, mean age = 37.7). Logistic regression results indicated an 88% correct classification of PTSD diagnosis, with combat exposure and disengagement style having the primary effects (ps < .001). Multiple regression results showed that lifetime trauma, combat exposure, and disengagement coping were strongly related to PTSD symptoms, as assessed by the Clinician-Administered PTSD Scale (ps < .002, R2 = .48) and the Mississippi Scale for Combat-related PTSD (ps < .03, R2 = .63). Multiple regressions also revealed moderating effects (ps < .02) of combat exposure on the relations of childhood trauma to PTSD, which will be examined further with post hoc regressions. This study's correlational results are an important first step to examine additive and interactive effects of the primary correlates on PTSD and may provide an efficient and sufficiently complex model for longitudinal investigations of PTSD development.

F01–18 **assess**

The Examination of Avoidance Symptom in Domestic Violence Victims

Yanagita, Tami, MA, Sophia University, Japan; Yoneda, Hiroe, MA, Tokyo Metropolitan Women's Counseling Center; Hamada, Tomoko, Tokyo Metropolitan Women's Counseling Center; Kamo, Toshiko, MD, PhD, Tokyo Women's Medical College; Kim, Yoshiharu, MD, PhD, National Institute of Mental Health, Japan

The authors launched the support project for the domestic violence (DV) victims at official women's shelter in Tokyo. It consists of psycho-education, social support and psychological assessments including the IES-R at the baseline, at the time of discharge and during the follow-up. As yet 76 women refugee agreed to take part in the project and completed the baseline and the second time assessment, with the mean interval 15.3 days (SD=9.1). During this interval, the IES-R scores showed significant reduction (p<0.01) in the total as well as the intrusion and hyperarousal subscores. The avoidance subscore did not change, presumably because the avoidance symptom has different risk factors and backgrounds, or because the limitation of the IES-R as a quantitative measurement tool for each symptom, though it detected the change in other two symptoms. The nature of the avoidance symptom should be also thoroughly investigated in its particular role for psychological protection during the prolonged victimization due to violence. The short time seclusion may no enough to let the victims gain the sense of reality and the more long lasting support will be needed for its recovery. The project is ongoing and our result and hypothesis will be enriched further.

F02–01 **biomed**

Low Post-Trauma GABA Plasma Levels: A Predictive Factor of PTSD or MDE?

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Background. Several studies suggest a relationship between a low level of GABA and vulnerability to mood disorders, or to alcohol addiction. In a preliminary study, we suggest that GABA regulation is involved in acute PTSD. However, the comorbidity between PTSD and major depressive episode (MDE) has been described in many studies. At 1 year, are low GABA levels in relationship with PTSD rather than with a depressive episode? Method. Victims of a road traffic accident were included in a prospective study. The day after admission to the Traumatology department, two 10 ml tubes of blood were taken. Plasma GABA levels were measured using an "ion-trap" technique, with isotopic dilution using mass spectrometry. Clinical evaluation was performed at 3 steps: during the first days following hospitalization, 2 months and 1 year later. We used the MINI assessement and the DSM-IV criteria for MDE (actual and current) at one year. The patients were contacted by telephone, at 2 months and 1 year. Results. At one year, we had 70 complete files: 31 subjects suffering from ASD in the first month, 31 from MDE at one year, 40 from PTSD at six weeks and 27 at one year. We found a covariate relationship between PTSD and depression at 1 year. Low post-trauma GABA levels seem to be predictive in the development of acute PTSD (2 months), but more in the development of Mood Depressive Disorder at one year.

F02–02 **biomed**

Dexamethasone Suppression Test in Patients with Combat-Related PTSD

Chung, Moon, MD, PhD, Seoul Veterans Hospital, Yonsei University

Dexamethasone suppression test(DST) was used to investigate the possibility of enhanced negative feedback sensitivity of the hypothalamic-pituitary-adrenal(HPA) axis in 12 male PTSD patients and age-matched 12 male controls. We measured Mississippi scale and Beck depression inventory(BDI), which were significantly higher in patients group than in control group. There was no difference in combat exposure scale(CES) score and baseline plasma cortisol level between two groups. Plasma cortisol levels at 8:00 am and 4:00 pm were significantly lower in patients group than control

group. Relative value of change was significantly higher in patients group than in control group. There was no significant correlation between relative value of change of cortisol from baseline to 4:00 pm and BDI and CES score. But Mississippi scale score had significant correlation with relative value of change. It is supposed that alteration of DST observed in this study be related with enhanced HPA axis sensitivity in PTSD.

F02–03 **biomed**

Determinants of the Sleep Disturbances in PTSD Patients

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Background: Sleep disturbances (SD) characterize posttraumatic stress disorder (PTSD), and influence PTSD severity and outcomes. However, SD may arise from both non-PTSD and non-PTSD specific determinants. This study examines the influence of patient-characteristics (e.g., gender, age), disorder-related characteristics (e.g., trauma types, PTSD severity and chronicity), and psychiatric comorbidity on SD severity in patients presenting with PTSD prior to pharmacotherapy. Methods: 368 PTSD patients (51.9% women; aged 18-69 yrs.; mean baseline CAPS 73.3+ 17.7; mean PTSD duration 15.0 + 12.3yrs) completed the Pittsburgh Sleep Quality Index (PSQI). ANOVAs were conducted on global sleep scores to determine whether SD severity varied according to gender, age, trauma type, PTSD chronicity and severity, or psychiatric comorbidity. Results: Mean PSQI score was 12.0 + 3.6, indicating severe SD. Gender, age, trauma types, PTSD chronicity, or psychiatric comorbidity did not influence SD severity. Increasing PTSD severity was associated with increased SD severity. Conclusions: SD severity is closely related to PTSD severity, but not to gender, age, trauma type, comorbidity, or chronicity. The robustness of the present findings is reinforced by the inclusion of PTSD patients who were not recruited for a sleep study. The findings reinforce the notion that SD may reflect a core PTSD dysfunction.

F02–04 **biomed**

Auditory Startle Responses in Crime Victims with PTSD

Griffin, Michael, PhD, University of Missouri, St. Louis

Enhanced startle responses are a common symptom reported in posttraumatic stress disorder (PTSD). In recent years there have been a number of studies that have provided empirical support for the idea of enhanced physiological responding to intense auditory stimuli in trauma survivors with PTSD. Many of these studies have focused upon male combat veterans with chronic PTSD. Less is known about female trauma survivors in the acute aftermath of a traumatic event. Data will be presented from a longitudinal study of female rape and physical assault survivors assessed for startle responding using an intense (95-dB 1000Hz) auditory stimulus. Assessments were conducted within one month of the assault and follow-ups were conducted six months later. Assessments also included clinical interviews of symptoms using the Clinician administered PTSD Scale. Data have been collected on 50 women at both time points. Startle measures include physiological measurements of heartrate, skin conductance, and eye-blink electromyogram responses. Analyses will examine the degree of physiological startle related to PTSD symptoms. Findings will be discussed in terms of the time course of startle responding in PTSD both in the acute aftermath of trauma and later in chronic PTSD.

F02–05 **biomed**

Decreased Endocrine and Sleep Responses to Metyrapone in PTSD

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Metyrapone blocks cortisol synthesis, which results in a stimulation of hypothalamic cortiocotropin releasing factor (CRF) and a reduction in delta sleep. We examined the effect of metyrapone administration on endocrine and sleep measures in male subjects with and without chronic PTSD. We hypothesized that metyrapone would result in a decrease in delta sleep and that the magnitude of this decrease would be correlated with the endocrine response. Finally, we utilized the delta sleep response to metyrapone as an indirect measure of hypothalamic CRF activity and hypothesized that PTSD subjects would have decreased delta sleep at baseline and a greater decrease in delta sleep induced by metyrapone. Three nights of polysomnography were obtained in 24 male subjects with combat-related PTSD and 18 male combat-exposed normal controls. On day 3 metyrapone was administered during normal waking hours until habitual sleep onset preceding night 3. Endocrine responses to metyrapone were measured in plasma obtained the morning following sleep recordings the day before and after administration. Repeated measures ANOVAs were conducted to compare the endocrine and sleep response to metyrapone in PTSD and controls. PTSD subjects had significantly less delta sleep as indexed by stages 3 and 4, and total delta integrated amplitude prior to metyrapone administration. There were no differences in pre-metyrapone cortisol or ACTH levels in PTSD versus controls. PTSD subjects had a significantly decreased ACTH response to metyrapone compared to controls. Metyrapone caused an increase in awakenings and marked decrease in quantitative measures of delta sleep that was significantly greater in controls compared to PTSD. The decline in delta sleep was significantly associated with the magnitude of increase in both 11-deoxycortisol and ACTH. The results suggest that the delta sleep response to metyrapone is a measure of the brain response to increases in hypothalamic CRF. These data also suggest that the ACTH and sleep EEG response to hypothalamic CRF is decreased in PTSD.

F02–06 **biomed**

Norepinephrine Levels Are Associated with Peritraumatic Dissociation

Sledjeski, Eve, MA, Kent State University; Delahanty, Douglas, PhD, Kent State University; Nugent, Nicole, MA, Kent State University; Buckley, Beth, Kent State University; Raimonde, A. Jay, MD, Summa Health System; Spoonster, Eileen, RN, Summa Health System

We had previously reported that urinary catecholamine levels excreted during the first 15 hours following a motor vehicle accident (MVA) were negatively correlated with reports of peritraumatic dissociation (Delahanty et al., 2001). However, 15-hour samples are influenced by a number of factors in addition to the accident such as emergency room experiences, surgeries, and speaking with loved ones. The present study was designed to limit the influence of these confounds by examining the relationship between catecholamine levels excreted within 5 hours after the accident and peritraumatic dissociation in 76 MVA victims (50 males, 26 females). Following hospital protocol, patients were catheterized upon admittance, and 5-hour urine samples were collected. After informed consent, participants completed the peritraumatic dissociative experiences questionnaire (PDEQ: Marmar et al.,1997). An analysis of covariance, controlling for use of alcohol/drugs, age, and gen-

der, found that high dissociators had significantly lower norepinephrine levels than low dissociators, F(1,71)=5.72, p=.019. Urinary epinephrine was not related to reports of peritraumatic dissociation. These results extend the findings of Delahanty et al. (2002) and suggest that norepinephrine levels excreted within 5 hours following an acute trauma are related to reports of dissociative experiences.

F03–01 child

Stability of Memory for Traumatic Experience and Relationship to PTSD

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The purpose of this study is to examine the stability of memory for the experience of an acute injury or burn. We defined memory of the traumatic experience as the children's recollection of both their immediate anxiety response (PTSD A2 criteria) and their dissociative response at the time of trauma. Data has been collected on 45 children (7-17 y.o) admitted to a hospital with acute injuries and enrolled in a prospective study on the longitudinal course of PTSD. We looked at the change of the child's reports from their acute hospital stay to three months post trauma. Our indices of memory changed an average of 36.7% with a minimum of 21.1% ("Did you feel completely horrified?") and a maximum of 64.3% ("Did time seem different?"). We also found that memory for the experience of dissociative response at time of trauma was strongly influenced by changes in PTSD symptoms. Changes in reporting of acute dissociative response were positively correlated with changes in PTSD symptoms (r = .442, sig = .005). This suggests that memory of traumatic experience is dependent upon emotional state at the time of interview.

F03–02 child

Religous Practice and Meaning Among Children Traumatized by 9/11

Brown, Elissa, PhD, New York University School of Medicine; Goodman, Robin, PhD, New York University School of Medicine; Tokayer, Naama, PsyD, New York University School of Medicine; Sena, Amanda, New York University School of Medicine; Doyle, Megan, New York University School of Medicine

Theoreticians have hypothesized that stressful life events, such as trauma and bereavement, impact religious practice and spirituality. In turn, religious practice and spirituality may be protective factors against the development of mental health outcomes following stressful life events. Although based in strong theoretical foundation, these hypothesized relations have not been studied empirically in children who are bereaved as a result of a trauma. The purpose of this study is to use empirical means to elucidate the nature of the relations among religious practice, spirituality, and psychiatric symptoms in children who were traumatically bereaved as a result of the events of September 11th, 2001. Wives and children of uniformed service workers (firefighters, police, port authority police, and emergency medical service personnel) who died on September 11th, 2001 responded to questions regarding their religious practice (e.g., use of prayer, attending activities at religious organizations), spirituality (e.g., perception of life's meaning), posttraumatic stress disorder (PTSD), depression, and traumatic grief. Statistical analyses will evaluate whether religious activity and meaning increased, decreased, or remained the same following September 11th, 2001. We will then explore whether level of and change in religious practice and sense of meaning are associated with severity of children's PTSD, depression, and traumatic grief. Implications of findings include an increased understanding of the impact of religious practice and spirituality for traumatically bereaved children.

F03–03 child

Anxiety and Depression in Children: Impact of Residential Fire

Conde, Joann, MA, University of North Texas; Jones, Russell, PhD, Virginia Tech University; Ollendick, Thomas, PhD, Virginia Tech University; Kephart, Christina, MA, Virginia Tech University; Wang, Yanping, MA, Virginia Tech University

Symptoms of anxiety and depression were examined in 99 children and adolescents (56 African American and 43 European American) following a residential fire. The children and their parents completed self-administered questionnaires and were interviewed regarding their reactions to the fire and their current psychological functioning. It is hypothesized that for all children the most commonly reported symptoms after the fire will be worry/oversensitivity, physiological complaints, negative mood, and internalizing behaviors. It is believed that African American children will endorse more symptoms when compared to European American children. It is predicted that exposure and loss will be directly related to anxious and depressive symptomology, fears, and internalizing behaviors. The moderating roles of social support, life events, and coping abilities will be explored. Preliminary analysis appears to support the hypothesis regarding commonly reported symptoms. There were no differences across ethnicity for overall anxiety, depression, fears, and behaviors. Exposure was directly related to parental report of child internalizing behaviors. Loss was not related to symptomology or behaviors. However, the proposed moderators significantly influenced the relationships between loss, exposure, and all dependent variables. Overall, child characteristics and environment appear to be the best predictors of adjustment following a residential fire.

F03–04 child

Traumagenic Role of Peritraumatic Dissociation in Adolescents

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The study in this presentation examined severity of the dissociation at the time of trauma and its connection with current dissociative symptoms. We investigated the relationship between general clinical (GD) tendencies and peritraumatic dissociation (PD) of specific traumatic events in nonclinical adolescent sample. It describes the relation of different types of traumas to the degree of dissociative experiences. The purpose of it is to be evaluated a broad spectrum of traumatic events (18 types) and the effect of PD that could account for mediating factor in the development of GD. A total of 640 community respondents interviewed at the school-based. 52.9% were girls, 47% were boys, the mean age was 16.43 (SD:0.64), 17.7% described stressful life events resulting instabile family environment. 620 completed Traumatic Life Events questionnaire. Our results showed that 97.3% had at least one trauma. (mean:2.84;Sd:1.74) 71.6% subjects explained intense emotional reactions and 15.4% explained to be injured at the time of trauma. Because of the multiple trauma history was very high (74.8%),the worst trauma was selected for the rating PDE-Q.Only 425 subjects rated PDE-Q (mean:20.10;sd:8.68). The percentage of the worst traumas are 63% natural disaster; 5.6% suddenly and unexpected loss; 4.2% witnessing family violence; 2.8% other accidents; 1.9% sexual assault under 13;1.7% traffic accident. Regression analysis was made in three steps. Outcome variables were selected as DIS-Q for step-1, step-3

and as PDE-Q for step-2.PDE-Q was added to predictor variables in step-3. Gender, trauma type, instabile family environment, being injured were unique predictors of both types of dissociation. When PDE-Q was entered regression, trauma type did not predict DIS-Q.This means that PD accounted the mediating factor in the GD development.

F03–05 **child**

A Multimodal Treatment if Pediatric PTSD

Heiden, Lynda, PhD, Stanford University; Saltzman, Kasey, PhD, Stanford University; Carrion, Victor, MD, Stanford University

A multimodal treatment protocol addressing multiple dimensions of trauma-related distress and dysfunction in children with PTSD will be presented. PTSD is characterized by symptoms of emotional constriction and dysregulation, intrusive re-experiencing, and physiological hyperarousal (APA 1994). These symptoms can lead to impaired academic and social functioning and disrupt normal development. Currently there are no systematic protocols integrating psychoeducational, psychophysiological, and psychosocial components of pediatric treatment. This protocol is based on extensive review of the empirical and theoretical literature as well as clinical experience. Additionally, because conditioned hyperarousal and difficulties with regulation of anxiety are consistently present in children who experience maltreatment (Perry & Pate, 1994), studies of stress-related psychophysiological reactivity in children were also reviewed. Based on our findings, an integrative treatment protocol was developed and is being piloted on 20 children who have suffered interpersonal violence. The protocol provides 15 structured 60-min therapy sessions addressing psychoeducation of parents and children, psychophysiology and emotional regulation, anxiety management, parent/family issues, and exploring and restructuring trauma-related schemes. Phases of manual development will be described (piloting, reevaluation, revision), and the objectives and procedures will be discussed in detail. Pilot data evaluating the effectiveness of the protocol will also be presented.

F03–06 **child**

Parent-Child Agreement on the PTSD Module of the DICA

Kia-Keating, Maryam, EdM, Boston University Medical Center; MacDonald, Helen, MA, Boston University Medical Center; Banh, My, MPH, Boston University Medical Center; Saxe, Glenn, MD, Boston University Medical Center; Stoddard, Frederick, MD, Boston University Medical Center; Koenen, Karestan, PhD, Boston Univerisity Medical Center; Lopez, Carlos, MD, Boston University Medical Center; Hall, Erin, MA, Boston University Medical Center; Kaplow, Julie, MA, Boston University Medical Center

Although parent reports of their children's psychopathology are indispensable, children can provide valuable information about their subjective thoughts, behaviors, and emotions. PTSD symptoms include both observable behaviors, which parents can report on, as well as internal states, which may be more suited for self-report. Comparisons of parent and child reports are crucial to improving the assessment and diagnosis of childhood traumatic stress. Families of children aged 7-17 were enrolled in this ongoing prospective study examining the longitudinal course of posttraumatic stress symptoms in a sample of children who have experienced an acute burn or injury. 71 child-parent dyads were administered the PTSD module of the Diagnostic Interview for Children and Adolescents (DICA). Overall, there was 81.7% agreement between parent and child diagnosis of PTSD. Within cluster symptoms, there was significant agreement between parent and child reporting of re-experiencing and avoidance/numbing cluster symptoms, with a 74.2% and 74.6% agreement respectively. However, parent-child agreement on hypervigiliance/arousal symptoms was not statistically significant, with only a 53.2% agreement. These findings help clarify the utility of the DICA with injured or burned children and indicate that parent-child agreement differences exist depending on symptom cluster. These differences warrant further investigation.

F03–07 **child**

Assessing Long-Term Risk Among Child and Adolescent Flood Victims

Kreuger, Larry, PhD, University of Missouri, Columbia School of Social Work; Stretch, John, PhD, Saint Louis University, School of Social Services

Investigated were relationships between emotional distress and risk factors indicating service needs in children following a long-term flood. Twenty-seven hundred and nineteen children from 18 parochial schools grades 4-12 were screened on-site using two standardized measures: the RCMAS and CDI-Short Form, along with measures of disaster impact and recovery. Of 2719 screened, 1950 (72%) measured WNL for both anxiety and depression. Of those 769 children (28%) with elevated scores, 570 (74%) had elevated anxiety, 41 (5%) had elevated depression, and the remaining 158 (21%) had both. The perception of harm to self ($x2 = 23.95$, $p<.001$); self reported illnesses, ($x2 = 18.93$, $p<001$); and evacuation of residence ($x2 = 17.10$, $p<.001$), were related to elevated scores. Analysis suggests a disaster recovery model with five levels. Using these data, 2253 (83%) of those screened would classified in low risk magnitude 1; 170 (6.3%) would be in (slight risk) level 2; 152 (5.6%) would be in (moderate risk) level 3; and the remaining 144 (5.3%) would be classified in the level 4 group (highest risk, loss of residence). No children were in level 0 (no risk), as participating schools were selected from parishes where at least minimal inundation had occurred.

F03–08 **child**

Relation Between Infant Disorganized Attachment and Childhood PTSD

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Prior research has shown that disorganized attachment in infancy is related to heightened physiological stress in the infant, as reflected in higher salivary cortisol, and to increased externalizing behaviors at school age. However, few studies have examined whether disorganized infant attachment is associated with school-aged children's reactions to traumatic stress. This study evaluated whether children with a history of disorganized attachment at 12 months of age had increased posttraumatic stress symptoms at 8.5 years of age, after covariate control. Subjects were 78 children (87% AA/AC, 47% female, 49% prenatally cocaine exposed) who were participants in a larger prospective cohort study of the effects of prenatal cocaine exposure on children's growth and development. Children's attachment status at 12 months was scored from videotapes of children and their primary caregiver in Ainsworth's Strange Situation. Fourteen (18%) children were classified as disorganized. Children were administered the Diagnostic Interview for Children and Adolescents – PTSD module at 8.5 years. Chi-square analyses indicated that disorganized attachment was significantly related to higher levels of PTSD avoidant symptoms; findings remained significant after gender and prenatal cocaine exposure were covaried ($p < .05$). These results suggest that relational factors in early life may mediate children's later traumatic stress reactions.

F03–09 **child**

Initial Cardiovascular Predictors and PTSD in Child Accident Victims

Nugent, Nicole, MA, Kent State University; Delahanty, Doug, PhD, Kent State University; Christopher, Norman, MD, Akron Children's Hospital; Buckley, Beth, Kent State University; Sledjeski, Eve, MA, Kent State University

Although cardiovascular levels soon after trauma have been related to subsequent PTSD in adults, the extent to which initial cardiovascular activity predicts PTSD in children has not been investigated. The present study examined the relationship between initial cardiovascular levels and subsequent PTSD symptoms in 47 male and 22 female children admitted to a level 3 trauma unit. Systolic blood pressure (SBP), diastolic blood pressure (DBP), and heart rate (HR) were assessed at four time points: during EMS transportation, upon trauma admission, for 20 minutes following admission, and upon discharge. Beginning at admission, 12-hour urine samples for assessment of urinary catecholamine and cortisol levels were collected. Six weeks later, children were administered the Clinician Administered PTSD Scale for Children and Adolescents (CAPS-CA). Analyses revealed no relationship between cardiovascular levels upon admission and 6-week PTSD symptoms (SBP: r =.-.052,p>.7, DBP: r =.002,p>.9, HR: r = -.039,p>.8). Similar findings were obtained for cardiovascular levels at all other time points. Initial admission DBP and HR levels were related to 12-hour urinary norepinephrine levels (DBP: r = .583, p <.01, HR: r = .461, p < .01). The present results question the use of initial cardiovascular levels as predictors of PTSD in child trauma victims.

F04–01 **clin res**

Effects of Smoking Outcome Expectancy on Anxiety in a PTSD Population

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Research indicates that individuals with PTSD smoke at higher rates than the general population. However, the mechanisms that contribute to this rate of smoking are not clearly understood. The present study investigated the relationship between smokers' expectations that smoking reduces negative affect and actual post-cigarette anxiety reduction following exposure to trauma-related imagery. Participants were 30 PTSD diagnosed men and women enrolled in a placebo-controlled study examining the effect of nicotine on physiological reactivity to trauma cues. Results of regression analyses indicate a greater belief that smoking reduces negative affect predicts decreased anxiety following an anxiety prime (45 second trauma script) and smoking phase (nicotine or placebo cigarettes), controlling for baseline anxiety level and nicotine condition, R squared = .19. Smoking expectancy was the only variable included in analyses that significantly added to the predictive value of the equation, B = .44, p = .029. Regardless of nicotine content of the cigarettes, individuals who expected smoking to reduce negative feelings experienced a decrease in anxiety. Results suggest that smoking related expectancies in individuals with PTSD are likely to contribute to the high incidence of smoking and nicotine dependence beyond the pharmacological effects of nicotine. Implications for future research will be discussed.

F04–02 **clin res**

Residential Rehabilitation Treatment for Combat-Related PTSD—Outcome

David, Daniella, MD, University of Miami and Miami VAMC; Fuller, Cathara, Miami VAMC; Defaria, Ludmila, MD, University of Miami and Miami VAMC

The outcome efficacy of rehabilitation treatment for combat-related PTSD has been previously questioned. While symptom severity measures do not always show improvement, functional outcome has been reported to improve. The goal of this study is to evaluate the changes in symptoms of depression, anxiety and PTSD, and in mental and physical health perceptions, as reported by veterans who completed a PTSD residential rehabilitation program. Subjects were 131 male veterans with a primary diagnosis of PTSD, who were admitted over a two-year period and completed the full length of the program. Mean age was 54.1 +/- 6.4 years, 44.3% were White, 34.4% were Black and 21.4% were Hispanic. Patients completed the Beck Depression and Anxiety Inventories (BDI and BAI), the Mississippi scale for combat-related PTSD (M-PTSD), and the SF-36 upon admission to the program, at discharge and at 4-6 months follow-up. Follow-up data is presently in final collection stage. Differences in BDI, BAI, M-PTSD and SF-36 scores between admission and discharge were analyzed by paired t-tests. Once follow-up collection is complete, ANOVA will be used to compare the three time points. No significant changes were found in BDI and BAI scores between admission and discharge, while the M-PTSD scores were higher on discharge (133.9 +/- 17.3 vs 136.5 +/- 18.8, t=2.1, df=115, p=.04). SF-36 subscales showed significant improvement in emotional role (21.9 +/- 3.0 vs 38.6 +/- 5.2, t=2.6, df=53, t=.01), mental health perception (24.5 +/- 16.6 vs 31.6 +/- 18.7, t=2.6, df=53, t=.01), and vitality (21.1 +/- 18.6 vs 27.2 +/- 20.6, t= 2.1, df=53, t=.04), and worsening in physical health perception (41.8 +/- 27.7 vs 34.0 +/- 27.4, t=2.9, df=55, p=.006). Residential treatment for chronic, combat-related PTSD is associated with no change or worsening in symptom severity and physical health perception. However, mental health perception measures show significant improvement. Possible explanations for these findings will be discussed.

F04–03 **clin res**

Prevalence, Impact, and Disclosure of Political Violence in US Latinos

Eisenman, David, MD, MSHS, University of California, Los Angeles, School of Medicine; Gelberg, Lillian, MD, MSHS, University of California, Los Angeles; Liu, Honghu, PhD, University of California, Los Angeles; Shapiro, Martin, MD, PhD, University of California, Los Angeles

Political violence (PV) is wide-spread in Latin America. Little is documented about its impact on U.S. Latino immigrants. We surveyed a random sample of Latino immigrants at 3 general medicine clinics in Los Angeles to estimate the prevalence of PV, associated health impairments, and disclosure to physicians. Of 1287 Latino patients, 919 (71%) were eligible (age >18; born in Latin America) and 638 (69%) underwent face-to-face interviews (male 24%; mean age 46 years; Mexico 42%, Salvador 33%, Guatemala 17%, Other 8%). Overall, 44% reported PV experiences; 7% reported torture. In multivariate logistic regressions controlling for age, gender, country, years in US, acculturation, income, and insurance, PV exposure was significantly related to symptoms of depression (OR 3.2; 1.8-5.5), PTSD (OR 2.7; 1.3-5.4), panic (OR 2.7; 1.1-7.2), and alcohol abuse (OR 3.5; 1.3-9.4). PV was asociated with poorer health-related quality of life (lower scores = worse health) in several domains: role limitations from physical problems (59 vs 74, p<.0001 ANOVA), from emotional problems (61 vs 78, p<.0001 ANOVA), and chronic pain (56 vs 65, p<.001 ANOVA). 3% reported disclosing PV to a US physician. This first study about PV in US Latino immigrants suggests the need for interventions targeted to this population.

Friday, October 31

F04–04 **clin res**

Trauma and PTSD: Does Emotion Regulation Play a Role?

Frey, Linda, MA, University of Montana; Crouse, Ellen, MA, University of Montana; Caruso, John, PhD, University of Montana; Waltz, Jennifer, PhD, University of Montana

Posttraumatic stress disorder (PTSD) has been conceptualized as a disorder of affect regulation (Zlotnick, Mattia & Zimmerman, 2001). While some empirical evidence supports a relationship between these constructs (e.g., Frey, et al., 2001), there currently remains a dearth of scientific investigation in this area. Using a sample of 141 undergraduate students with reported trauma exposure, the present study assesses emotion regulation as an intervening variable between trauma and PTSD. Analyses were carried out examining specific features associated with the trauma event (known or unknown assailant, CSA or other trauma, sexual assault or nonsexual assault), and their relation to the degree of arousal, reexperiencing and avoidance symptoms. The use of three emotion regulation measures enriches this analysis. Overall, results offer minimal evidence for mediation: emotion regulation, as measured by the Affective Control Scale (Williams, Chambless & Ahrens, 1997), served as an intervening variable between nonsexual assault and all types of PTSD symptomatology, while emotion regulation, as assessed by the Negative Mood Regulation Scale (Catanzaro & Greenwood, 1994) served as an intervening variable between nonsexual assault and avoidance symptoms only. Results are discussed in terms of our conceptualization of the role of the emotion regulation process in the development of PTSD.

F04–05 **clin res**

One Year PTSD Outcomes in a Depression Treatment Trial

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Low income minority women with major depression (MDD), about half of whom had comorbid PTSD, were screened and recruited for a depression treatment trial in public primary care settings. Those meeting full MDD criteria were randomized to CBT, medication (usually SSRI), or treatment as usual (referral only, TAU), and evaluated by baseline clinical interview and followed by telephone for one year. PTSD was reassessed at one year. Six month data were available on 279 women. 44% were African American and 50% Latina, 36% had less than a high school education, and 64% were uninsured. 49% of the sample had current co-morbid PTSD. Both treatment groups showed significant improvement in depression symptoms and social functioning during the first 6 months, compared to TAU, with no differences by ethnicity or PTSD status. Among the 211 subjects assessed at one year, CBT subjects without PTSD were significantly less depressed than TAU subjects, but those with comorbid PTSD did not differ. There were no significant depression differences for medication. However, medication subjects with PTSD at baseline were significantly less likely to have PTSD at one year. Treatment did not affect exposure to new traumas.

F04–06 **clin res**

Can Acute Flashback Characteristics Predict PTSD?

Jones, Charlie, MA, University of Oxford; Harvey, Allison, University of Oxford; Hackmann, Ann, University of Oxford; Bootzin, Richard, University of Arizona

Flashbacks are core diagnostic reexperiencing symptoms of posttraumatic stress disorder (PTSD) and yet have also been described as beneficial, in facilitating the processing of traumatic material. Studies have generally not investigated flashbacks in the acute stage posttrauma. Do flashbacks in the acute stage posttrauma occur in all trauma survivors? Are there different types of flashback? Consecutive road traffic accident survivors were assessed as soon as possible (Time 1, n = 91) and at six weeks posttrauma (Time 2, n = 70). Time 1 was an average of 4-5 days posttrauma. Participants rated flashbacks on various characteristics on 7 point Likert scales. At Time 2, PTSD was diagnosed with the PTSD Diagnostic Scale. At Time 1, 49 participants reported flashbacks and 42 did not. Flashbacks at Time 1 were reported by participants who both did (n = 12) and did not (n = 27) subsequently develop PTSD. Flashbacks reported by individuals who later developed PTSD were significantly more intense ($p < 0.05$) and more fearful ($p < 0.05$) than the flashbacks reported by individuals who did not go on to develop PTSD. These results challenge the assumption that all flashbacks in the acute stage posttrauma are beneficial to cognitive restructuring.

F04–07 **withdrawn**

F04–08 **clin res**

Implications of Childhood Trauma, Complex PTSD and Alexithymia

McLean, Linda, PhD, CAMH, Clarke Division, Department of Psychiatry, University of Toronto; Toner, Brenda, PhD, Women's Mental Health & Addiction Program, CAMH; Stuckless, Noreen, PhD, Department of Psychiatry, University of Toronto; Desroches, Mary, PhD, Department of Psychology, York University

Over the past decade, there has been a dramatic increase in interest in the etiologic primacy of childhood sexual abuse to adult psychopathology and diagnoses. A body of empirical literature points to the association of severe childhood trauma with complex posttraumatic stress disorder(CP) and with alexithymia. Affect dysregulation,central to both constructs, impacts mental health and functioning. This study examined the strength of the association between CP, affect regulation, dissociation, somatization and alexithymia in women with a reported history of early (i.e., LE12 years of age) childhood sexual abuse. The differential role of specific types of early trauma in the level of adult alexithymia was elucidated in a convenience sample of seventy women (GE18 years of age)drawn from six mental health outpatient clinics and the community in a large metropolitan city. The Traumatic Antecendents Questionnaire, the Structured Interview for Disorders of Extreme Stress and the Toronto Alexithymia Scale-20 was administered to each participant. It is anticipated that the role of adult alexithymia in women who meet diagnostic criteria for CP will be highlighted, thus informing treatment.

F04–09 **clin res**

Predictors of Attrition in Children Exposed to Family Violence

Murtaugh, Cristin, University of Maryland; Koverola, Catherine, PhD, University of Maryland; Boppana, Dinesh, MPH, University of Maryland

Attrition poses a significant barrier for conducting treatment outcome research with children exposed to family violence. This paper will identify both, risk factors that predict attrition and protective factors that predict retention. The sample includes 121 children, aged 3 to 17 years, referred for treatment because of family violence. Predictor variables include: (1) Demographic Characteristics; (2) Violence Exposure (Conflict Tactics Scale); (3) Child Adjustment (Diagnosis, Child Behavior Checklist, Culture Free Self-Esteem Inventory); and (4) Caregiver Functioning (Parenting Stress Index, Social Support Questionnaire, Child Abuse Potential Inventory). Differences in demographics, violence exposure, child adjustment, and caregiver functioning between those engaged in treatment and the attrited group will be examined with logistic (or probit) regression for discrete outcomes and multiple regression for continuous outcomes. This will allow examination of simultaneous effects of several multiple variables that might influence the attrition rate as

well as examination of non-linear (e.g., interactive) effects; for example, the effect of violence exposure on attrition may differ as a function of certain demographic characteristics. The implications of these findings for treatment outcome studies will be presented.

F04–10 **clin res**

The Longitudinal Course of Chronic Combat-Related PTSD

Niles, Barbara, PhD, National Center for PTSD, VA Boston Healthcare System; Wolf, Erika, PhD, National Center for PTSD, VA Boston Healthcare System; Doron-LaMarca, Susan, PhD, National Center for PTSD, VA Boston Healthcare System

Many researchers have examined the development symptoms of PTSD during the months or years following a traumatic stressor. However there has been very little documentation of the fluctuation of symptoms in cases where PTSD symptoms sustain and become chronic. This presentation examines the course of chronic PTSD in Vietnam veterans at least 30 years after their traumatic combat events. In this two-year study, participants PTSD symptoms, life stressors, and social support are assessed every two weeks via telephone interviews. Preliminary evidence suggests that PTSD symptoms fluctuate substantially, but show no general upward or downward trend over time. Participants vary in terms of the degree of symptom variability, with some participants having wide fluctuation and some relatively little. As clinical anecdote would predict, for those study participants who were enrolled in the study prior to 9/11/01, PTSD symptoms did increase significantly during the following weeks. However, no association was detected between self-reported stressors and PTSD symptom fluctuation in general. Symptom changes corresponding to the U.S./Iraq war will be examined. The clinical and research implications of these findings will be discussed.

F04–11 **clin res**

Impact of Relaying Trauma Story on Symptoms in CSA Survivors

Palesh, Oxana, PhD, Stanford University; Classen, Catherine, PhD, Stanford University; Field, Nigel, PhD, Pacific Graduate School of Psychology; Spiegel, David, MD, Stanford University

This study examines the relationship between CSA survivors' immediate response to relaying their stories of child sexual abuse and self-reported trauma symptoms, cognitions and interpersonal functioning. This study examines baseline data collected from 171 female CSA survivors who were participating in an intervention study. Participants were given 10 minutes to respond to the prompt "Please tell me what happened to you when you were sexually abused as a child." After completion of the narrative, participants completed a questionnaire consisting of 12 items which inquired about their feelings towards themselves and their abuser, intrusive thoughts and dissociative experiences during the narration of the story. Preliminary findings based on a qualitative analysis of the trauma narratives will be presented. In addition, the relationship between data generated from the trauma narrative, the post-trauma interview questionnaire and other self-reported measures of interpersonal problems, dissociation and trauma symptoms will be examined.

F04–12 **clin res**

Prazosin Effects on Specific Symptoms in Chronic Combat Trauma PTSD

Raskind, Murray, MD, VA Puget Sound Health Care System; Peskind, Elaine, MD, VA Puget Sound Health Care System; Petrie, Eric, MD, VA Puget Sound Health Care System; Thompson, Charles, MD, VA Puget Sound Health Care System; Kanter, Evan, MD, VA Puget Sound Health Care System; Radant, Allen, MD, VA Puget Sound Health Care System; Dobie, Dorcas, MD, VA Puget Sound Health Care System; Hoff, David, PA-C, VA Puget Sound Health Care System; McFall, Miles, PhD, VA Puget Sound Health Care System

Purpose: Prazosin is a generically available brain active alpha-1 adrenergic antagonist. We recently reported a placebo-controlled crossover study demonstrating that prazosin substantially and effectively reduces trauma-related nightmares, sleep disturbance and overall PTSD severity in Vietnam War combat veterans with chronic PTSD (Am J Psychiatry 2003;160:371-373). Here we report the effects of prazosin on specific PTSD symptoms as described by the Clinician Administered PTSD Scale (CAPS). Methods: Ten Vietnam combat veterans with chronic PTSD and frequent severe treatment resistant trauma related nightmares (CAPS recurrent distressing dream item score _ 6) participated in a double-blind, placebo-controlled crossover study. They were randomized to prazosin or placebo for a three-week drug titration period followed by six weeks on maximum effective dose. Following a two-week washout period, they were then "crossed over" to the other medication (prazosin or placebo). Maintenance psychotropic drugs were kept constant. Change scores were compared between prazosin and placebo conditions by paired t test. Findings: Prazosin was significantly more effective than placebo on the following CAPS items: intrusive memories ($p=0.03$); recurrent distressing dreams ($p<0.01$); physiologic distress on exposure ($p<0.01$); decreased interest ($p=0.03$); numbing ($p=0.03$); sleep disturbance ($p=0.02$); irritability/anger ($p=0.01$). Conclusions: Prazosin significantly reduces severity of multiple PTSD symptoms across the accepted cluster of PTSD symptoms.

F04–13 **clin res**

Experiential Avoidance, Shame and PTSD Symptoms in Trauma Survivors

Rhatigan, Deborah, PhD, VA Boston Healthcare System and Boston University School of Medicine; Block Lerner, Jennifer, PhD, VA Boston Healthcare System and Boston University School of Medicine; Plumb, Jennifer, VA Boston Healthcare System and Boston University School of Medicine; Street, Amy, PhD, VA Boston Healthcare System and Boston University School of Medicine; Shipherd, Jillian, PhD, VA Boston Healthcare System and Boston University School of Medicine

Trauma survivors, who are likely to experience greater levels of trait-based shame, or the tendency to globally evaluate the self as "small," worthless or powerless (Tangney et al., 1992), commonly use avoidant coping strategies to manage negative emotions (Street, et al., under review). Avoidant coping strategies may be indicative of a general pathological process known as experiential avoidance, which involves an unwillingness to remain in contact with private experiences, such as thoughts or emotions (Hayes et al., 1996). High levels of experiential avoidance have been linked to the development of multiple problems, including PTSD (Foa & Riggs, 1995). Using a predominately veteran sample (current N=60), the present study will examine associations among trait-based shame, experiential avoidance, and PTSD symptomatology. It will employ multiple measures of experiential avoidance including cognitive avoidance (i.e., White Bear Suppression Inventory), behavioral avoidance (i.e., Brief COPE), and general avoidance (i.e., Acceptance and Action Questionnaire) as well as measures of trait-based shame (i.e., TOSCA) and PTSD symptomatology (i.e., DEQ). It is expected that higher levels of experiential avoidance will mediate the association between feelings of shame and PTSD. Exploratory regression analyses will additionally examine the role of potential moderating factors, including participant gender and type of trauma.

F04–14 **clin res**

The Relation Between Childhood Abuse and Conversion Disorder

Roelofs, Karin, PhD, Leiden University, The Netherlands; Keijsers, Ger, PhD, University of Nijmegen, The Netherlands; Hoogduin, Kees, Prof dr., University of Nijmegen, The Netherlands

Despite the fact that the assumption of a relationship between conversion disorder and childhood traumatization has a long history, there is little empirical evidence to support this premise. The present

study examined this relation and investigated whether other negative life-events mediate the relation between childhood trauma and conversion symptoms. A total of 54 patients with conversion disorder and 50 matched comparison patients with an affective disorder were administered a Structured Trauma Interview (STI), measures of cognitive (DES) and somatoform dissociative experiences (SDQ-20), and a measure of life-events concerning a 12 month period prior to the onset of the symptoms. Conversion patients reported a higher incidence of physical/sexual abuse, a larger number of different types of physical abuse, sexual abuse of longer duration and more often incestuous experiences than comparison patients. In addition, within the group of conversion patients, parental dysfunction by the mother was associated with larger scores on the DES and the SDQ-20. Physical abuse was associated with a larger number of conversion symptoms (SCID-I). The relation between childhood abuse and conversion symptoms proved to be partially mediated by other negative life events. In conclusion, the present results provide evidence of a relationship between childhood traumatization and conversion disorder.

F04–15 **clin res**

Trauma in Couples: Relationship Fragmentation and Integration

Schwerdtfeger, Kami, Kansas State University; Jones, Nina, Kansas State University; Nelson, Briana, PhD, Kansas State University; Hoheisel, Carol, MS, Kansas State University; Smith, Douglas, MS, Kansas State University; Peterson, F. Ryan, Kansas State University; Kelley, Sharit, Kansas State University; Archuleta, Kristy, Kansas State University

Traumatic events affect not only individual trauma survivors, but also people who have significant relationships with trauma-exposed and traumatized individuals. Much of the literature on traumatic stress focuses on the individual, without an empirical description of the systemic impact of trauma. The couple relationship provides a unique context for examining the interpersonal or systemic impact of trauma and understanding how exposure to traumatic events and post-traumatic responses can impact both the primary trauma survivor, the spouse/partner of the trauma survivor, and the interpersonal dynamics of the relationships of trauma survivors. This poster presents data from research examining the effects of trauma on the couple relationship. A mixed method design, including qualitative interviews with each partner, was used to identify individual trauma symptoms, levels of relationship satisfaction, and other variables related to the impact of previous trauma on each individual and on the couple's relationship. The qualitative analysis focused on extracting central themes and descriptions from each participant. Results suggest that previous trauma can negatively impact the couple relationship. The participants' responses and themes will be presented and implications for clinicians and researchers will be explored.

F04–16 **clin res**

The Effect of Trauma Exposure and Affect Intensity on Emotionality

Tull, Matthew, MA, University of Massachusetts Boston; Jakupcak, Matthew, MA, Seattle VA, Puget Sound Health Care System

Emotional functioning deficits in PTSD are poorly understood, as are the effect of individual difference factors on the presentation of these difficulties. The present study examined the effect of trauma exposure and negative affect intensity on fear of anxiety, experiential avoidance, and emotional expressivity among college students. Participants filled out a series of questionnaires assessing trauma exposure, PTSD symptom severity, negative affect intensity, fear of anxiety, experiential avoidance, and emotional expressivity. Participants were assigned to a trauma or non-trauma group based upon self-report of physical and/or sexual assault and PTSD symptom severity. Participants were also assigned to either a low or high negative affect intensity group based upon self-report. Results demonstrate that trauma group participants reported significantly greater experiential avoidance, fear of anxiety, and significantly less emotional expressivity as compared to non-trauma participants. Similar main effects were found for high negative affect intensity participants. A significant interaction between trauma exposure and negative affect intensity was found for fear of anxiety. Trauma group participants high in negative affect intensity reported greater fear of anxiety as compared to those low in negative affect intensity. Results are discussed in terms of implications for interventions and future research on posttraumatic emotional responses.

F04–17 **clin res**

Impact of Complex Childhood Abuse on Physical Health

Widera-Wysoczanska, Agnieszka, PhD, Institute of Psychology, University of Wroclaw, Clinical Division

In this study, the correlations between health problems and the type of childhood trauma (emotional, physical, sexual and alcoholism of mother or father), the age at which the person experienced it, and the identity of the perpetrator (mother, father, or a stranger) were investigated in a random sample. To recognize the types of trauma, the Intimate Situations Questionnaire and Family Childhood Abuse Questionnaire were used. The results of the study showed that a history of childhood trauma correlated significantly with several somatic problems. The different types of diseases most likely to affect people from alcoholic families, victims of physical abuse, and of sexual abuse are presented. The long term health problems, were more likely to affect victims of sexual and also physical abuse than people who met the criteria for emotional abuse. Childhood sexual abuse was associated with perceived poorer overall health, greater physical functional disability, and an increased number of physical symptoms. People with multiple types of abuse showed the greatest health decrement. Persons raised by an alcoholic mother showed more somatic problems than those raised by an alcoholic father. The greater the distance between a mother and a child, the earlier the appearance of somatic problems, the longer the problems lasted, and the more intensive they were. The treatment issue is discussed.

F05–01 **commun**

Juvenile Court Diversion Programming for Refugee Youths

Fasulo, Samuel, MA, Georgia State University; Isakson, Brian, Georgia State University; Jurkovic, Gregory, PhD, Georgia State University; Hudson, Bryan, Refugee Family Services; Dhongade, Catherine, Refugee Family Services; Valentine, Leanne, Georgia State University; Dunn, Sarah, Georgia State University

Social service agencies have been challenged to meet the pressing needs of the rapidly growing refugee population in the U.S. One agency that has received surprisingly little attention in this regard is the juvenile court. Related, in part, to the trauma and stress of refugee youths' pre- and post-migratory experiences, many are developing behavior problems resulting in their referral to the juvenile court. This poster will present the initial phase of our development of a multifaceted, culturally-anchored, community-based effort to divert refugee youths from the juvenile court system. Delivered through a refugee family center located in the heart of the target population in a large Southeastern metropolitan area, the program includes a tutoring and an innovative strengths-oriented mentoring component involving youths and their parents along with consultation to teachers. Ways in which the psychology graduate student mentors support the resiliency of the youths while at the same time providing them with opportunities to process traumatic experiences will be presented. We are also working with key refugee center and juvenile court staff and parents in the refugee community to establish "parent-youth councils" whose task is to serve as an alternative to court services (supervision, probation, and detention) for at-risk youths.

F05–02 **commun**

Examining the Intersection of PTSD and Disability of Traumatic Origin

Stamm, B. Hudnall, PhD, Institute of Rural Health, Idaho State University; Gray, Matt, PhD, Department of Psychology, University of Wyoming; Cellucci, Leigh, PhD, Institutes of Rural Health, Idaho State University; Spearman, Russell, MEd, Institute of Rural Health, Idaho State University; Piland, Neill, DrPH, Institute of Rural Health, Idaho State University; Conley, Heather, PhDc, Institute of Rural Health, Idaho State University

Life-threat is common to the etiology PTSD and traumatic disability. Using new and archival data, this poster examines the intersection of traumatic disability and traumatic stress. PTSD requires experiencing "threatened death or serious injury" and disability of traumatic origin specifies, "the individual is expected to die as a result." Life-threatening events account for 20-25% of PTSD cases and 16.8% of people who experience a serious accident or injury develop PTSD. Etiology is rarely reported for people with disabilities. One U.S. study of 12 million (of 53 million) disabilities yielded a conservative estimate of 31% injury-related disabilities. Using the 16.8% PTSD conversion rate, that would suggest epidemiologically, at least 2,760,240 people have both a disability and lifetime PTSD. Regardless of the actual number, the risk and protective factors are similar for PTSD and for disability. Co-morbidity of PTSD and disability make recovery and integration particularly challenging. A statewide needs and resources assessment was conducted with 485 Idahoans with disabilities. The data reveal that the sample is characterized by previously recognized PTSD and disability risk factors: poverty, unemployment, health problems, quality of life, and family and residence changes. These data suggest that greater empirical study of this intersection of population is warranted.

F06–01 **culture**

Sexual Harassment and Attitudes Toward Women in the Military

Bruce, Tamara, NC-PTSD, Women's Health Sciences Division, VA Boston Healthcare System;Vogt, Dawne, PhD, NC-PTSD, Women's Health Sciences Division, VA Boston Healthcare System; Street, Amy, PhD, NC-PTSD, Women's Health Sciences Division, VA Boston Healthcare System; Stafford, Jane, PhD, NC-PTSD, Women's Health Sciences Division, VA Boston Healthcare System

Research among military populations indicates that the potentially traumatic experience of sexual harassment in this environment is all too common, with more than three-fourths of women in the Armed Forces reporting one or more experiences of unwanted sexual attention during their service. In this study, we explored the predictors of negative attitudes towards women in the military and tolerance of sexual harassment among 1,957 male and female former members of the Reserve Components of the Armed Forces. In addition, we examined the relationship between attitudes towards women in the military and tolerance of sexual harassment of women. Negative attitudes towards women in the military and tolerance of sexual harassment were predicted by gender and race/ethnicity, with women and non-Caucasians having more positive attitudes and a lower tolerance of harassment. One possible explanation for these results suggests that prior personal experience with discrimination may result in more positive attitudes toward other stigmatized groups. Additional analyses indicated that negative attitudes towards women in the military were associated with a higher tolerance for sexual harassment. In turn, higher tolerance of sexual harassment has been shown to be related to the propensity to harass and inaction when witnessing sexual harassment.

F06–02 **culture**

Psychological Status of Help-Seeking Bosnian Refugees

Keane, Terence, PhD, Boston University School of Medicine and DVA National Center for PTSD-Boston; Petrovic, Alma, Boston University School of Medicine; Pinjic, Emma, Boston University School of Medicine; Charney, Meredith, Boston University School of Medicine; Cajdric, Aida, Boston University School of Medicine; Piwowarczyk, Linda, MD, Boston University School of Medicine

In the development of a culturally sensitive approach to treatment development for Bosnian refugees exposed to war trauma, we employed wide ranging focus groups. Treatments were developed and are in the process of being evaluated empirically. During the course of this project we have comprehensively examined 70 individuals to determine eligibility for the clinical trial. In this presentation we will provide information on the diagnostic status of all individuals; these diagnoses were provided via administration of the Clinician Administered PTSD Scale (CAPS) and the Structured Clinical Interview for DSM (SCID). In addition, we will present information on their psychosocial functioning derived from the Quality of Life Scale, the Family Functioning Scale, the Addiction Severity Index, and the SF-36. Preliminary analyses indicate high levels of depression and PTSD and low levels of substance abuse problems are prevalent in this cohort. Depressive symptoms are related to cognitive appraisals of losses associated with the civil war in the former Yugoslavia. Additional data analyses will be completed on a total sample of 150 participants in our treatment program; structural equation modeling will be applied to determine those factors contributing to the development of PTSD and other levels of adversity among these civilian survivors of war.

F06–03 **culture**

The Communicative Robustness of Trauma Dialogue Among Refugee Families

Muzurovic, Nerina, The University of Chicago; Weine, Stevan, MD, International Center on Human Responses to Social Catastrophes; Kulauzovic, Yasmina, MA, International Center on Human Responses to Social Catasrophes; Besic, Sanela, International Center on Human Responses to Social Catastrophes; Lezic, Alma, International Center on Human Responses to Social Catastrophes; Mujagic, Aida, College of Nursing, University of Illinois at Chicago; Muzurovic, Jasmina, JD, International Center on Human Responses to Social Catastrophes; Spahovic, Dzemila, MD, International Center on Human Responses to Social Catastrophes; Feetham, Suzanne, University of Chicago; Pavkovic, Ivan, MD, International Center on Human Responses to Social Catastrophes

Objective: To construct a model of refugee families' communications regarding trauma-related symptoms and emotions. Method: This study utilized a grounded-theory approach to analyze qualitative evidence in the Bosnian language from multi-family support and education groups with Bosnian refugee families. Textual search, coding, and analysis were conducted using ATLAS/ti for Windows. Results: A grounded theory model was constructed that assesses the communicative robustness of symptoms and emotions by examining their semantic links to the domains of war, refuge, and family. According to this model, the communicative robustness varied across different symptoms and emotions. For example, nervozan(irritable) and smiren(calm) are highly robust, with links to war, family, and refuge, as does spavanje(sleep), which is also linked to medication. In contrast, strah (fear) and tuga (sadness) are far less robust, being limited to one domain. Conclusion: Terms commonly associated with trauma and mental health vary according to their communicative robustness amongst Bosnian refugee families. Clinical and preventive trauma and mental health interventions should consider using terms that contain more communicative robustness when talking with refugee families.

Friday, October 31

F06–04 culture

Ethnocultural Variations in Immediate Posttraumatic Distress

Santos, Monica, Harborview Medical Center, University of Washington School of Medicine; Russo, Joan, PhD, Harborview Medical Center, University of Washington School of Medicine; Zatzick, Douglas, MD, Harborview Medical Center, University of Washington School of Medicine

Purpose: Few investigations have assessed ethnocultural variations in immediate posttraumatic distress among acutely injured trauma survivors. Method: The investigation included a random sample of 269 acute care inpatients. Inpatients were screened for PTSD (PCL), dissociative (PDEQ), and depressive symptoms (CES-D). In order to accurately determine ethnocultural heritage, we compared trauma registry classifications, patient categorical self-reports, and patient open-ended descriptions of ethnocultural group identification. A coding scheme was developed that derived from US census procedures. Symptoms were then compared across groups. Results: The trauma registry misclassified 20% of patients. Recoding revealed that 59% (N=160) of patients were from White/European backgrounds while 41% (N=109) of patients were from Non-White (i.e., African American, Asian, Latin American/Hispanic, and American Indian) backgrounds. Non-White patients demonstrated statistically significant elevations in peritraumatic dissociative {$t(257) = 3.7$, $p < 0.001$} and PTSD {$t(262) = 3.1$, $p < 0.01$} symptoms. These significant differences persisted in linear regression models that adjusted for relevant injury, demographic and clinical characteristics. Conclusions: Current procedures for documenting the heritages of diverse acute care inpatients are associated with substantial inaccuracies. Proper identification is important, as ethnocultural group status is independently associated with significant variations in early symptomatic responses to traumatic injury.

F07–01 practice

Health and Health Care Utilization in Female Vets with Sexual Trauma

Himmelfarb, Naomi, PhD, Department of Veteran Affairs, West Los Angeles Healthcare Center; Yaeger, Deborah, MD, Department of Veteran Affairs, West Los Angeles Healthcare Center; Lu, Nghi, University of California, Los Angeles; Cammack, Allison, University of California, Los Angeles; Freer, Janya, MD, University of California, Los Angeles

This study looks at health effects of military sexual trauma (MST) on female veterans. Previous research has shown that women veterans have high rates of MST, that women with sexual trauma are more prone to emotional and physical disorders, and that they seek more medical treatment. Our first objective was to determine the prevalence of MST and associated health problems. We anticipated that women with MST would have more post-traumatic stress disorder (PTSD), depression, and physical complaints than would non-traumatized women. Second, we wanted to understand the relationship between MST and health care utilization; we expected greater health care use by traumatized women. Our sample was 137 female veterans completing self-report questionnaires and structured interviews. Data for health care utilization were derived from medical records. We found that 40% of our sample had experienced MST and that women with MST had twice the incidence of PTSD and depression as non-traumatized subjects. We also found an increase in physical health problems related primarily to PTSD. As predicted, we found greater health care utilization by traumatized subjects. Depression made the greatest contribution to this increase; PTSD made a smaller contribution. There was no direct relationship between health care utilization and MST.

F07–02 practice

War Trauma, SES, and Posttraumatic Stress Symptoms in Bosnian Youths

Isakson, Brian, Georgia State University; Jurkovic, Gregory, PhD, Georgia State University; Maltese, Kelly, Georgia State University

Little research in the traumatology field has investigated the role of socioeconomic (SES) variables in children's development of posttraumatic stress symptomatology (PTS). The present study examined whether parental educational and occupational status moderated the relation of trauma exposure to PTS in Bosnian youths. Trauma exposure was expected to be more highly associated with PTS in youths living in low SES families than those in high SES families. It was assumed that families with more resources were better able to buffer the effects of children's war-related experiences. As part of a larger study of PTS in an elementary school in Sarajevo, 140 youths in grades 6-8 were administered a measure of PTS. One of their parents also completed a measure of their children's PTS, along with a demographic form evaluating, in part, their educational and occupational status, and the child and family's exposure to war-related trauma. Separate hierarchical regression analyses examining the relation of trauma exposure and SES to both the child and parent reports of PTS were conducted. In general, main effects for trauma exposure and SES were found; however, neither analysis yielded a significant interaction between the two. The implications of the findings for theory and practice are discussed.

F07–03 practice

Intimate Partner Violence in Postpartum Women

Johnson, Dawn, PhD, Center for the Treatment and Study of Traumatic Stress, Summa Health System, St. Thomas Hospital; Zlotnick, Caron, PhD, Brown University; Kohn, Robert, MD, Brown University

Intimate partner violence (IPV) is a significant social problem associated with severe emotional consequences in women. Using the National Survey of Families and Households (NSFH), the rates of IPV over a five-year period in married or cohabitating women less than 48 months postpartum (N = 606) relative to other women (N = 3489) were explored. Additionally, severity of depression symptoms was compared among those postpartum women with IPV to those without. Preliminary results indicate that 7.1% of postpartum women endorsed recent IPV, compared to 4.1% of other women. This difference betwen groups does not remain significant when controlling for age and SES. Postpartum women with IPV reported significantly more severe depression symptoms than those without, and these differences were maintained at a 5-year follow-up (N = 513). Women with no IPV at baseline were significantly more likely to remain in the relationship with the abuser than were those with IPV (81.8% vs. 42.9%). Of those women who remained with their partner over time, a larger proportion of those who initially reported IPV reported IPV five years later (33.3%) than did those who did not initially report IPV (4.2%). Clinical implications will be discussed.

F07–04 practice

Maladaptive Cognitions and Eating Disturbances in Assault Victims

Mastnak, Julie, MA, Center for Trauma Recovery; Resick, Patricia, PhD, Center for Trauma Recovery

Posttraumatic stress disorder (PTSD) and depression are among the possible sequelae to a sexual or physical assault. Clinical impressions suggest that eating disturbances may also be among the possible sequelae. It is widely accepted that maladaptive cognitions are important in maintaining PTSD, depression and eating disturbances. It is hypothesized here that women reporting eating disturbances will report more severe PTSD and depressive symptoms and more maladaptive cognitions than women without eating disturbances.

Standardized interviews and symptom questionnaires are administered to a treatment-seeking sample of female victims of sexual or physical assault as part of an ongoing study. Assessment measures for this presentation include the Health Questionnaire, Personal Beliefs and Reactions Scale, Clinician-Administered PTSD Scale and Beck Depression Inventory. The anticipated sample size for this presentation is 120 subjects. Descriptive analyses will be conducted to determine the frequency of disturbed eating among PTSD-positive female assault victims. ANOVAs will be conducted to examine differences in PTSD, depression and maladaptive cognitions between the groups of women with and without eating disturbances. A discussion of these analyses will be presented. Clinical implications and directions for future research will also be addressed.

F07–05 **practice**

Childhood Abuse and Adult Sexual Risk in Women

Stines, Lisa, MA, Kent State University; Hobfoll, Stevan, PhD, Kent State University

Childhood sexual abuse has been linked with risky sexual behavior in adulthood for abuse survivors. However, the mechanisms for this association, and whether this applies to other traumatic experiences during childhood, are unclear. This investigation examined the relationship between childhood sexual abuse (CSA), childhood physical abuse (CPA), PTSD, adult revictimization, and sexual risk in adulthood. Risk was defined in two ways: behavioral risk (e.g. sexual intercourse without condoms) and relational risk (e.g. involvement in a romantic relationship with a man who has sex with other men). The following hypotheses were proposed: (1) CSA, but not CPA, will be associated with sexual risk (both behavioral and relational) in adulthood; (2) PTSD and adult revicitmization will mediate the relationship between CSA and sexual risk. A community sample of young, high-risk inner city women were interviewed. Contrary to the first hypothesis, preliminary analyses revealed that both CSA and CPA are associated with sexual risk in adulthood. Results also indicate that PTSD and adult revictimization mediate the relationship between abuse experiences during childhood and adult sexual risk for women. These results suggest that a cycle of interpersonal loss and trauma may exacerbate sexual risk behaviors and relationships among female survivors of childhood abuse.

F07–06 **practice**

Relationship Between PTSD and Self-Reported Health Problems

Vora, Rajvee, MB, Eastern Michigan University; Lauterbach, Dean, PhD, Eastern Michigan University; Rakow, Madeline, Eastern Michigan University

Recently there has been increasing awareness that PTSD impacts health outcomes. Elevations in health risk have been found in veterans who served in a combat zone, female victims of sexual assault, and crime victims. This paper utilized data from the National Comorbidity Survey (NCS) to better understand the extent and nature of this relationship. The NCS is a large (n=8,098) nationally representative population survey assessing the lifetime and 12 month prevalence of numerous DSM-III-R disorders. Persons with and those without PTSD were compared on the prevalence of self-reported symptoms of heart attacks, hypertension, Diabetes Mellitus, and several other health problems. It was consistently found that those with PTSD had a higher frequency of self-reported symptoms. Next, these two groups were compared on the availability of insurance coverage, and the availability of resources other than Medicaid and welfare. Persons with PTSD were less likely to have insurance coverage, and more likely to have medical expenses covered by medicare/Medicaid. This, in combination with the finding that they have higher frequency of health problems is a potentially dangerous and overlooked combination. Additional data on the relationship between these variables will be presented.

F08–01 **disaster**

Mental Health Service and Psychotropic Medication Use in New York One-Year After Terrorist Attacks

Boscarino, Joseph, PhD, MPH, New York Academy of Medicine; Adams, Richard, PhD, New York Academy of Medicine

Purpose: To assess mental health service use after the September 11 attacks in New York City. Methods: A random telephone community survey was conducted 1-year after the attacks among 2,368 adults. Findings: 16.5% of adults received some psychological counseling post-disaster and 11.5% took psychiatric medications. Furthermore, 7.3% read information provided by health care professionals, 2.5% used mental health information from the Internet, and 6.6% received mental counseling at work. Regardless of modality, however, 70% to 80% of adults reported that these services helped them "a lot" or "somewhat" with post-disaster emotional problems. Nevertheless, 16.4% increased alcohol use after the attacks and 3.7% consumed alcohol nearly every day in the past month. Among those who received treatment, 20% to 22% experienced a panic attack, PTSD, or major depression in the past year. The most common post-disaster psychiatric medications taken included antidepressants (20.6%), sleep medications (13.3%), and anti-anxiety drugs (8.8%). Finally, while 28.5% of participants thought some questions were stressful, 79.8% reported the survey would help service planning and only 0.2% (n=5) asked to speak to the study's counselor at survey completion. Conclusion: New Yorkers used a range of mental health services post-disaster and seemed to benefit regardless of modality of care.

F08–02 **disaster**

Understanding Traumatic Grief and the Bereavement Process

Flomenhaft, David, MSW, South Nassau Communities Hospital; Demaria, Thomas, PhD, South Nassau Communities Hospital; Barrett, Minna, PhD, South Nassau Communities Hospital; Comforto, Bobbie, MSW, South Nassau Communities Hospital

The authors extensive experience with World Trade Center Survivors and their families provided a window to examine the impact of terrorism upon the bereavement process and how it and other factors induced traumatic grief. It was noted that this catastrophe was unimaginable in scope of physical and emotional destruction. Attackers targeted their destruction upon governmental and societal institutions not individuals. Victims were often young and defenseless; their remains were often not identifiable and severely fragmented. The rescue and recovery was prolonged. The media coverage was saturated and repetitive. The responsible parties and their motivations were often unclear. The government's role in preventing the attack and apprehending those responsible was questionable. The availability of trained mental health providers and their capacity to address violent death was limited. The loss of loved ones became public and funerals and anniversaries were publicly observed in great numbers. A celebrity of grief surrounded the mourners. These factors exacerbated the bereavement process and challenged the authors to research and develop alternative treatment approaches. Group therapy was the chosen method to address traumatic grief, which is the collision of grief and Post Traumatic symptoms. The group process also enhances the grief process and provides the necessary forum for universality of bereavement issues and group mourning, which helps address issues of alienation. The essential aspect of the deceased family member as container for the family tradition receives validation in the group process. The Post Traumatic Stress symptoms are recognized and addressed in the group. CBT and stress reduction techniques to address traumatic images, educate and reduce PTSD symptom are implemented, group members receive validation and support.

Friday, October 31

F08–03 **disaster**

CATS Preliminary Data Report

Hoagwood, Kimberly, PhD, Columbia University/NYSPI/New York State Office of Mental Health; Bickman, Len, PhD, Vanderbilt University; Murray, Laura, PhD, Columbia University/NYSPI; Rodriguez, James, PhD, Columbia University/NYSPI

The Child and Adolescent Treatment and Services Consortium (CATS) was designed to offer services and also measure a variety of variables. The project is currently under the data collection phase, and is the only intensive child-focused trauma program initiated after September 11th. This presentation will report on the number of youth presenting with clinical levels of distress or impairment due to trauma, the number of referrals made across various organizations, and the sites' ability to engage families in the project. A second goal of CATS included multi-site, community training on evidence-based trauma treatments for children and adolescents. The effectiveness of these treatments specific to a post-9/11 NYC population will be discussed based on a thorough mental health assessment and ongoing monitoring of symptomatology. Finally, a report will be given on the impact of organizational level variables on the delivery of evidence-based therapies, specifically looking at therapeutic alliance and adherence. This preliminary data will be presented with reference to current social psychological and organizational theories about the interplay between characteristics of work environments and clinical care.

F08–04 **disaster**

Patterns of Stressor Exposure in 9/11 Disaster Relief Clinicians

Knight, Jeffrey, PhD, National Center for PTSD, Boston DVAMC; Zimering Gulliver, Rose, PhD, Boston VA Health Care System Outpatient Clinic; Gulliver, Suzy, PhD, Boston VA Health Care System Outpatient Clinic; Munroe, James, EdD, Boston VA Health Care System Outpatient Clinic; Mattichio, Todd, Boston VA Health Care System Outpatient Clinic; Baker-Morrisette, Sandra, PhD, Boston VA Health Care System Outpatient Clinic; Wolfsdorf, Barbara, PhD, Boston VA Health Care System Outpatient Clinic

Patterns of exposure to potentially traumatic stressors were examined in a cohort of 95 disaster relief workers who provided critical incident debriefing services post-World Trade Center disaster (9-11-01). Disaster relief workers were firefighters and professionals associated with firefighting units (social workers, chaplains). Analyses were based on self-reports, via a Life Events Checklist, of past and recent exposure to classes of stressors including natural disasters, accidents, injury, combat, fire, captivity, interpersonal violence, death of others, and toxic exposures. Respondents reported on the type of stressor, whether it happened to self or others, and whether they heard about it, witnessed it, or directly experienced the event. Few direct experiences were reported, but direct toxic exposure was endorsed most frequently (65%). Witnessed and "leaned about" events were more commonly experienced. Most frequent witnessed events included: severe human suffering (66%), and fire (58%); whereas the most frequently endorsed "learned about" events included: sudden violent death (60%), and motor vehicle accidents (55%). The pattern of less-frequent, direct exposure to stressors, in contrast to more frequent occurrences of witnessed events, might account for lower rates of PTSD in this cohort. The relationship of stress exposure to primary and secondary PTSD will be discussed.

F08–05 **disaster**

Impact of 9/11 WTC Attacks on New York City Police Officers

Marmar, Charles, MD, University of California, San Francisco and VA Medical Center San Francisco; Best, Suzanne, PhD, University of California, San Francisco and VA Medical Center San Francisco; Metzler, Thomas, University of California, San Francisco and VA Medical Center San Francisco; Gloria, Rebecca, University of Michigan, Ann Arbor; Killeen, Alyse, University of California, San Francisco and VA Medical Center San Francisco; Jackson, Tiffany, University of California, San Francisco and VA Medical Center San Francisco

Aim: To determine levels and risk factors for PTSD in police officers after a terrorist attack. Methods: Prospective cohort survey of 242 New York and 95 Bay Area police officers assessed before and after the events of 9/11. Female and minority officers were over recruited. Mean time interval from pre 9/11 baseline to post 9/11 follow-up was 3.7 years, range 1.0-4.7 Results: Prior to 9/11 3.5% of NYPD officers were estimated to have PTSD and 3.5% partial PTSD; this compares with 8.8% with PTSD and 15% with partial PTSD after 9/11. NYPD officers were found to have increases in anxiety (E.S.=-.27, p<.001), depression (E.S.-.23,p<.001), sleep disturbances (E.S.=-.51, p<.001), marital difficulties (E.S.=-.32, p<.001). Changes in Bay Area Police were negligible. Hierarchical linear regression model predicting PTSD symptoms related to 9/11 exposure in NYPD officers revealed the following: the full model accounted for 61.4% of the variance of current PTSD symptoms with greater PTSD symptoms prior to 9/11, greater dissociation and terror during 9/11 exposure, and greater negative life events and lower social support post 9/11 being significant predictors. Discussion: Implications for training and treatment will be discussed.

F08–06 **disaster**

Predictors of Stress Symptoms Six Months After September 11

Murphy, Ronald, PhD, Dillard University; Wismar, Keith, PhD, Dillard University; Hankton, Umieca, Dillard University; Gibbs, Sean, Dillard University; Freeman, Kassie, PhD, Dillard University

A previous study found extensive stress reactions among African-American college students not directly exposed to the events of September 11 within three days of the attacks. The present study examined predictors of distress in a subgroup of the original sample (30.1%, n=66) six months after September 11. Participants completed a variety of self-report measures assessing distress related to September 11. Findings showed that even after 6 months, approximately 23%-36% of the participants gave the maximum rating of distress to each of 7 types of media reports (e.g., the planes crashing into the towers, people jumping from the towers). Hierarchical multiple regression analyses were used to examine possible predictors of PTSD symptom severity (PCL score) at six months. These predictors included gender, college year, number of lifetime trauma events, hardiness, PTSD symptom severity 3 days after Sept. 11, coping (e.g. talking to someone, turning to religion, and avoiding media coverage), and distress about the anthrax attacks. The results indicated that fear of anthrax and the subject's PCL score three days after Sept. 11 predicted PTSD symptom severity at six months. Implications for interventions addressing distress among college-age distant witnesses in this time of terrorist threat are discussed.

F08–07 **disaster**

Challenges of Balancing Services and Research in a Post-9/11 Project

Murray, Laura, PhD, Columbia University/New York State Psychiatric Institute; Hoagwood, Kimberly, PhD, Columbia University/NYSPI/New York State Office of Mental Health; Rodriguez, James, PhD, Columbia University/NYSPI

The Child and Adolescent Trauma Treatment and Services Consortium (CATS) is a SAMSHA-funded child trauma treatment project, designed to implement evidence-based trauma therapies for children and adolescents affected by 9/11. This project has included multi-site collaboration, intensive training in evidence-based treatments, and evaluation of diverse variables including treatment effectiveness and clinician procedures and attitudes. CATS has experienced many of the typical obstacles inherent in post-disaster integration work, as well as some unique challenges due to its hybrid design with both service and research goals. Challenges such as the need to respond rapidly, the development sound data collection procedures, and implementing evidence-based treatments into community settings while balancing concerns about flexibility and fidelity will be discussed. This presentation will also incorporate issues of mobilizing city-wide outreach and working in collaboration with other ongoing and newly developed trauma programs within NYC. These challenges will be discussed in terms of overall, post-disaster community integration work, lessons learned from NYC, and ways these lessons could help ameliorate these obstacles in future situations.

F08–08 **disaster**

Neuroendocrine Stress Response in Police Officers

Otte, Christian, MD, University California and VA Med Center San Francisco and University of Hamburg, Germany; Neylan, Thomas, MD, University of California, San Francisco and VA Medical Center San Francisco; Best, Suzanne, PhD, University of California, San Francisco and VA Medical Center San Francisco; Pole, Nnamdi, PhD, University of Michigan; Gloria, Rebecca, University of California, San Francisco and VA Medical Center San Francisco; Jackson, Tiffany, University of California, San Francisco and VA Medical Center San Francisco; Killeen, Alyse, University of California, San Francisco and VA Medical Center San Francisco; West, Jeremy, University of California, San Francisco and VA Medical Center San Francisco; Yehuda, Rachel, PhD, Mount Sinai School of Medicine, New York, Bronx VA Medical Center; Marmar, Charles, MD, University of California, San Francisco and VA Medical Center San Francisco

Posttraumatic stress disorder is characterized by increased catecholaminergic reactivity to trauma reminders and low resting cortisol levels with an enhanced negative feedback inhibition of the hypothalamic-pituitary-adrenal axis. Since cortisol has a counter-regulatory effect on sympathoadrenal responses, pre-existing low cortisol levels might be associated with increased catecholaminergic reactivity in PTSD because of potentially less counter-regulatory control over sympathoadrenal activity. As part of an ongoing prospective study of traumatic stress in police officers, 80 police academy recruits were exposed to a 20 minute critical incident video depicting incidents in which real-life officers were either injured, under threat of serious injury, or exposed to highly stressful situations. Salivary cortisol and 3-methoxy-4-hydroxyphenylethylene glycol (MHPG, a metabolite of norepinephrine) were collected 10 minutes prior to the video (baseline), immediately following the video and 20 minutes after the end of the video. Data will be presented on the interrelationship between the cortisol and catecholamine response. It is predicted that lower cortisol response will be associated with a higher increase of catecholamines during the video. The implications of the findings will be discussed.

F08–09 **disaster**

Fear-Potentiated Startle and Peritraumatic Dissociation in Police

Pole, Nnamdi, PhD, Department of Psychology, University of Michigan, Ann Arbor; Metzler, Thomas, University of California, San Francisco and VA Medical Center San Francisco; Best, Suzanne, PhD, University of California, San Francisco and VA Medical Center San Francisco; Otte, Christian, MD, University California and VA Med Center San Francisco and University Hamburg, Germany; Neylan, Thomas, MD, University of California, San Francisco and VA Medical Center San Francisco; Jackson, Tiffany, University of California, San Francisco and VA Medical Center San Francisco; Gloria, Rebecca, University of California, San Francisco and VA Medical Center San Francisco; West, Jeremy, University of California, San Francisco and VA Medical Center San Francisco; Marmar, Charles, MD, University of California, San Francisco and VA Medical Center San Francisco

Several studies have reported that individuals with posttraumatic stress disorder (PTSD) exhibit elevated fear-potentiated startle responses. It is unknown, however, whether exaggerated startle is a vulnerability factor for the development of PTSD. We studied 80 police academy trainees without PTSD and without police-related trauma exposure in a two-part laboratory experiment involving: (a) exposure to fear-potentiated startling sounds while eyeblink electromyogram (EMG), skin conductance (SC), and heart rate (HR) responses were recorded and (b) viewing a video of actual law enforcement officers being killed or seriously injured in the line of duty followed by a modified version of the Peritraumatic Dissociative Experiences Questionnaire (PDEQ). We hypothesized that greater fear-potentiated startle would be associated with greater "peritraumatic" dissociation during the video. Though most trainees did not show fear-potentiated increases in HR during the startle paradigm, those who did reported significantly greater "peritraumatic" dissociation during the video. If the responses to the video serve as an analog of how the trainee will respond to actual police-related trauma then the findings suggest that large fear-potentiated HR responses may identify individuals who are likely to dissociate during traumatic stress, which is the best known predictor of developing PTSD.

F08–10 **disaster**

CATS: Child and Adolescent Trauma Treatment and Services Consortium

Rodriguez, James, PhD, Columbia University/New York State Psychiatric Institute; Hoagwood, Kimberly, PhD, Columbia University/NYSPI/New York State Office of Mental Health; Murray, Laura, PhD, Columbia University/New York State Psychiatric Institute

This presentation will provide an overview of a study by the Child and Adolescent Trauma Treatment and Services consortium. The consortium is comprised of six community-academic partnerships in the New York City area, working in partnership with the New York State Office of Mental Health to evaluate outcomes associated with delivery of evidence-based treatments for children and youth with mental health symptomatology resulting from the 9/11 terrorist attack. The presentation will cover three areas. First, we will review the goals and the design of the study, including both treatment outcome and service delivery components. The naturalistic research design is intended to evaluate the relative effectiveness of evidence-based treatments across sites, and examine factors that promote and impede implementation of evidence-based treatments at the clinical and organizational levels. Second, we will highlight some benefits and obstacles of conducting a multi-site collaborative research project in a post-disaster environment. These factors include the diverse settings in which services are delivered. Lastly, we will discuss some of the ethical and methodological dilemmas in the field of trauma research, including those associated with the tension around efficacy and effectiveness research.

Friday, October 31

F08–11 **disaster**

Reactions of 9/11 in 2001 and 2002

Rowell, Dianna, University at Albany, State University of New York; Gusmano, Rebecca, University at Albany, State University of New York; Kuhn, Eric, MA, University at Albany, State University of New York; Blanchard, Edward, PhD, University at Albany, State University of New York

To examine the long-term effects of September 11, 2001 (9/11), the present investigation compared traumatic reactions of 507 university students in Albany, NY, surveyed six to ten weeks after the attacks, to those of 491 students at the same location, surveyed approximately one year later. The 2001 sample completed a survey prepared for this study with questions regarding exposure to 9/11, participation in reparative acts, and proximity and connection to New York. The 2002 sample completed a revised survey including additional questions about exposure to anniversary coverage. Both samples completed the Life Events Checklist (LEC) to assess for past trauma, and the PTSD Checklist (PCL) and the Beck Depression Inventory (BDI) to assess for PTSD and depression symptoms, respectively. Interestingly, the two samples did not significantly differ on PTSD symptom severity, or percent of cases with probable PTSD or relatively high levels of depression. However, the 2002 sample reported fewer current depression symptoms than the 2001 sample, on average. Participant variables and potential explanations and implications of these results are discussed. Most notably, the results would suggest that terrorism of the magnitude of 9/11 may create long-term psychological effects for a considerable portion of the population.

F08–12 **disaster**

In the Wake of 9/11: Emotional Distress in Emergency Service Workers

Sherry, Patrick, PhD, University of Denver; Philbrick, Karen, PhD, University of Denver

How did responding to the mass destruction caused by the terrorist attack on the World Trade Center affect reported symptoms of Emotional Distress in NYC firefighters? The purpose of this study was to determine how degree of individual exposure to a traumatic event, and the Social Support and Coping strategies one received or utilized, affected the occurrence of Emotional Distress following exposure to the aftermath of the WTC terrorist attack. Structural equation modeling was used to test a model, which posited the occurrence of Emotional Distress as a direct effect of the extent to which an individual had been exposed to a traumatic event and as an indirect effect of Degree of Exposure as mediated by Social Support and Coping. While the proposed model did not fit the data, the results of a revised model did indicate that Degree of Exposure to trauma is a significant predictor of Emotional Distress. Similarly, the results did provide some evidence that the use of Coping strategies (problem-focused and emotion-focused) mediate Emotional Distress when degree of individual exposure to trauma is great. Social Support however, was not found to mediate the development of Emotional Distress when Degree of Exposure to trauma was extensive.

F09–01 **train**

The Impact of Child Trauma Therapy Training on Participants

Greenwald, Ricky, PsyD, Child Trauma Institute; Stamm, B. Hudnall, PhD, Institute of Rural Health and Department of Psychology, Idaho State University; Larsen, Debra, PhD, Institute of Rural Health and Department of Psychology, Idaho State University; Davis-Griffel, Kelly, Institute of Rural Health and Department of Psychology, Idaho State University

Research on effective treatment for child trauma is considerably ahead of practice, and the interventions with the best empirical support have not been widely used in the field. Since dissemination is urgent, child trauma treatment training programs are proliferating, but data is rarely reported on the impact of such training, either on participants or on their clients. Such data, if gathered and reported, could help to identify promising/effective training methods. This paper reports on the impact of the 5-day "Child Trauma Institute" training program for school-based mental health professionals in NYC following 9/11. Seventy-one participants completed an early version of the Compassion Satisfaction and Fatigue screening form, as well as a form assessing their child trauma treatment attitudes and practices, at the beginning and again at the end of the training. The training appeared to have a significant positive impact on participants' Compassion Satisfaction, with non-significant trends towards reductions in Compassion Fatigue and Burnout. The training also appeared to produce significant gains (with large effect sizes) on many of the competency items. These findings provide preliminary support for the value of this training program.

F09–02 **train**

Minimising Harm Through Communication Skills Training

Young, Kathryn, PhD, University of Liverpool; Ford, Fiona, MBChBHB, University of Liverpool; Nancarrow, Roberta, MA, University of Liverpool; Peters, Sarah, PhD, University of Liverpool; Kaney, Susan, PhD, University of Liverpool

Many studies point to the role of healthcare professionals in exacerbating survivors' reactions post incident. Early, evidence-based interventions have been advocated, one of which is debriefing. However, an ongoing systematic review consistently finds no evidence of the effectiveness of debriefing, rather its potential for harm. A further review of psychological debriefing concluded that interventions tailored to the experience of the individual were likely to be more effective. From this came a call for the correct training for practitioners required to intervene in times of crisis. As healthcare professionals are first-line workers in managing the mental as well as physical well-being of survivors, it follows that they should receive appropriate training. This poster illustrates how we, at Liverpool, are fulfilling this requirement. The theoretical framework informing our Communication Skills Training is set out followed by a demonstration of how key learning objectives, thus derived, are achieved and integrated with medical curricula. The poster concludes with how we evaluate and develop our training to meet the goal of minimising harm and thereby improving the health-related quality of life of patients and professional alike.

Friday, October 31

F10–01 **frag**

Sexual Abuse, PTSD and Serious Mental Illness in Women: A Pilot Study

Bonugli, Rebecca, MSN, The University of Texas Health Science Center at San Antonio

Research findings confirm the increased prevalence of sexual victimization in women with severe mental illness (SMI). Over time, untreated PTSD can lead to a myriad of serious symptoms impacting overall functioning and quality of life. Because symptoms of SMI and PTSD overlap, PTSD often goes as an unrecognized entity. The problem of misdiagnosis is compounded by clinicians who are often uncomfortable in discussing issues of sexual abuse with females experiencing SMI. Thus, the attribution of the debilitating symptoms to the more prominent psychological disorders leads to incomplete treatment. The specific aims of this pilot study were to examine symptom presentations in women with SMI indicative of PTSD. Using mixed methodology, 20 participants were interviewed. Several established diagnostic tools and field notes were analyzed producing both qualitative and quantitative data. Feasibility issues were examined. Findings indicate a high prevalence of undiagnosed PTSD in women with SMI and histories of sexual abuse. The participants demonstrated a willingness to verbalize the abuse events and indicated this was helpful in the healing process. Implications for practice include the need to address abuse histories and assess for PTSD in women with SMI. Specific treatment programs addressing needs women with SMI and PTSD must be developed.

F10–02 **frag**

Spiritual Correlates of Long-Term Adjustment to Combat-Related Trauma

Nelson-Pechota, Margaret, Illinois Institute of Technology; Mitchell, M. Ellen, PhD, Illinois Institute of Technology

Guilt, spiritual isolation, and loss of meaning have been identified as factors contributing to psychological distress in many Vietnam veterans. Spiritual issues have not been rigorously investigated with combat veterans although there is some support for the efficacy of prayer, meditation, forgiveness, and religious coping in improving health for individuals coping with a variety of adverse conditions. A predictor model is being used to investigate the relationships among combat exposure, guilt, religiousness/spirituality, and PTSD in Vietnam veterans. Spiritual variables of interest are Religious Practices, Spiritual Alienation and Collaborative Relationship with God (forms of religious coping), Forgiveness, Life Purpose, and Global Spirituality. 135 community veterans are being recruited nationwide, primarily through veterans' organizations. Packets of survey instruments were mailed to individual participants or recruiters and returned via postage-paid return envelopes. Preliminary results are based upon 95 individuals who responded during the first two months of data collection. Regression analyses suggest that some aspects of spirituality are significantly related to guilt and/or PTSD symptom severity. More specifically, higher scores on global spirituality, forgiveness, and/or life purpose are related to lower levels of guilt and/or PTSD symptomatology. Preliminary results also suggest that forgiveness mediates the relationship between guilt and PTSD symptom severity.

F10–03 **frag**

Child Abuse Moderates Interpersonal Loss Effects on PTSD Among Women

Schumm, Jeremiah, MA, Kent State University; Hobfoll, Stevan, PhD, Kent State University; Jackson, Anita, PhD, Kent State University; Briggs-Phillips, Melissa, MA, Kent State University; Hobfoll, Ivonne, PhD, Kent State University

Childhood abuse (CA) was hypothesized to sensitize women to interpersonal loss spirals in adulthood such that loss spirals would exacerbate posttraumatic stress disorder (PTSD), particularly for women with histories of CA. A community sample of women (N = 245) was recruited and followed prospectively. Change scores in interpersonal resource loss measures from time 1 to time 2 provided indices of interpersonal loss spirals. Childhood physical but not sexual abuse moderated the impact of prospective loss cycles on time 2 PTSD. Specifically, interpersonal loss spirals exacerbated time 2 PTSD for women reporting physical abuse but not for women without histories of physical abuse. Results suggest that interventions for women with histories of CA and PTSD should incorporate components aimed at halting interpersonal loss cycles and building and initiating supportive and nurturing relationships.

Saturday, November 1

S01–01 **assess**

Comparability of Telephone and Face-to-Face Interviews in PTSD

Aziz, Mohamed, MD, University of Cincinnati/Cincinnati VAMC; Kenford, Susan, PhD, Xavier University; Dashevski, Boris, PhD, Cincinnati VAMC; Walker, Grace, NP, University of Cincinnati; Haji, Uzair, MD, Cincinnati VAMC; Snyder, Peter, MSW, Cincinnati VAMC; Baker, Dewleen, MD, Cincinnati VAMC

Introduction: Structured clinical interviews are very important in the area of mental health research and services. Prior research comparing the reliability and validity of face to face and phone interviews has found high levels of agreement. This project compared the results of face to face and phone interviews for two widely used measures for PTSD Method: Subjects were 60 Veterans recruited from applicants to the PTSD Assessment and Intervention program at the Cincinnati VAMC. Order of interview (in-person or phone) was determined using random assignment within a counterbalanced framework. Results: Pearson correlation coefficients between face-to-face and phone interviews revealed high consistency (CAPS r=0.745, HAMD r= 0.748). Diagnostic thresholds for the CAPS and HAMD, after adjusting for the interview order and time elapsed between interviews, did not differ between the two groups (P=0.31 for CAPS and p=0.96 for HAMD). High levels of agreement were achieved between the two methods (Kappa = 0.75, 0.70 and Odd Ratio = 13.3 and 36.6 for CAPS and HAMD respectively). Conclusion: Phone interviews are a reliable method of interviewing regarding assessing PTSD and MDD in PTSD patients. Limitation: The small number of subjects and the homogeneity of the subjects limit the interpretation of these results.

S01–02 **assess**

Analyzing SAQ-III Sensitivity to Different Abuse Histories Using ROCs

Castelda, Bryan, Binghamton University; Levis, Donald, PhD, Binghamton University; Patricia, Rourke, PhD, Binghamton University

The present study is part of an ongoing series of research projects to assess a newly constructed brief paper-and-pencil self-report instrument, the Sexual Abuse Questionnaire – III (SAQ-III). This questionnaire is unique in that many of the discriminating items on the inventory were derived from extensive clinical experience, as opposed to solely relying on clinical symptomatology, in treating survivors of childhood sexual abuse. Previous studies have shown that the SAQ-III is able to classify self-reported survivors of sexual abuse from self-reported non-abused participants and demonstrates good psychometric properties including test-retest reliability, internal consistency, as well as convergent and discriminant validity (Locke, 1997). The focus of the present study was to utilize receiver operating characteristic (ROC) curves to determine SAQ-III sensitivity and specificity in detecting individuals who have experienced childhood sexual abuse (CSA), childhood physical abuse (CPA), combined childhood sexual and physical abuse (CA), or any form of childhood abuse (AA). ROC curves plot the probability of true positives against the probability of false positives, as the cut-off score varies. The area under the ROC curve serves as an index of the overall sensitivity of the questionnaire that is independent of the cut-off score. Areas under the ROC curves were .65 for the CSA group (n=1673); .72 for the CPA group (n=1795); .81 for the CA group (n=1624); and .71 for the AA group (n=1928). The results suggest that the SAQ-III is sensitive to CPA as well as CSA and that it is most sensitive in detecting survivors of combined childhood sexual and physical abuse.

S01–03 **assess**

Diagnostic Utility of the PTSD Checklist in HIV-Seropositive Adults

Cuevas, Carlos, MA, Boston Medical Center; Bollinger, Andreas, PhD, Boston University School of Medicine/VA Boston Healthcare System; Brief, Deborah, PhD, Boston University School of Medicine/VA Boston Healthcare System; Vielhauer, Melanie, PhD, Boston Medical Center/Boston University School of Medicine; Morgan, Erin, Boston Medical Center; Buondonno, Lisa, RN, Boston Medical Center; Berger, Jori, PhD, Boston Medical Center/Boston University School of Medicine; Keane, Terence, PhD, Boston University School of Medicine/VA Boston Healthcare System

Although there is limited literature looking at how HIV and posttraumatic stress disorder (PTSD) are related, there is some evidence that supports the co-occurrence of trauma symptoms and/or a PTSD diagnosis in individuals with HIV. As a consequence, PTSD symptomatology is an area of clinical interest when working with this population. Before developing treatment interventions, it is essential to accurately and efficiently screen or identify people who may be experiencing trauma-related symptoms. The PTSD Checklist, civilian version (PCL - C) is a self-report questionnaire comprising of 17 items that correspond to DSM – IV based symptoms of PTSD. However, its reliability and effectiveness as a diagnostic tool with HIV infected individuals is yet to be determined. The diagnostic utility of the PCL-C in identifying PTSD among HIV+ individuals who have been exposed to a traumatic event was evaluated. The PCL - C was shown to be reliable with this population (alpha = 0.92) and correlated with the CAPS at 0.55, $p < .001$. PCL - C scores for this sample ranged from 21 to 83. Optimum cutoff score for diagnostic efficiency was 47 (overall predictive power 0.73). Utility of the PCL - C in this population is discussed.

S01–04 **assess**

Methodological Issues in the Assessment of Children's Traumatic Grief

Goodman, Robin, PhD, New York University School of Medicine; Brown, Elissa, PhD, New York University School of Medicine; Paris, Sandra, PhD, New York University School of Medicine; Godder, Geffen, New York University School of Medicine

Children who are traumatically bereaved may experience symptoms of posttraumatic stress disorder, generalized and separation anxiety, depression, and/or externalizing behavior problems. Given the complexity of the potential response to traumatic bereavement, it may be important to obtain information on the children's psychological functioning from the children, their caregivers, and their teachers. One concern is that the concordance rate across reporters of children's symptoms tends to be low. In addition, research on children's responses to trauma indicates that when both parents and children have been exposed to the trauma, parent functioning may impact on their perceptions of their children's functioning. The goal of this poster is to look at the symptoms and functioning of bereaved children as reported by parent, teacher and self. The results are based on a larger study of close to 100 traumatically bereaved children whose fathers were uniformed workers (firemen, policemen, port authority officers, emergency medical services workers) and died on September 11, 2001. Children, their mothers, and their teachers completed measures of children's psychiatric symptoms, social competence, and social support. Similarities and differences across the domains, strengths and limitations of the type of report and reporter, implications for further understanding of childhood traumatic grief, and the interaction of parent functioning and perception on child symptom development and picture will be described.

S01–05 **assess**

Personality and Perceived Social Support on Predictions of PTSD

Hall, Brian, Cleveland State University; Wilson, John, PhD, Cleveland State University

This study examined the relationship between personality characteristics, perceived social support and PTSD. Literature reviews indicate that relatively little is known about how personality processes moderate trauma experiences and, inversely, how traumatic experiences impact the structure and dynamics of personality. To test these relationships of personality, trauma and PTSD, a large scale study was conducted with 500 undergraduates at a Midwestern university, age 18-60, who were screened with the Life Events Checklist (LEC) for trauma history and administered the 16 Personality factor Inventory; the Trauma Symptom inventory (TSI); the Impact of Events Scale-Revised (IES-R); the Symptom Checklist 90 Revised (SCL-90-R); the Peri-Traumatic Dissociative Experiences Scale and the ISEL-12 measure of perceived social support. MANOVAS were performed to assess mean differences between different trauma groups based on the IES-R and LEC trauma screens and differences in measured personality characteristics on 16 personality factors and five global factors on the 16pf. Additionally, step wise multiple regression analyses revealed specific personality trait predictors for "probable PTSD" diagnoses and for each PTSD symptom cluster when used as dependent variables. The results were complex and consistent with a person x situation theoretical model of trauma and coping.

S01–06 **assess**

Development of the Acute Stress Checklist for Children (ASC-Kids)

Kassam-Adams, Nancy, PhD, Children's Hospital of Philadelphia; Baxt, Chiara, MA, Children's Hospital of Philadelphia; Shrivastava, Naina, MSEd, Children's Hospital of Philadelphia

The ASC-Kids was developed to meet the need for a reliable and valid self-report measure of acute stress disorder (ASD) for school-age children and adolescents. The aim was to create a brief measure practical for clinical or research use within the first month after an acute traumatic event. Based on factor analyses of two earlier versions of child acute stress measures, we created a prototype child ASD checklist. Six members of an expert panel rated each item on four dimensions in order to assess content validity, and the measure was piloted with 11 children. Item choice and item wording were revised based on expert ratings and child feedback. The final ASC-Kids measure contains 29 items: 25 items assessing ASD diagnostic criteria (Criterion A2, symptoms, and impairment) and 4 items regarding related features and coping/resilience resources. A validation study is underway with a sample of recently injured children and teens, age 8 to 17. Initial psychometric data (N = 70) are promising: high internal consistency (alpha = .85) and test-retest reliability (r = .83), strong correlation with another measure of posttraumatic stress symptoms (r = .81), and moderate correlation with parent report of child ASD symptoms (r = .48).

S01–07 **assess**

History of Prior Trauma in Acute Care Patients

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Purpose: Previous investigations suggest that injured patients admitted to surgical trauma units have high rates of traumatic recidivism. Few investigations have systematically assessed histories of prior trauma in representative samples of injured trauma survivors. Method: We used the trauma history screen developed for the National Comorbidity Survey (NCS) to assess prior trauma in randomly sampled survivors of intentional and unintentional injuries hospitalized at 2 level 1 trauma centers. Logistic regressions were used to compare these acute care patients (N = 251) with NCS participants (N = 5873), while adjusting for relevant demographic characteristics. Results: Whereas only 11% of NCS respondents reported 4 or more lifetime traumas, 45% of trauma center patients reported 4 or more traumas prior to the traumatic injury (c2 (9) = 356 P < 0.001). After adjusting for demographic characteristics, acute care inpatients had an increase risk of experiencing all types of trauma with the exception of combat. Conclusion: Acute care inpatients carry a substantial burden of trauma that predates the event responsible for the current injury hospitalization. Early screening and intervention procedures should be developed in the acute care medical setting that are tailored to this unique high-risk population.

S01–08 **assess**

Generalized Psychopathology: PTSD Relative to Other Anxiety Disorders

McTeague, Lisa, MS, University of Florida; Dimoulas, Eleni, MS, University of Florida; Strauss, Cyd, PhD, University of Florida; Bradley, Margaret, PhD, University of Florida; Lang, Peter, PhD, University of Florida

A recent study (Cuthbert et al., 2003) suggested that PTSD and panic patients, in comparison to specific and social phobics and non-anxious controls, show more generalized pathology during affective responding in a laboratory paradigm. The aim of this study was to systematically investigate diagnostic differences on dimensional measures of self-reported mood and anxiety symptomatology among individuals with anxiety disorders. Treatment-seeking individuals with primary diagnoses determined via administration of the ADIS-IV were given a battery of self-report measures to assess depression (i.e., Beck Depression Inventory (BDI)), anxiety (i.e., Anxiety Sensitivity Questionnaire (ASI)), Fear Survey Schedule (FSS)), and a constellation of comorbid symptoms (i.e., Mood and Anxiety Symptom Questionnaire (MASQ)). The sample consisted of patients diagnosed with PTSD (n=16), specific phobia (n=33), social phobia (n=35), panic disorder with agoraphobia (PDA; n=31), GAD (n=20), depression (n=14), and a non-treatment-seeking control group (n=42). PTSD patients reported depressive symptomatology commensurate with individuals with PDA, GAD, and depression but significantly more depressive symptoms than the specific and social phobics and controls. The same pattern of results was found for measures of anxiety. The conceptualization of PTSD, in relation to other anxiety spectrum disorders, as psychopathology characterized by generalized, high negative affect is discussed.

Saturday, November 1

S01–09 **assess**

Psychophysiology and PTSD: Emotional Reactivity During Imagery

McTeague, Lisa, MS, University of Florida; Dimoulas, Eleni, MS, University of Florida; Strauss, Cyd, PhD, University of Florida; Bradley, Margaret, PhD, University of Florida; Lang, Peter, PhD, University of Florida

The aim of this study was to systematically investigate physiological responding among individuals with PTSD. Specifically, we compared emotional reactivity during narrative imagery among treatment-seeking individuals with a primary diagnosis of PTSD (n=12) compared to a non-treatment-seeking control group (n=33). Participants were cued by six-second auditory scripts that varied in hedonic valence and arousal and were instructed to imagine themselves involved in that situation during an immediately subsequent 12-second imagery period. The scripts depicted standard pleasant, neutral, and unpleasant scenes. In addition to these three superordinate valence categories, the scripts depicted subordinate content categories (e.g., anger, fear). Psychophysiological measures included startle reflex and responses in heart rate, skin conductance, and facial electromyography (corrugator and orbicularis). Results of repeated measures analyses on the imagery period data showed main valence effects and group by valence interactions that varied by physiological measure. Analysis proceeded with group comparisons of reactivity to each content category. The findings revealed a differential pattern of responding between groups according to valence and, more specifically, content. These results suggest that the affective/physiological hyper-reactivity and hypo-reactivity purported in the PTSD diagnostic nosology varies broadly with valence, as well as by specific content categories.

S01–10 **assess**

The MMPI-2 Fptsd Scale: Detecting Malingered and Genuine Civilian PTSD

Naifeh, James, Disaster Mental Health Institute-The University of South Dakota; Elhai, Jon, PhD, The University of South Dakota; Shmoys-Zucker, Irene, MS, Nova Southeastern University; Gold, Steven, PhD, Nova Southeastern University; Deitsch, Sarah, PhD, Medical University of South Carolina; Frueh, B. Christopher, PhD, Medical University of South Carolina

The MMPI-2 Infrequency-PTSD scale (Fptsd; Elhai, Ruggiero, Frueh, Beckham, Gold, & Feldman, 2002) was created to improve the detection of malingered PTSD. Constructed from items infrequently endorsed within a sample of PTSD diagnosed male combat patients, the scale has demonstrated reduced sensitivity to PTSD-related psychopathology and incremental validity in the detection of malingered PTSD (Elhai et al., 2002). The current study is an attempt to extend the findings of the original Fptsd study by establishing the scale's utility among a civilian sample of 41 childhood sexual abuse (CSA) outpatients from a university-based community mental health center. The discriminatory power of Fptsd was evaluated based on its ability to distinguish between these genuine trauma survivors and a sample of 39 undergraduates who received instruction in how to fake PTSD on the MMPI-2. The findings indicate that Fptsd provides incremental validity over the MMPI-2's F scale (from hierarchical regression analysis) in detecting malingered from genuine civilian PTSD. However, Fptsd does not provide such incremental validity over the MMPI-2's Fp scale. It therefore appears that the value of the Fptsd scale resides in its ability to discriminate between genuine and fabricated PTSD among combat survivors.

S01–11 **assess**

Posttraumatic Growth: Measuring Positive Sequelae of Adversity

Pryzgoda, Jayde, MA, University of Montana; Caruso, John, PhD, University of Montana; Crouse, Ellen, MA, University of Montana

Research recently has begun to address the aftermath of trauma from a unique perspective, examining positive outcomes following survival of extraordinarily negative events. Development of valid and reliable measures of posttraumatic growth is a current concern for this relatively new research area. This study examined the factor structure of the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996), a measure of positive posttraumatic change. The empirically derived 5 factor solution presented by PTGI developers was compared with three and one factor models via confirmatory factor analysis. College undergraduates (n= 373; 58% female; age range 18-49) completed the PTGI, Stressful Life Events Screening, Symptom Checklist-90-R, Impact of Events Scale-R, and the Marlowe-Crowne Social Desirability Scale. The most commonly reported stressful experience was death of friend or family member (25.7%), followed by experiencing or witnessing life threatening illness (13.4%). Approximately 66% of reported experiences occurred within the past 2 years. Results indicate that the original five factor solution (Relating to Others, New Possibilities, Personal Strength, Spiritual Change, and Appreciation of Life) provided the best fit, lending support for five distinct areas of posttraumatic growth. The relation of reported growth to type of trauma, subjective trauma severity, social desirability, and symptomatology are discussed.

S01–12 **assess**

Self-Injurious Behavior Scale: Psychometric Properties in Adults

Saltzman, Kasey, PhD, Stanford University; Koopman, Cheryl, PhD, Stanford University; Heiden, Lynda, PhD, Stanford University

Despite the significant amount of co-morbidity between traumatic experiences and self-injurious behavior, little is known about the phenomenology of self-harm in the context of trauma and PTSD. Research suggests that motivations for self-injurious behavior are heterogeneous, and differ between clinical groups. Preliminary data on self-injurious behavior in children and adolescents suggests that motivations for self-injury significantly differ between those who have been traumatized and those who have not, especially in the role played by dissociation. It is important to examine the prevalence of and motivation for self-injury in traumatized populations in order to better address the issues of treatment and prevention. A critical first step towards this is the development and standardization of a measure of self-injurious behavior. We examined the psychometrics of the Self-Injurious Behavior Scale (SIBS), a new self-report measure of deliberate self-harm. The scale assesses for frequency and severity of the seven most common forms of self injury. Underlying motivational factors were empirically derived via exploratory principal components factor analyses with varimax rotation, and then differentiated by relative scores on measures of negative affect, risk behaviors, social and personal resources, and emotional and physical reactivity. Results and implications are discussed.

S01–13 **assess**

IDSIT: Integrative Diagnostic Schema and Indication for Trauma Treatment

Smith, Annemarie, MD, Centrum '45; Kleijn, Wim, MSc, Centrum '45; Leiden University

Purpose: Empirical validation of the Integrative Diagnostic Schema and Indication for Trauma-treatment (IDSIT). IDSIT was developed to structure the process of diagnosis and treatment-planning and treatment-evaluation for patients with chronic and/or complex

Posttraumatic Stress Disorder (PTSD). The three elements of IDSIT are the DSM-IV diagnosis, a developmental schema and a dynamic schema for coping with PTSD. Method: IDSIT was scored independently by three experienced clinicians for 34 patients that consecutively took part in the observational phase of the day-treatment. The sources of IDSIT scores were clinical reports of observations by different therapists and in different treatment modes. Findings: IDSIT was helpful as a clinical instrument in the discussion on treatment-planning. Interrater reliability for DSM-axis I diagnosis and the occurrence of important life events was moderate to good, for the coping schema moderate to poor. Conclusion: The results on interrater-reliability on the coping schema point to the necessity of more precise description of the concepts used, and of training of the raters. Nevertheless IDSIT seems to offer a clinically useful and promising schema for further development as a diagnostic and evaluative tool in the treatment of patients with PTSD.

S01–14 **assess**

The Clinical Balance of Grief and Trauma

Spear, Elizabeth, MA, LMHC, LMFT, private practice

We will find grief in most traumatic reactions. We can expect elements of trauma in most situations of bereavement. How do we understand the balance for treatment after the sudden and violent death of a loved one? What are the differences between natural death and unnatural/untimely death and what do clinicians need to understand to make this journey with survivors? Do survivors of mass casualties present differently from those with individual losses? What can make the difference between a "good outcome" and lifelong suffering on the part of survivors? Can suffering be avoided? This presentation will consider the clinical implications of traumatic grief.

S01–15 **assess**

Emotional Abuse and Physical Abuse During Adolescence

Sunday, Suzanne, PhD, North Shore University Hospital; Labruna, Victor, PhD, North Shore University Hospital; Pelcovitz, David, PhD, North Shore University Hospital; Salzinger, Suzanne, PhD, New York State Psychiatric Institute; Kaplan, Sandra, MD, North Shore University Hospital

There are virtually no empirical data regarding the differential impact of emotional and physical abuse in adolescents. This study examined emotional abuse in physically abused adolescents and a non-abused community sample. The abuse group (n=99) was recruited following a confirmed case of physical abuse during adolescence. Subjects were Caucasian, age 12 to 18, middle class, not sexually abused, and half were male. The non-abuse group was matched to the abuse group. Subjects completed the YSR and Conflict Tactics Scale (CTS) and an emotional abuse scale for mother and for father. Subjects were interviewed using the K-SADS modified for DSM-III-R. Abuse subjects were dropped if they were abused by a non-parent (n=9) or if they denied any abuse by either parent (n=16). CTS scores were higher for the abuse than the non-abuse group (5.02 vs. 1.25, t=-8.99, df=169, p<.001). Similarly, the emotional abuse scores were also higher for the abuse group (6.96 vs. 1.46, t=-6.04, df=178, p<.001). Physical and emotional abuse were highly correlated for the abuse group (r=.52, p<.001). Analyses will be presented for mothers and fathers separately and the impact of emotional abuse on general functioning and psychopathology will be discussed. Implications for diagnosis and treatment will be discussed.

S01–16 **assess**

Electronic Communications, Periodicals, and Bereavement Outcomes

Vanderwerker, Lauren, PhD, Yale University School of Medicine, Department of Epidemiology and Public Health; Prigerson, Holly, PhD, Yale University School of Medicine, Departments of Psychiatry, Epidemiology

Bereavement is associated with heightened risk of mental and physical health impairments as well as social isolation. The purpose of this study was to explore the effects of technological connectedness and periodical readings on Major Depressive Disorder (MDD), Complicated Grief (CG), Post Traumatic Stress Disorder (PTSD), and quality of life. Participants were 242 bereaved individuals (mean age = 61.5 years) who completed a baseline interview and a follow-up interview at an average of 5.9 and 10.6 months post-loss. At baseline, subjects reported using the internet (58.7%), e-mail (49.5%), and/or cellular phones (49.2%); 86.4% reported reading newspapers and magazines. Internet use, e-mail use, and cellular phone use were not significantly associated with bereavement outcomes after controlling for race, sex, education, and income. However, reading magazines and newspapers at baseline was associated with significantly lower rates of depression at baseline (OR = 0.34) and follow-up (OR = 0.24), PTSD at baseline (OR = 0.24), and was associated with higher scores on the mental health subscale of the SF-36 at baseline ($p < .05$) and follow-up ($p < .01$). Reading periodicals appears to act as a buffer against MDD and PTSD in bereaved individuals.

S02–01 **biomed**

Smoking and Physiological Arousal to Trauma Cues in PTSD

Buckley, Todd, PhD, VA Boston Healthcare System and Boston University School of Medicine; Mozley, Susannha, PhD, VA Boston Healthcare System; Rabois-Holohan, Dana, PhD, Salem VA Medical Center; Bedard, Michele, VA Boston Healthcare System

The comorbidity between PTSD and smoking is quite high. In fact, recent epidemiological data suggest that the rate of smoking associated with PTSD is double that of the general population. Some speculate that this is due to self-medication whereby individuals with PTSD smoke to regulate negative affect, particularly in response to trauma cues. However, laboratory studies of this phenomenon are lacking. This paper reports on a placebo-controlled laboratory study that examined the effect of nicotine intake on both self-report and physiological measures of trauma cue reactivity (heart rate, skin conductance). Fifty-two chronic-PTSD smokers were randomized to conditions where they were exposed to either trauma-related stimuli or affectively neutral stimuli (prime condition). Half of the subjects within each prime condition were exposed to high yield nicotine while the other half were randomized to a placebo condition. Subjects were tested under conditions whereby they completed an attention-demanding task or no task. This allowed us to examine the interaction between nicotine intake and attention allocation on affective responding to trauma cues. Results suggest that nicotine can have either anxiogenic or anxiolytic effects that are highly dependent upon the environmental conditions, attention demands in particular, that occur in conjunction with the trauma stimulus.

Saturday, November 1

S02–02 **biomed**

Hippocampal Volume and PTSD: Current Debate and Future Studies

Corbo, Vincent, McGill University; Brunet, Alain, PhD, McGill University

This review critically examines the link between PTSD and hippocampal volume, a bilateral subcortical nucleus implicated in memory consolidation and extinction of the fear response. Based on the initial cross-sectional studies, and congruent with animal models of stress, it initially seemed that a smaller hippocampal volume occurred as a result of having PTSD symptoms for a long time. However such studies were plagued by important comorbidity, technical, and methodological flaws that we discuss. Interestingly, two recent longitudinal studies failed to replicate this finding. Recent evidence suggests that a smaller hippocampus may in fact be a risk factor for developing PTSD rather than a consequence of trauma exposure or of having PTSD. However, it seems these results are valid only for very severe ptsd. More research still needs to be done on the functional significance of a relatively small atrophy (around 10%). Newer techniques such as spectroscopic and functional imaging should also be used to replicate and extend the finding of reduced hippocampal volume in PTSD and explore its temporal relationship.

S02–03 **biomed**

The Impact of Previous Trauma on Recovery from Present Trauma

Gillock, Karen, PhD, Dartmouth Medical School; Mellman, Thomas, MD, Dartmouth Medical School; Esposito, Karin, PhD, MD, University of Miami, Florida; Bustamante, Victoria, PhD, University of Miami Florida

It is widely believed that the cumulative experience of multiple traumatic events can have a negative impact on the development or severity of PTSD; however, study findings are actually mixed. We hypothesize that multiple events do have a negative impact on psychological and physical recovery from injury-related traumas. Compared to patients with no trauma history, patients with past trauma histories are expected to evidence increased incidence of PTSD and greater severity of PTSD symptoms, as well as longer physical recuperation periods and poorer general health outcomes. Participants in this ongoing study are recruited from the surgical trauma services of two medical centers. Patients are interviewed with the CAPS and SCID and complete a battery of self-report measures at baseline and follow-up. Physical recovery is measured by recuperation period (duration of narcotic use from medical records) and general health outcomes (self-report SF-36 scores). Psychological recovery is measured in terms of PTSD symptomatology (CAPS scores). Results in this poster will compare groups of patients with and without trauma histories. Trauma history data is available on 97 participants. Sixty percent of the sample reported previous traumatic events. Preliminary findings, contrary to expectations, are nonsignificant for PTSD. Physical measures data is being collected presently.

S02–04 **biomed**

First Night Effects in PTSD and Control Subjects in the Home and Hospital

Lenoci, Maryanne, MA, San Francisco VAMC/Univ California San Francisco; Melissa, Maglione, San Francisco VAMC; Thomas, Metzler, MS, San Francisco VAMC; Charles, Marmar, MD, San Francisco VAMC/Univ California San Francisco; Thomas, Neylan, MD, San Francisco VAMC/Univ California San Francisco

The first-night effect (FNE) is a well-known phenomenon in sleep research, mainly characterized by lower sleep efficiency, increased wakefulness, reduced rapid eye movement (REM) sleep time and prolonged latency to the first REM sleep period. To date, only a few studies have been conducted in posttraumatic stress disorder (PTSD) to assess whether first-night effects occur in these participants. The aim of this study was to evaluate first-night effects on sleep architecture in participants with posttraumatic stress disorder (PTSD) (N= 33) and normal controls (N= 15), by using polysomnography (PSG) recordings obtained in participants homes and again in a hospital observation unit. No first night effects were found in the home environment in either the PTSD or control groups. FNE were found in the Hospital environment in both groups. PTSD subjects had lower sleep efficiency, REM sleep time, REM percent, and lower subjective sleep quality on hospital night 1 compared to night 2. Controls had less total sleep time, sleep efficiency, REM sleep time, and lower subjective sleep quality on hospital night 1 compared to night 2. Relative to subjects with chronic PTSD, control subjects had a greater first night effect adapting to hospital admission.

S02–05 **biomed**

The Startle Reflex of Seven Muscles in PTSD Patients Vs. Controls

Olff, Miranda, PhD, Department of Psychiatry, Academic Medical Center, University of Amsterdam; Siegelaar, Sarah, AMC Neurology Department; de Vries, Giel-Jan, AMC Department of Psychiatry; Veelo, Denise, AMC Department of Neurology; Bour, Lou, AMC Department of Clinical Neurophysiology; van Bruggen, Gerard, AMC Department of Clinical Neurophysiology; Koelman, J., AMC Department of Neurology; Raabe, Sandra, AMC Department of Psychiatry; Tijssen, Marina, AMC Department of Neurology

Physiological hyperarousal is seen as a highly distinctive feature of posttraumatic stress disorder (PTSD). This is supported by evidence of elevated autonomic responses to startling sounds or trauma related cues in PTSD patients. Typically, the blink reflex is used as an indicator of the startle reflex. Although, the startle reflex consists of many other muscles, activity patterns in these muscles have never been studied in PTSD patients. Patterns of muscle activation and the size of the response of seven left-sided muscles were determined in 11 PTSD patients and 11 controls. The registered muscles included the orbicularis oculi, sternocleidomastoid, deltoid, flexor carpi radialis, abdominal, rectus longus, quadriceps, and tibialis anterior muscle. Latency, amplitude, duration, frequency of activation of EMG responses and the psychogalvanic reflex were evaluated. Habituation of the parameters was determined during 10 successive auditory stimuli (113 dB). In a second test, the difference in response to 4 auditory and 4 electric stimuli (40 mA, 0.1 ms) randomly given was studied. The results indicate a difference between PTSD patients and controls in latency and duration of activity in several muscles.

S02–06 **biomed**

Open-Label Quetiapine in PTSD: Analysis of Sleep Data

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Background: Although insomnia and nightmares frequently accompany posttraumatic stress disorder (PTSD), little research has been devoted to treatment of these disabling symptoms. Objectives: To report the effects of quetiapine on sleep in patients with PTSD. Methods: Combat veterans with PTSD received open-label quetiapine for 6 weeks, primarily as adjunctive therapy to antidepressants. Quetiapine was initiated at 25 mg at bedtime, and the dose was titrated based on tolerability and clinical response. Changes in sleep disturbances were a secondary outcome measured on the Pittsburgh Sleep Quality Index (PSQI) and a PTSD-specific addendum (PSQI-A), for which scoring guidelines have just become available. Primary and other secondary outcomes have been previously reported. (Hamner, etal., 2003, Journal of Clinical Psychopharmacology). Results: Nineteen of 20 patients were evaluated for efficacy, with 18 completing the study. Mean global scores on the PSQI and the PSQI-A decreased significantly. Sleep quality improved significantly from baseline to end point, as did a number of components of the PSQI. The average dose of quetiapine was 100 mg (range, 25–300 mg/d). Mild sedation was reported by seven patients and lead to discontinuation in one patient. Conclusions: Results from this open-label trial suggest that quetiapine may improve sleep quality in patients with PTSD.

S02–07 **biomed**

The Skull in PTSD

Woodward, Steven, PhD, National Center for PTSD, Clinical Laboratory and Education Division; Kaloupek, Danny, PhD, Behavioral Science Division, National Center for PTSD; Streeter, Chris, MD, Boston University School of Medicine; Stegman, Wendy, National Center for PTSD, Clinical Laboratory and Education Division; Kutter, Catherine, PhD, National Center for PTSD, Behavioral Sciences Division; Prestel, Rebecca, National Center for PTSD, Behavioral Sciences Division; Arsenault, Ned, National Center for PTSD, Clinical Laboratory and Education Division

Some recent neuroimaging studies in trauma have found differences in macrostructural features of the brain (e.g.De Bellis, et al., 1999). In testing such effects in combat-related PTSD patients, we examined cranial volume as a control structure to exclude nuisance variance associated with stature. Cranial volume was estimated using a variant of the method of Pfefferbaum and Sullivan (Pfefferbaum, et al., 1992). Covarying for stature, cranial volume exhibited effects of both PTSD (PTSD<Controls, $F(1,92)=11.5$, $p=0.001$) and cohort (PGW<VN, $F(1,92)=10.1$, $p=0.002$). Moreover, cranial volume accounted for statistically significant variance in raw PTSD severity (CAPS total score; $F(1,96)=4.1$, $p=0.045$; $R2=0.04$) and in severity scores residualized against combat exposure ($F(1,96)=6.1$, $p=0.015$; $R2=0.06$). Skull growth is asymptotic by age four. Hence, the above effects, if replicable, must index a predispositional characteristic, conferred either genetically, by early environmental conditions, or by early gene-environment interactions. Regarding the latter two possibilities, it is noteworthy that cortisol exerts a powerful suppressive effect on bone development via systematic interactions with growth hormones at epiphyses in the long bones (Abu, Horner, Kusec, Triffitt, & Compston, 2000) and cranium (Adab, Sayne, Carlson, & Opperman, 2002; Thorp, Jones, Peabody, Knox, & Clark, 2002). Lupien et al (2000) have demonstrated that children of low-SES families exhibit elevated salivary cortisol levels relative to high SES children. Additional compromise of the early rearing environment may intensify this effect. This framework may be testable using more accessible measures such as rates of cleft palate (Salomon, Gift, & Pratt, 1979) and facial measurements (Arcus & Kagan, 1995).

S03–01 **child**

Trauma and Psychological Distress in Male Juvenile Offenders

Ball, Joanna, MA, Department of Psychology, Georgia State University; Fasulo, Sam, MA, Department of Psychology, Georgia State University; Jurkovic, Greg, PhD, Department of Psychology, Georgia State University; Armistead, Lisa, PhD, Department of Psychology, Georgia State University; Barber, C. Nekol, Georgia State University; Jones, Shalonda, Georgia State University; Hardy, Angela, Georgia State University; Bates, Catherine, Georgia State University; Zucker, Marla, PhD, The Trauma Center

Exposure to potentially traumatic events has been shown to be strongly associated with psychological distress. Juvenile offenders are a unique population in that they tend to have high levels of trauma exposure in their histories. However, the resulting psychological effects of trauma have not been fully evaluated in this population. The current study examined the association between a global measure of trauma exposure developed specifically for court involved youth and six domains of psychological distress. Data were collected from an ethnically diverse sample of 130 incarcerated male juvenile offenders in a large southeastern metropolitan area who were between the ages of 12-18. Hierarchical regression analyses controlling for age and socio-economic status demonstrated strong relationships between history of traumatic exposure and level of psychological functioning across a number of indicators: depression, drug use, anger, somatization, suicidality, and thought problems. Data from the current study further support the integration of trauma work into intervention programming for juvenile offenders.

S03–02 **child**

Parent-Child Report Discrepancy Following Trauma

Brown, Elissa, PhD, New York University School of Medicine; Goodman, Robin, PhD, New York University School of Medicine

Common clinical practice suggests that an assessment of both children and their caregivers is necessary for a complete understanding of children's functioning. However, extent research indicates that concordance rates across parent- and child-reports of children's symptoms tend to be low and rates may be even lower following a trauma. When both parents and children have been exposed to the trauma, parents' functioning may impact on perceptions of their children's functioning. The goal of the proposed poster is to examine alternative ways of combining parent and child reports on children's mental health functioning following traumatic death. The proposed poster is part of a large study of children who were bereaved as a result of the World Trade Center attack on September 11th. Children and their mothers completed measures of posttraumatic stress disorder, depression, traumatic grief, externalizing behavior problems, and social competence. We will evaluate the discrepancy between parent and child report on measures of children's psychiatric symptoms as a predictor of children's traumatic grief. We hypothesize that it is the disconnect between parent and child, rather than the parents' perception of their children's symptoms, that is critical in children's mental health.

Saturday, November 1

S03–03 **child**

Impacts of Natural Disaster and Subsequent Traumas on Adolescents

Chen, Sue-Huei, PhD, National Taiwan University, Department of Psychology; Wu, Yin-Chang, PhD, National Taiwan University, Department of Psychology

This study aims to examine the additional effects of PTSD symptoms and psychological sequelae following a natural disaster and subsequent traumas on high-risk children and adolescents two years post the Taiwan 921 Earthquake occurred in 1999. Earthquake Exposure Index for Youths and Chinese Version of UCLA PTSD Index were administered to children and adolescents from 4th to 9th grade living in two most severely damaged towns near the epicenter. Data were gathered at group basis in randomly selected classes from 8 schools, with 1415 Ss relatively distributed by gender, age, and location. Preliminary analyses show that: 1) Post-earthquake domestic violence, Tao-Chih Typhoon occurred one year later, and accidents are more often reported as their most impacted traumas following the 921 Earthquake; 2) By block hierarchical regression, trauma type yields more effects on severity of PTSD symptoms and various clusters of symptoms; 3) Post-earthquake human-made traumas lead to more damaging impacts than another natural disaster. The findings suggest that post-trauma adversities following a natural disaster may cause more risk for developing PTSD symptoms and negative psychological sequelae. A need to implement a broader disaster recovery project with periodic screenings appears undeniable.

S03–04 **child**

Mental Health and Development of Institutionalized Romanian Children

Ellis, Beverley, PhD, Boston Medical Center/Boston University Medical Center; Fisher, Philip, PhD, Oregon Social Learning Center; Zaharie, Sonia, MS, World Vision, Romania

Despite many political and social changes in recent years, institutionalization remains the dominant form of child protection services in Romania. Descriptive data on the physical and psychosocial development of 51 institutionalized young children (25 boys and 26 girls, ages 2-6) in Romania was collected using the ECI-4 (Early Childhood Inventory), anthropometric measurements, and the Emotion Regulation Checklist. Overall, participants showed high rates of mental, behavioral, developmental and physical disorders. Duration in orphanage significantly correlated with depression, anxiety and feeding problems. Age of abandonment significantly correlated with pervasive developmental disorders and attention problems. Physical stature for age significantly negatively correlated with emotional and developmental disorders, and positively correlated with behavioral disorders. Findings are interpreted from a developmental traumatology perspective. Findings related to behavioral disorder increases in children of larger stature are interpreted in terms of resilience.

S03–05 **child**

Posttraumatic Stress and Pain in Pediatric Physical Injury

Gold, Jeffrey, PhD, Children's Hospital Los Angeles, USC Keck School of Medicine, Department Pediatrics; Carson, Melissa, PsyD, Children's Hospital Los Angeles, USC/UAP Mental Health Services; Joseph, Michael, MD, Children's Hospital Los Angeles, USC Keck School of Medicine, Department Pediatrics; Mahour, G. Hossein, MD, USC Keck School of Medicine, Department of Surgery

Children who experience physical injury requiring hospitalization have been shown to develop Acute Stress Disorder (ASD) and Posttraumatic Stress Disorder (PTSD). A ten-year review of pediatric physical injury recommended future research gather data regarding psychological epidemiology to further establish support for preventative mental health services following traumatic injuries (Stoddard and Saxe, 2001). When a trauma requires medical intervention, the physical integrity of the child is threatened along with the child's psychological integrity. The injury, resulting medical procedures and associated pain symptoms can each be a traumatic experience. Recent studies argue that chronic pain and PTSD can be a mutually maintaining condition (Sharp and Harvey, 2001) and that effective pharmacological interventions for pain may actually decrease the incidence of ASD/PTSD symptoms. The current study will employ a prospective multi-rater quasi-experimental design to assess the immediate, one and three months post-injury responses of fifty children/adolescents and their caregiver and health worker on a variety of health outcomes. Instrumentation includes standardized semi-structured interviews (DICA, UCLA PTSD Checklist), child/caregiver self-report (CBCL, Pain Inventory, PedsQL, KIDCOPE, PCL-C) and health worker-report questionnaires (Child Stress Reaction Checklist, BASES). In addition to the epidemiology of ASD/PTSD, the study will examine premorbid functioning to explore a predictive model of physical injury and functional outcomes.

S03–06 **child**

The Impact of Residential Fires on Children: A Qualitative Analysis

Jones, Russell, PhD, Virginia Tech; Ollendick, Thomas, PhD, Virginia Tech; Heberling, Tara, Virginia Tech; Adlam, Kelly, Virginia Tech; Hadder, James, Virginia Tech; Mathai, Christina, PhD, Virginia Tech; Parelar, Monica, MA, Virginia Tech; Allen, Katherine, PhD, Virigina Tech

This poster illustrates the qualitative data analysis of approximately fifty children following residential fire. We have identified a number of themes associated with children who have experienced fire, including: avoidance, denial, guilt, and blaming. Children also exhibited a concern for basic needs (i.e., school, homework, housing, clothing, caretakers, etc.). Parental reactions influenced the children's perceptions of the event. Children focused on the cognitive portion of recollection of the events rather than the emotional aspects and formulated causal explanations for the fire as a way of integrating the experience. Additionally, children faced issues of accountability and failed developmental expectancies (as a result of feeling responsible for the fire). We will also examine the potential mediating role of coping strategies and coping efficacy, as well as the role of social support of parents, friends, and peers. Because the potential impact of coping strategies following disaster has been largely unexamined, we will place particular emphasis on the effect of active, avoidant distraction, and support seeking coping strategies that the children used to cope with the disaster. A preliminary working model developed in the context of our NIMH funded study examining the impact of residential fire on children and adolescents will also be highlighted.

S03–07 **child**

Cognitive Appraisals in Sexually Abused Children: A Follow-Up

Kimball, Leslie, PhD, Children's Advocacy Services of Greater St. Louis; O'Boyle, Janelle, EdD, Children's Advocacy Services of Greater St. Louis; Wherry, Jeffrey, PhD, Children's Advocacy Services of Greater St. Louis

It has been well-established that cognitions are affected by trauma and that recovery from a traumatic event often involves changing cognitions that are inaccurate or unhelpful. However, few assessment tools exist for measuring cognitive appraisals in children. This study presents additional information on a new tool, the Beliefs about Trauma (BAT) questionnaire (Wherry, Kimball, and Wise, 2000), a 53-item instrument designed to measure the cognitive attributions made about negative events by sexually abused children. It consists of two parts: The BAT-G measures cognitive appraisals of "bad things" in general that can happen to people, while the BAT-T measures cognitive appraisals of sexual abuse specifically. The BAT-T taps, among other concepts, the perceived duration of the abuse, perceived threat, beliefs about positive change due to the abuse,

the predictability, conisistency, and inescapableness of the abuse, perceptions of control, beliefs about the future, and the affective value of the abuse. This poster will be a follow-up to the initial reliability and validity information on the BAT and initial comparisons with the Trauma Symptom Checklist for Children (TSCC; Briere, 1995) presented at last year's conference. A factor analysis, scoring information, and comparisons with the Children's Attributions and Perceptions Scale (CAPS; Mannarino, Cohen, and Berman, 1994) will be presented in this poster.

S03–08 child

Family Perspectives Regarding Evidence-Based Treatments for Youth

Legerski, Joanna, New York State Office of Mental Health and New York State Psychiatric Institute; Hoagwood, Kimberly, PhD, New York State Office of Mental Health and New York State Psychiatric Institute

This study will discuss the findings of focus group interviews with parents of children and adolescents receiving evidence-based trauma-focused cognitive behavioral therapy. Participants received free evidence-based trauma treatments from various community-academic partnership sites participating in an evaluation of evidence-based trauma treatments for children and youth with trauma related symptomatology associated with the 9/11 terrorist attack. Implications of family attitudes are examined towards evidence-based practices, including the types of outcomes that matter to parents, their attitudes about participation in research, and factors that constitute quality treatment. Parental perception of mental health services determines their level of outcome success and treatment participation. Findings address these perceptual factors such as the quality of the relationship with therapists or service providers, the degree to which caregivers are able to participate actively and collaboratively in service planning, and the creation of empowered, knowledgeable, and skilled parents who can advocate for the kind of quality care that is most likely to improve the lives of their children. Family perspectives on services are a domain that is often ignored in outcome studies, yet, such perspectives are integral to constructing quality mental health services that provide the highest quality of evidence-based practices to families and youth.

S03–09 child

Trauma and PTS Symptoms in Adolescents with Life-Threatening Asthma

Millikan, Emily, MA, University of Denver; Wamboldt, Mariannne, MD, Children's Hospital Denver; University of Colorado Health Sciences Center

This study examines trauma exposure and PTS symptoms in asthmatic adolescents and their parents to further explore psychosocial risk factors for asthma morbidity and mortality. Three groups of adolescents (96 subjects in each) are participating: 1) adolescents who experienced a life-threatening asthma event (LTA); 2) Adolescents who have moderate to severe asthma, but no life threatening event (AC); and 3) Medically healthy adolescents (NC). Adolescents complete the UCLA Reaction Index in relation to their most traumatic event and their worst asthma event. Parents complete the IES-Revised in relation to their child's asthma (LTA and AC) or worst illness or accident (NC). Parents also complete a trauma history for themselves and their child. Preliminary results indicate that while LTA's are more likely than AC to identify an asthma event as the most frightening event they have experienced, the number of PTS symptoms is similar in both groups and comparable to controls. In contrast, parents of LTAs have significantly higher levels of PTS symptoms than parents of AC or NC and their histories include significantly more traumas. Results will be discussed in terms of a model linking parent trauma and PTS to poorer asthma management and greater risks for life-threatening events.

S03–10 child

Parent Responses to Traumatic Stress in Pediatric Intensive Care

Schneider, Stephanie, MS, Center for Pediatric Traumatic Stress, Childrens's Hospital of Philadelphia; Kassam-Adams, Nancy, PhD, Children's Hospital of Philadelphia; Balluffi, Andrew, LSW, Children's Hospital of Philadelphia; Kazak, Anne, PhD, Children's Hospital of Philadelphia; Helfaer, Mark, MD, Children's Hospital of Philadelphia

We assessed the prevalence and predictors of ASD (during hospitalization) and PTSD (several months later) in parents of 272 children admitted to the Pediatric Intensive Care Unit (PICU), and sought to understand parents' subjective experience of potentially traumatic aspects of the PICU. ASD was present in 32%, and PTSD in 21%, of parents. Unexpectedness of the PICU admission and degree of fear that the child might die were each associated with ASD severity. These two factors plus parent race, ASD severity, and the occurrence of subsequent life stressors were each associated with PTSD severity. In multiple regression analyses, ASD severity was the strongest independent predictor of later PTSD severity. In qualitative assessment of parents' responses to open-ended questions regarding the "worst or scariest part of having a child in the PICU", we identified underlying themes or cognitions. Among the most common were: 1) uncertainty about medical prognosis and diagnosis; 2) perceptions of child appearance and behavior; 3) parental role changes and conflicts; 4) acute emotional responses (shock; disbelief; helplessness; 5) and the need for credible medical information about their child. We will further report on the relationship of specific themes and cognitions to parents' ASD and PTSD symptomatology.

S04–01 clin res

Prevalence of Trauma and Dissociation in a Sample of Sex Workers

Abramovich, Evelyn, MS, Nova Southeastern University; Powell, Leslie, MS, Nova Southeastern University; Eickleberry, Lori, MS, Nova Southeastern University; Gold, Steven, PhD, Nova Southeastern University

Prevalence of childhood trauma and dissociation among sex workers was examined. Participants, 13 males and 21 females working as exotic dancers, adult film actors, escorts, or any combination of these, completed a demographic questionnaire, Childhood Trauma Questionnaire (CTQ), and Dissociative Experiences Scale (DES). On the DES (M = 13.64), which measures dissociative symptomatology, 62% scored above the normal range (3.7-7.8), 15% above 20 ("high dissociation") and 9% above 30 (indicating a possible dissociative disorder). The CTQ measures childhood maltreatment including sexual abuse (SA), physical abuse (PA), emotional abuse (EA), emotional neglect (EN), and physical neglect (PN). Overall, 59% scored in the moderate-extreme range on at least one CTQ subscale, with 60% of these scoring in this range on multiple subscales. The CTQ frequencies identified a high prevalence of trauma on all subscales (EA = 67.7%, PA = 38.1%, EN = 67.6%, and PN = 41.1%) except SA (20.4%, approximately the same prevalence estimated in the general population), suggesting SA is less characteristic of sex workers than current literature indicates. Higher percentages of emotional abuse and neglect than other forms of abuse suggest general dysfunctional family of origin environment may be more predictive of sex industry involvement than is overt abuse.

Saturday, November 1

S04–02 **clin res**

The Role Trauma and Dissociation Play in Recognizing Emotion

Beall, Paula, PhD, University of Denver; DePrince, Anne, PhD, University of Denver

Some individuals who have experienced childhood trauma exhibit a bias in how they recognize emotions in faces. Adults exposed to childhood trauma tended to perceive more anger in faces (Wagner & Lineham, 1999). Children who had been physically abused discern hostile emotions more readily; yet, have more difficulty recognizing sorrow (Pollak & Sinha, 2002). Individuals who have experienced trauma may dissociate information, resulting in alterations in information processing which may depend on the attentional demands of a task (DePrince & Freyd, 1999; 2001). This study examines how dissociation level interacts with attentional context when the focus is facial emotion information. Young adults were shown facial expressions within a spatial attention task. In the task, a probe stimulus was presented on a computer. Participants responded to the location of a dot which was either in the same location of the probe or another. In a divided attention condition, they counted by twos while responding. They then completed a facial expression labeling task and a series of measures, including the Dissociative Experiences, Trauma Symptom Checklist-40, and Brief Betrayal Trauma Survey. Results will be discussed in terms of how trauma and dissociative tendencies may relate to biases in recognizing emotion.

S04–03 **clin res**

Experiential Avoidance in Trauma Survivors' Quality of Life

Block Lerner, Jennifer, PhD, VA Boston Healthcare System and Boston University School of Medicine; Rhatigan, Deborah, PhD, VA Boston Healthcare System and Boston University School of Medicine; Plumb, Jennifer, VA Boston Healthcare System and Boston University School of Medicine; Shipherd, Jillian, PhD, VA Boston Healthcare System and Boston University School of Medicine

Several studies support the link between PTSD and compromised quality of life, including poorer relationship outcomes (Hansson, 2002; Riggs et al., 1998; Zatzick et al., 1997). With regard to mechanisms through which PTSD symptomatology impacts individuals' quality of life, Ruscio et al. (2002) and Riggs et al. (1997) point to the importance of emotional numbing. Emotional numbing might be conceptualized as one component of experiential avoidance, a phenomenon characterized by the escape from or avoidance of one's private experiences, such as thoughts or memories (Hayes et al., 1996). "Experiential avoiders" might be more likely to constrict their involvement/engagement in meaningful life domains, including relationships. In the present study of trauma survivors (current N = 60), we hypothesize that experiential avoidance will improve prediction of quality of life, above and beyond PTSD symptomatology. PTSD will be assessed with the Distressing Events Questionnaire (Kubany et al., 2000); quality of life with the SF-36 (Ware & Sherbourne, 1992) and the Dyadic Adjustment Scale (Spanier, 1976); the Acceptance and Action Questionnaire (Hayes, 1996) and the White Bear Suppression Inventory (Wegner & Zanakos, 1994) are measures of experiential avoidance. Data is currently being collected and will be analyzed with multiple regression procedures.

S04–04 **clin res**

Treatment of Residual Insomnia Following CBT for PTSD

DeViva, Jason, PhD, Dartmouth Medical School; Zayfert, Claudia, PhD, Dartmouth Medical School; Pigeon, Wilfred, PhD, Dartmouth Medical School; Mellman, Thomas, MD, Dartmouth Medical School

Research has demonstrated that cognitive-behavioral therapy (CBT) is an efficacious treatment for posttraumatic stress disorder (PTSD), yet cognitive-behavioral interventions do not specifically address insomnia, which is among the most common complaints of individuals with PTSD. Since most randomized trials do not report the effects of CBT on specific PTSD symptoms, it is difficult to ascertain to what extent sleep disturbance persists. Data from our clinic suggest that insomnia is among the most common and most severe symptoms persisting after CBT for PTSD. In this poster we will present data from a pilot study examining the effects of a cognitive-behavioral treatment for residual insomnia following CBT for PTSD. Participants were 6 Caucasian female patients who completed CBT for PTSD and displayed residual sleep difficulties at post-treatment assessment. Participants were assessed using the Clinician-Administered PTSD Scale and several sleep-related measures after PTSD treatment and before and after insomnia treatment. The five-session insomnia intervention consisted of sleep hygiene, stimulus control, and cognitive-restructuring elements. Preliminary data suggested that the insomnia intervention resulted in increased sleep efficiency and improved scores on measures of sleep, sleep hygiene behaviors, and sleep-related cognitions. These preliminary findings will guide further development and evaluation of cognitive-behavioral interventions for PTSD-related insomnia.

S04–05 **clin res**

Unwanted Sex Among 1st- and 2nd-Year College Students

Flack, William, Jr., PhD, Department of Psychology, Bucknell University; Asadorian, Jenica, Department of Psychology, Bucknell University; Daubman, Kimberly, PhD, Department of Psychology, Bucknell University; Caron, Marcia, Department of Psychology, Bucknell University

Rape awareness programs on college campuses frequently make reference to a "Red Zone"—roughly the first half of the first semester—during which time first-year students are believed to be at highest risk of experiencing unwanted sexual encounters. We tested this notion by means of a web-based survey, in which we compared the first-semester responses of 61 first- (35 female, 26 male) and 61 second-year (38 female, 23 male) students at a small liberal arts university to questions about unwanted sexual encounters (anal, oral, and vaginal intercourse, and fondling) and associated phenomena (alcohol consumption, frequency of hooking-up, defining the encounter as rape, reporting to authorities, PTSD symptoms) experienced before and after matriculation. Preliminary analyses indicate that first-year women and men reported about the same frequencies of unwanted sex pre- and post-matriculation, except for fondling (more frequent pre-matriculation). Second-year students reported roughly the same frequencies of unwanted sex during both time periods. Unwanted sexual encounters in both groups were associated with alcohol consumption, hooking-up, and subsyndromal reports of PTSD symptoms. First-year students in our sample were not at greater risk of experiencing unwanted sexual behavior, although reported frequencies of those behaviors before and after starting college remain a cause for concern.

S04–06 **clin res**

Predicting Suicide and Violence in Male Veterans Treated for PTSD

Hartl, Tamara, PhD, Health Services Research and Development, VA Palo Alto Health Care System; Rosen, Craig, PhD, Health Services Research and Development, NCPTSD, VA Palo Alto Health Care; Drescher, Kent, PhD, National Center for PTSD, VA Palo Alto Health Care System; Crawford, Eric, Pacific Graduate School of Psychology, NCPTSD, VA Palo Alto Health Care System; Wilson, Kimberly, PhD, Stanford University Medical Center

Veterans treated for PTSD remain substantially at risk for relapse behaviors. While rate of relapse for psychiatric rehospitalization has been estimated at 55% among Veterans with PTSD, little is known about relapse rates for other negative outcomes. The current investigation has two aims: First, to assess rates of suicide attempts and violent behaviors among 510 male Veterans who completed a VA residential rehabilitation PTSD program, and, second, to identify risk factors at intake and discharge that prospectively predict suicide attempts and violence at follow-up. At follow-up, 4% of the sample had attempted suicide and 53% reported having committed one or more aggressive behaviors. Prior suicide attempts and PTSD severity scores at intake and discharge were reliable predictors of suicide attempts at follow-up. For violence, reliable predictors were history of violence, and PTSD severity intake and discharge scores. Neither age, ethnicity, marital status, nor number of comorbid SCID diagnoses predicted outcomes. Patients whose symptoms worsened during treatment were at greater risk for violence at follow-up. In summary, symptoms before and after treatment predicted violence and suicide at follow-up. Rates of suicide attempts and violent behaviors decreased post treatment but remained at levels that warrant continued concern.

S04–07 **clin res**

A Longitudinal Study of Positive Affect and Coping After 9/11

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

The presence of positive affect (e.g., affection, love, joy, happiness) and its relation to coping strategies employed shortly after the terrorist attacks of September 11, 2001, was examined in a national random sample of 1382 adults. Data were collected 9-14 days after the attacks, and at 2, 6, and 12 months post 9/11 using an anonymous Web-based survey methodology. Pre-9/11 mental and physical health data are available on most of these individuals. Positive affect was both common and stable across all time points, and respondents reported experiencing it, on average, "often" at 2, 6, 12 months post 9/11. The early use of several coping strategies (e.g., religious coping, acceptance, and planning) was associated with higher levels of positive affect over the year following the attacks; the early use of other strategies (e.g., behavioral disengagement, self-blame) was associated with lower levels of positive affect over time. Consistent with our prior research on the presence of positive affect following a variety of traumatic life events, these data indicate that, even when coping with personal tragedy, individuals commonly experience positive affect. Moreover, specific coping strategies may enhance or minimize the experience of positive affect over time.

S04–08 **clin res**

The Effects of Head Injury and Dissociation on the Development of PTSD

Jones, Charlie, MA, University of Oxford; Harvey, Allison, University of Oxford

Peritraumatic dissociation and head injury have similar symptoms including disorientation, confusion and bewilderment. However, the relationship between the two phenomena remains vague. Peritraumatic dissociation has been implicated in the development of PTSD whereas the relationship between head injury and PTSD is unclear. This study investigated the effects of peritraumatic dissociation and head injury on the development of PTSD in consecutive road traffic accident survivors. Participants were assessed as soon as possible (Time 1, $n = 81$) and at six weeks posttrauma (Time 2, $n = 63$). At Time 1, participants were assessed for severity of head injury (duration of posttraumatic amnesia) and peritraumatic dissociation (peritraumatic dissociation experiences questionnaire). At Time 2, PTSD was diagnosed with the PTSD Diagnostic Scale. A positive correlation was found between peritraumatic dissociation and head injury ($r = 0.29$, $p < 0.01$). At Time 2, participants with PTSD ($n = 13$) had experienced significantly more severe peritraumatic dissociation, but significantly less severe head injury than participants without PTSD ($n = 50$). Special attention should be paid to patients presenting with symptoms such as disorientation, confusion or bewilderment. Assessing head injury and peritraumatic dissociation in patients might help to identify those more at risk from developing PTSD.

S04–09 **clin res**

IPT for PTSD with Low-Income Women: Outcome Results

Krupnick, Janice, PhD, Georgetown University Medical Center; Green, Bonnie, PhD, Georgetown University Medical Center; Stockton, Patricia, PhD, Georgetown University Medical Center; Miranda, Jeanne, PhD, UCLA

This poster will describe the recruitment, study design, and outcome results of a treatment development study adapting interpersonal psychotherapy in group format (IPT-G)for low-income, predominantly minority women with current PTSD after interpersonal trauma. Subjects were recruited in public sector health clinics. Following assessment with standardized diagnostic instruments (including CAPS to assess for current PTSD), 48 women were randomized to a treatment group or a wait-list control group. Assessments were completed at baseline, termination, and four-month follow-up. There were very few drop-outs from this 16-session treatment. The results showed that women who participated in IPT for PTSD group treatment had significantly lower PTSD distress than women in the wait-list control group. The treated women were also doing significantly better in interpersonal functioning, as measured by the Inventory of Interpersonal Problems. Results from this small, randomized trial suggest that interpersonal psychotherapy has promised as a treatment for low-income women with histories of multiple interpersonal traumas and subsequent PTSD.

S04–10 **clin res**

The Wind Does Not Know How to Stop

Mitra, Nidhi, PhD, Swanchetan Society for Mental Health; Mitra, Rajat, PhD, Swanchetan Society for Mental Health

On 28th February 2002, a train bogey full of nearly a hundred people out of which most were women and children was set on fire by a raging mob of two thousand people. According to eye witness reports, the train burned for nearly three hours watched by the marauding mob, while the women and children pleaded for mercy. Fifty nine persons died in that carnage. Next day communal carnage broke out leading to large mobs and attacking the muslim population and by the end of three weeks nearly three thousand

people had been killed. Following the event, the national human rights commission of India asked Swancehtan a non profit organization with a apolitical identity to assess the level of PTSD in the population and provide therapy to the affected population.
Subsequently a eight months study has brought out a number of signifiant facts to light i.e the way the muslim community is trying to cope with assaults made on itself. A research carried out in the psyche of the muslim population unearthed several identity issues that deals with the way they see themselves, their deepest fears, their current understanding of the the way the world sees them. Nearly two forty respondents were interviewed using a constructed psychological scale designed to assess their trauma, the analysis of some of which throws light on the increasing emergence of fundementalism.

S04–11 **clin res**

Impact of Police Behavior on PTSD in Assault Victims

Orazem, Robert, University of Missouri, St. Louis; Resick, Patricia, PhD, University of Missouri, St. Louis

Research with victims of sexual assault has identified the occurrence of "secondary victimization," unpleasant, negative reactions by others to the assault victim. This may include making rude or blaming statements, for example. Previous research has revealed that secondary victimization by people within a victim's support network increases post-traumatic stress disorder (PTSD) symptomatology. However, the question of whether secondary victimization by the police has a similar impact remains unknown. Further, it is not known whether such an effect would operate differently in victims of physical assault and victims of physical assault. To address these questions, archival data from 78 female victims of physical assault and 129 female victims of sexual assault were evaluated. Police behaviors were identified through a Trauma Interview and coded as positive, neutral, or negative. PTSD symptomatology was measured using the Clinician Administered PTSD Scale and the PTSD Symptom Scale. PTSD symptomatology was measured two weeks following the assault and again three months after the assault to identify initial effects and changes over time. Theoretical implications and recommendations for police interventions will be discussed.

S04–12 **clin res**

Distress and Social Support in Mothers of Adolescent Assault Victims

Phelps, Lori, MS, University of Wisconsin, Milwaukee; Davies, W., PhD, University of Wisconsin, Milwaukee; McCart, Michael, MS, University of Wisconsin, Milwaukee; Hessling, Robert, PhD, University of Wisconsin, Milwaukee; Klein-Tasman, Bonnie, PhD, University of Wisconsin, Milwaukee; Heuermann, Wendi, MS, Children's Hospital of Wisconsin; Melzer-Lange, Marlene, MD, Medical College of Wisconsin

This study examined the relationship between levels of emotional distress and available social support among 35 low-income Black mothers (Mean age =38 years) whose children had been assaulted in the community. Distress was assessed via the Trauma Symptom Inventory (TSI), and social support by the Social Provisions Scale (SPS). Eighteen mothers (53%) were elevated on at least one clinical subscale on the TSI, suggesting high levels of distress. Mothers scored below all subscale norms on the SPS, except for Opportunities to Provide Nurturance, on which they scored above the instrument norm. Significant negative correlations (ranging from -.358 to -.674) were found between TSI clinical subscale scores and the Attachment, Guidance, and Reassurance of Worth subscales on the SPS. These results indicate that the presence of relationships providing emotional security, advice, and appreciation of the mother's abilities were associated with lower levels of distress. Maternal social support appears to be important to consider among the nexus of factors contributing to the adjustment of adolescents and their families in the wake of community violence.

S04–13 **clin res**

Children Exposed to Domestic Violence: Emotional Context and Memory

Rea, Jacqueline, MA, University of Denver; DePrince, Anne, PhD, University of Denver

Recent research suggests that children exposed to physical abuse, sexual abuse or neglect who have been diagnosed with posttraumatic stress disorder (PTSD) show poorer performance on tasks of basic cognitive and neuropsychological functioning than do nonmaltreated children. The purpose of the present study was to further this research by: 1) replicating these findings in children exposed to domestic violence with a specific focus on memory and attention processes, 2) assessing memory and attention in both neutral and conflict-primed contexts, and 3) testing the role of PTSD symptomatology and physiological arousal as mediators of the relationship between domestic violence exposure and basic neuropsychological functioning. Such research is critical because it allows us to determine: 1) whether memory and attention processes among exposed children are disrupted primarily during trauma-relevant contexts (e.g., by dividing attentional resources and disturbing effortful learning), or whether more basic memory deficits exist, and 2) how individual differences in severity of PTSD and physiological reactivity contribute to the processing of cognitive information. Participants were predominantly of lower socioeconomic status and included mothers and school-age children from a wide range of exposure to domestic violence. Results and potential applications of the data will be discussed.

S04–14 **clin res**

PTSD and Substance Abuse: Symptom Interplay and Effects on Outcome

Read, Jennifer, PhD, Brown University Center for Alcohol and Addiction Studies; Brown, Pamela, PhD, private practice; Kahler, Christopher, PhD, Brown University Center for Alcohol and Addiction Studies

The present study examined concurrent and prospective associations between PTSD diagnostic status, symptom clusters, and substance use disorder (SUD) symptoms and outcome. Participants (N =133) were assessed at intake and 6-months following-inpatient SUD treatment. At baseline, participants with alcohol use disorders reported a greater number of re-experiencing (Criterion B) symptoms. Neither baseline PTSD diagnosis nor baseline PTSD severity predicted outcome. However, remission from PTSD over follow-up was predictive of improved substance use outcomes. Specific PTSD symptom clusters were not associated with percent days abstinent from alcohol or drugs at follow-up, but greater endorsement of baseline Criterion D (arousal) symptoms was predictive of earlier lapse to substance use. Baseline re-experiencing and arousal symptoms were associated with more rapid lapse to alcohol use. Continued re-experiencing symptoms were associated with lapse to alcohol use. According to our data, PTSD per se is not necessarily a risk factor for poor SUD outcome. However, findings do suggest that clinicians should assess and monitor PTSD symptoms over the course of treatment, as continued PTSD symptomatology may be a risk factor for relapse to substance use. Further, specific symptom clusters are associated with specific substances of abuse, and may be prognostic of earlier substance abuse relapse.

S04–15 **clin res**

Telephone Support Following Discharge from Residential PTSD Treatment

Rosen, Craig, PhD, National Center for PTSD, Menlo Park Division; DiLandro, Caryn, Pacific Graduate School of Psychology; Corwin, Kimberly, MA, Pacific Graduate School of Psychology; Drescher, Kent, PhD, National Center for PTSD, Menlo Park Divison; Hettinger, Jean, PhD, National Center for PTSD, Menlo Park Divison

Veterans with prolonged PTSD often experience problems transitioning from residential treatment to outpatient care. This presentation describes a pilot project to provide additional telephone support for 27 veterans (6 women, 21 men) during the first four months following discharge from PTSD residential treatment. Case monitors telephoned veterans biweekly to assess their outpatient treatment attendance, medication compliance, substance use, social isolation, mood fluctuations, aggressive behaviors, and suicidality. Case monitors provided encouragement for positive behaviors and assisted veterans in problem-solving difficult situations. Nearly all (96%) study patients completed one or more outpatient visits, compared to only 80% of a comparison cohort (n = 75) receiving usual care (c2 = 4.0, p < .05). Mean time from discharge to first outpatient visit was 17 days among study patients, compared to 28 days in the comparison group. Study patients who completed satisfaction questionnaires (n = 22, 81%) were generally satisfied with the support provided by the case monitors (73%), felt it helped their recovery (64)%, and definitely wanted to continue to receive such additional support (82%). These results suggest that additional telephone support during the transition home following discharge is perceived to be beneficial by veterans and facilitates their re-entry into outpatient care.

S04–16 **clin res**

The Effect of Brief CBT on the Prevention of PTSD

Sijbrandij, Marit, MA, Academical Medical Center, Specialty Programme for Psychological Trauma; Olff, Miranda, PhD, Academical Medical Center, Specialty Programme for Psychological Trauma; Carlier, Ingrid, PhD, Stichting Verenigde Universitaire Huisartsenopleidingen; Gersons, Berthold, MD, PhD, Academical Medical Center, Specialty Programme for Psychological Trauma

Recent studies have supported the use of brief cognitive behavioral therapy (CBT) in the treatment of Acute Stress Disorder (Bryant et al., 2003) and acute Posttraumatic Stress Disorder (Foa et al., 1995). In the present study we examined the effect of four sessions CBT according to the Foa-protocol (Foa et al., 1995) in a sample of recently traumatized civilians, who were diagnosed with acute Posttraumatic Stress Disorder according to DSM IV. 141 participants were randomly assigned at one month posttrauma to two conditions: brief cognitive behavioral therapy (CBT, N=78), and control (CON, N=63). Assessments were at one month posttrauma, two months posttrauma, and six months posttrauma. Participants experienced an assault (62%), an accident (11%), a fire (3%), a sexual assault (7%), suddenly loss of loved one (5%), or other type of trauma (12%). There were no significant differences between conditions in age, sex or type of trauma. Data on the efficacy of brief cognitive behavioural therapy will be presented at the session. Clinical implications of the results will be discussed.

S04–17 **clin res**

Behavioral and Relational Risk for HIV among Women Abused as Children

Stines, Lisa, MA, Kent State University; Hobfoll, Stevan, PhD, Kent State University

Child sexual and physical abuse have been linked with risky sexual behavior in abuse survivors. However, research has largely failed to examine a relational vulnerability that may put women at risk (i.e. forming sexual relationships with men who've been in jail, use IV drugs, etc.) separate from actual behavioral risk among women. This investigation examined the relationship between childhood trauma history and (1) high-risk sexual acts in adulthood and (2) high-risk romantic relationships in adulthood. A community sample of young, high-risk inner-city women were interviewed. Initial correlation analyses revealed a differential impact of type of abuse on adult risk. Childhood physical abuse was significantly related to high-risk sexual acts in adulthood (r=.18, p<.01), but not to high-risk romantic relationships. In contrast, childhood sexual abuse was significantly associated with high-risk romantic relationships in adulthood (r=.19, p<.01), but not high-risk sexual acts. If replicated for other samples, this suggests that HIV prevention programs may be efficacious if they include a relationship-focused approach with sexual abuse survivors and a behavioral modification approach for physical abuse survivors.

S04–18 **clin res**

Increased Vulnerability to New Stressors due to Childhood Sexual Abuse

Suniga, Sarah, MA, Kent State University; Hobfoll, Stevan, PhD, Kent State University

Childhood sexual abuse (CSA) was hypothesized to lead to the experience of loss of resources and impact the experience of posttraumatic stress disorder (PTSD)and depression. Additionally, it was hypothesized that social support would mediate the relationship between CSA and loss of resources on PTSD and depression. A community sample of women (N=243) was examined over two time periods, as part of a pilot study for a larger study. Depressive symptoms, over one week prior to assessment, and PTSD symptoms, over 2 weeks prior to assessment, at time 2 measured the vulnerability of new stressors. Analyses reveal CSA moderated the impact of resource losses on depression at time 2, such that the effects of losses are exacerbated for abused women at moderate to high levels of loss but not at low levels of loss. Social support at time 1 partially mediated the impact of CSA upon PTSD symptoms at time 2. For women who experienced CSA, the more social support they perceived was related to experiencing a decrease in PTSD symptoms and increase in depression. These findings suggest that interventions should focus on assisting women to gain sources of support in order to provide a protective effect on new stressors.

S04–19 **clin res**

Social Reactions and PTSD Symptom Severity in Female Rape Survivors

Ullman, Sarah, PhD, University of Illinios at Chicago; Filipas, Henrietta, MA, University of Illinois at Chicago; Townsend, Stephanie, MA, University of Illinois at Chicago

This poster tests a theoretical model of the relationships of social reactions to PTSD symptom severity in a cross-sectional sample of 600 adult female rape survivors. Multivariate analyses are used to test a contextual model of rape recovery with data from women completing a mail survey recruited from the community, college campus, and mental health agency clients. Both negative and positive social reactions received by survivors disclosing their assaults to

others were assessed with a standardized measure, the Social Reactions Questionnaire (Ullman, 2000). Other standardized measures were used to assess other mediating variables of coping strategies, attributions of blame, and perceptions of control related to the assault. As hypothesized, negative social reactions of blame, stigma, and disbelief have both direct and indirect associations with PTSD symptom severity. Part of the association of negative reactions with PTSD symptoms is mediated by the degree of avoidance coping, self-blame, and perceived control. This model adjusts for histories of other stressful and traumatic life events as well as demographic characteristics of respondents. Both clinical and social implications are drawn for future research and practice with sexual assault survivors.

S04–20 clin res

Residual Sleep Disturbance Following CBT for PTSD

Zayfert, Claudia, PhD, Dartmouth Medical School; DeViva, Jason, PhD, Dartmouth Medical School

This study examined whether insomnia persisted after completion of cognitive behavioral therapy (CBT) for PTSD and whether persistence of insomnia was associated with continuing nightmares, vigilance, or having been traumatized in the bedroom or in darkness. Post-treatment responses to the 17 items of the Clinician-Administered PTSD Scale (CAPS) were examined for 26 Caucasian women (age M=37.2, SD=9.7) with PTSD who no longer met diagnostic criteria after completing a course of CBT. 48% of remitted PTSD patients sampled reported residual insomnia. For the majority, insomnia persisted in the absence of continuing nightmares and hypervigilance. Experiencing trauma in the bedroom or darkness was associated with greater risk for residual insomnia. The results suggest that conditioning may have a role in maintenance of insomnia residual to PTSD. These findings suggest that interventions for insomnia residual to PTSD warrant study.

S05–01 commun

Predictors of a Peer Support Program for Emergency Services Personnel

Markowski, Tina, University of Colorado at Colorado Springs; Benight, Charles, PhD, University of Colorado at Colorado Springs

This exploratory study (N = 41) examined perceptions of interest in utilizing a Peer Support Program (PSP) and psychological predictors of this interest among Emergency Services Personnel (ESP). The vast majority (95%) of the sample believed mental health in emergency services was important and 80% reported they would use the PSP. Only 3.3% suggested the use of CISM in emergency services. With specific reference to coping with another terrorist attack, 63.2% reported they would participate in a debriefing session, 13.2% would use a PSP, 2.6% would use an individual psychotherapist, and 21.1% reported they would use a combination of debriefing and PSP, any or all interventions, or nothing at all/depends. The high rate of potential debriefing use following a terrorist attack may indicate the reliance on CISD as the only method of intervention within this field. One possible mechanism for choosing to participate in a peer support program is perceptions of Coping Self-Efficacy (CSE) relative to dealing with another terrorist attack and psychological distress. Only CSE correlated positively (.448, p = .013) with use of a Peer Support Program (PSP). Preliminary findings support the use of a PSP and serve to form a baseline prior to its implementation.

S06–01 culture

Utilization of Police Services by Battered Women with PTSD

Leskin, Gregory, PhD, National Center for PTSD/VA Palo Alto Healthcare System; Block, Rebecca, PhD, Illinois Criminal Justice Information Authority

The present study examined both lethal and non-lethal types of domestic violence as predictors of intervention by police services by women diagnosed with and without PTSD. Specifically, secondary analysis of the Chicago Women's Health Risk Study (CWHRS; Block, 2000) assessed the degree to which exposure to several different types of domestic violence (e.g., psychological abuse, threats, stalking, physical violence) and PTSD was associated with a request for police response following domestic violence. More than 2600 women over 18 years old were randomly screened at four large medical centers in the Chicago Area between 1997-1998. The study attempted specifically to identify those women who may be at highest risk for domestic violence, including expectant mothers, women without regular sources of health care, and abused women in situations where the abuse is unknown to local agencies. After a lengthy interview 497 women interviewed positive for domestic violence (physical or sexual violence, violent threat at the hands of an intimate partner) in the previous year. Seventy-two percent (72%) of women who called police following an incident of domestic violence were PTSD positive. Prevalence rates for emergency calls to police according to PTSD status and lethal vs. non-lethal types of violence across each ethnic minority group will be presented.

S06–02 culture

Traumatic Events and Somatization Among African Americans

Odera, Lilian, University of Michigan, Ann Arbor; Pole, Nnamdi, PhD, University of Michigan, Ann Arbor

The relationship between traumatic events and somatic symptoms was examined in a sample of 64 African American (68% female) undergraduate students recruited from a Midwestern university. The study tested the hypothesis that high trauma exposure would be associated with greater levels of somatic complaints. The study also examined gender differences in somatic symptom reports. Trauma exposure which was examined using the Trauma History Questionnaire included: serious accidents (38%), receiving news of death (76%), and emotional abuse (27%). Somatic symptoms were examined using the Symptom Checklist-90 and included symptoms such as headaches, chest pain and aches, and muscle soreness. Correlations revealed that higher levels of trauma exposure were related to greater levels of somatic complaints. Independent sample t-tests showed significant gender differences in somatic complaints, with females reporting higher levels of somatic complaints compared to males. Regression analysis revealed that trauma exposure, as well as gender were significant predictors of somatic symptoms among African Americans. Findings from this study identify important individual difference variables that may account for elevated somatic symptoms sometimes observed among African Americans.

S06–03 culture

The Impact of Child Abuse on Inner City Women's Adult Functioning

Vranceanu, Ana Maria, MA, Kent State University, Doctoral Program in Clinical Psychology; Hobfoll, Stevan, PhD, Kent State University

The impact of perceived child abuse history on 300 adult, inner-city women's mastery, social support, stress and emotional well-being (i.e., depressive mood and PTSD)was examined. It was hypothesized that perceived child abuse will lead to a decreased sense of mastery, decreased social support, increased stress, depression and PTSD. It was also hypothesized that mastery, social support and stress will mediate the relationship between child abuse and

depression and PTSD. Separate path models for physical/emotional and sexual abuse were analyzed with Lisrel 8.5. Physical/emotional abuse led to decreased mastery, decreased social support, increased stress and increased depression, but did not significantly predict PTSD. Sexual abuse led to decreased mastery, decreased social support, increased stress and increased PTSD severity, but did not significantly predict depression. Social support and stress, but not mastery, mediated the relationship between child physical/emotional abuse and adult depression. Social support, but not stress or mastery, mediated the realtionship between sexual abuse and PTSD. The differential impact of child physical/emotional versus child sexual abuse, as well as the impact of social resources in adjustment after childhood trauma will be extensively discussed.

S07–01 **practice**

Reality of Peacekeeping and the Creation of a Peer Support Program

Grenier, Stephane, Department of National Defence, Canada; Darte, Kathy, Department of Veterans Affairs Canada

Since the end of the cold war, Canadian Forces members have participated in an ever growing and demanding number of military operations around the world. Although they have served Canada with great distinction, this service to world peace and stability has not been without casualties. These casualties are not the victims of stray bullets, land mines or vehicle accidents, but suffer operational stress injuries (OSI). Unlike physical wounds, OSIs are not visibly apparent and may go unnoticed for months or years by superiors, peers, and in many cases by the injured members themselves. To those who eventually come to realize that they have been injured by operational stress, coming forward for help is difficult due to the stigma associated with psychiatric illnesses. The presentation will describe the nature of Peacekeeping Operation in the Post Cold War era through the personnel experience of a Canadian Forces member. This will be followed by a brief description of the Operational Stress Injury Social Support Program, which was developed to enhance the social support of military members and veterans suffering from PTSD. Descriptive statistics will also be provided on individuals involved in providing the peer support, as well as preliminary health outcome measures.

S07–02 **withdrawn**

S07–03 **practice**

Anger and Hostility in a Trauma-Exposed College Student Sample

Jakupcak, Matthew, MA, Puget Sound Health Care System, Seattle VA Hospital; Tull, Matthew, MA, University of Massachusetts, Boston

We assessed trauma-related symptoms, anger, and hostility among college students using the Life Events Checklist (LEC; Blake et al., 1995), the PTSD Checklist (PCL; Weathers et al., 1993), the State-Trait Anger Expression Inventory (STAXI; Spielberger, 1988) and the Buss-Durkee Hostility Inventory (BDHI; Buss & Durkee, 1957). Participants were matched across sociodemographic variables; persons in the trauma group (N = 42) indicated being physically assaulted, assaulted with a weapon, or raped per the LEC and scored above the screening criteria of the PCL suggested by Blanchard et al. (1996). Members of the non-trauma group (N = 42) indicated no history of physical or sexual assault and scored below the criteria. Results of a MANOVA indicated that the trauma group reported significantly more anger and hostility than the non-trauma group. Post hoc comparisons of STAXI subscales indicated that the trauma group reported more trait-anger and inwardly-directed anger. There were no differences for outwardly-directed anger or anger control. On the BDHI, the trauma group reported significantly more verbal hostility, suspiciousness, resentment, negativity, and irritability than did the non-trauma group. There were no differences for indirect hostility or assault. Results are discussed in terms of addressing anger in non-clinical, trauma-exposed populations.

S07–04 **practice**

Family Perspectives Toward Youth Evidence-Based Trauma Treatments

Legerski, Joanna, New York State Office of Mental Health and New York State Psychiatric Institute; McKay, Mary, Columbia University

This presentation offers findings of data obtained from parents of children and adolescents receiving evidence-based trauma-focused cognitive behavioral therapy. Participants received free evidence-based treatments for trauma related symptoms resulting from the September 11th attacks. These treatments were provided by community-academic service sites involved in an evaluation of evidence-based trauma treatments. Typical trauma symptoms such as avoidance and fear of re-traumatization increase the need for engagement techniques. With our inner-city trauma population the study sites adopted innovative engagement strategies to overcome concrete and attitudinal obstacles to service utilization and increase participation in the trauma-focused evidence-based treatment. We present parents' descriptions of obstacles and difficulties and the relative effectiveness of the strategies and increasing service utilization. Attitudes and expectations may influence not only parents' decision to seek mental health care for their youth but also their decision to stick with such services. Our findings have practical implications for how we help families overcome obstacles and receive treatment. Recent focus on evidence-based interventions has received national attention and the views of the family may be an important step in determining the utility of such interventions.

S07–05 **withdrawn**

S07–06 **practice**

Mediators of Sexual Revictimization in a Longitudinal Community Sample

Orcutt, Holly, PhD, Northern Illinois University; Garcia, Marilyn, Northern Illinois University; Harris, Holly, MA, Northern Illinois University; Cooper, M., PhD, University of Missouri, Columbia

Females who report experiencing childhood sexual abuse (CSA) have consistently been found to be at increased risk of adolescent and adult sexual assault, a phenomenon known as revictimization. Although responsibility for sexual assault lies with the perpetrator, it is useful and pragmatic to examine factors that may mediate risk for revictimization. Specifically, how might CSA impact a female such that she is at greater risk for sexual assault. One possibility lies with increased negative affect experienced by CSA survivors. It may be that using sexual behavior to cope with dysphoric emotion may increase risk of revictimization. This hypothesis was examined in a large representative community sample interviewed on three occasions. CSA retrospectively reported at Time 2 (T2) (average age was 21) prospectively predicted risk of sexual assault between T2 and Time 3 (T3) (average age was 27). Females reporting CSA were over two times more likely to report being sexually assaulted (between T2 and T3) than females not reporting CSA. This relation was significantly partially mediated by T2 reports of using sexual intercourse to cope with negative emotions (higher use of sex to cope was related to higher risk of assault). Implications for prevention and treatment will be discussed.

Saturday, November 1

S07–07 **practice**

Clinical Presentation of PTSD in Younger Veterans

Richardson, Don, MD, Veterans Affairs Canada/University of Western Ontario

There has been increased attention to the psychological impact of soldiers participating in United Nations peacekeeping. It has been suggested that this new role of the "U.N. peacekeeper" in conflict zones may produce added stress than traditional peacekeeping or even traditional war. Clinically, soldiers often described that the most stressful events of their peacekeeping mission was not their own personal safety but witnessing atrocities and not being able to intervene. This expectation that soldiers show restraint and neutrality and the resulting sense of helplessness may exacerbate an already stressful situation and make it more traumatic. Although Posttraumatic Stress Disorder is one of the significant psychiatric conditions that may result from peacekeeping, other psychiatric sequelae including Major Depression and Addiction are also major contributors to significant morbidity. Furthermore, due to the stigma involved in seeking help for psychiatric conditions, many individuals suffering from Operational Stress may present with a multitude of symptoms making the diagnosis of PTSD more difficult. This presentation will attempt to provide a review of the clinical presentation of PTSD in the younger veteran population. In addition, demographics data such as the prevalence rates of PTSD, Depression, Alcohol Use Problems and general physical health measures will be reviewed.

S07–08 **practice**

Psychological Conceptualization—Treatment of PTSD in Canadian Veterans

Smith, Wanda, PhD, McMaster University-Department of Psychiatry & Behavioural Neurosciences

The lifetime prevalence of Post Traumatic Stress Disorder (PTSD) in the general population is 8%; the prevalence for those having served in the military is estimated to be much greater. It is estimated that from 5 to 36% of Canadian Forces members having served in Peacekeeping missions meet criteria for PTSD. PTSD is a psychiatric disorder which can be emotionally devastating and economically draining for the individual involved, his/her family members, the community and society at large. While PTSD has been formally recognized for only just over 20 years, the scientific advancements are remarkable. The purpose of the proposed presentation is to focus on the psychological perspective and advances of PTSD. A psychological conceptualization of PTSD including learning and cognitive components will be presented and empirically validated treatments, notably exposure and cognitive processing will be discussed. Case studies will illustrate the treatments. The challenges of treating different cohorts with PTSD such as the elderly veterans having served in world war versus the relatively young veterans having been recently deployed on peacekeeping missions will be identified. The presentations of the different cohorts will be discussed utilizing several case studies and the apparent barriers to treatment will be identified.

S07–09 **practice**

Impact of the Iraq War on U.S. Combat Veterans with PTSD

Stone, Andrew, MD, VA Medical Center, Philadelphia; DelMaestro, Susan, PhD, VA Medical Center, Philadelphia

Reminders of traumatic events may create considerable psychological distress in individuals with PTSD. The recent onset of war in Iraq provides such a reminder for individuals with previous traumatic exposure to combat. Psychiatrists, psychologists, social workers, and psychiatric nurse clinical specialists in the PTSD Clinical Team at the Philadelphia VA Medical Center were all asked to report their observations of the effects of the war on the patients that they serve. Areas to be addressed included assessment of changes in intensity in PTSD symptoms in all three clusters; changes in overall functioning; and coping strategies. Relationship of the veteran's prior worldview and understanding of previous experience to the way that current events are interpreted was also explored. Responses among the patient population varied, but appeared to depend on factors including previous level of function, and severity of distress relating to their own experiences. Some veterans with higher levels of function were better able to recognize the need to restrict their own exposure to media accounts of the war. The distribution of conceptual responses in terms of the meaning and significance of the war often tended to parallel the conceptualizations that veterans had developed in coming to terms with the experiences from their own war-time service.

S07–10 **practice**

Buffers in the Relationship Between CSA and Adulthood Revictimization

Walsh, Kate, Boston University; Blaustein, Margaret, PhD, Boston University School of Medicine; Grant Knight, Wanda, PhD, Department of Psychiatry, Boston University School of Medicine; van der Kolk, Bessel, MD, Department of Psychiatry, Boston University School of Medicine

Childhood sexual abuse has been identified as a primary etiological factor in adulthood sexual victimization; however, not all survivors of CSA experience re-victimization. This study examined the role of factors which may act to buffer this association. Previous studies highlight the importance of perceptions of control, positive coping, and feelings of competency in individual resilience. The current study examined one potential pathway leading to these buffering factors; specifically, it was hypothesized that women who participate and are invested in a competency-building activity (e.g., sport, hobby, or creative outlet), would be less likely to experience adulthood revictimization. A sample of 75 females, ages 18 to 30, completed questionnaire measures; preliminary analyses have been conducted on 39 subjects. Preliminary results indicate strong associations between childhood sexual abuse and both coerced ($F(1,37)=15.503$, $p<.001$) and forced ($F(1,37)=5.18$, $p<.05$) adult sexual experiences. Perceptions of control, self-efficacy, and coping style were also found to be independently related to risk for adult sexual victimization, with women who report nonconsensual adult sexual experiences reporting higher external locus of control ($p=.045$), lower use of problem-focused ($p=.009$) and positive-focused ($p=.037$) coping, and a trend toward lower levels of generalized self-efficacy ($p=.087$). Involvement in a competency-building activity was found to be positively related to generalized self-efficacy and internal locus of control. Preliminary analyses indicate that these variables provide independent predictive power to likelihood of experiencing re-victimization among women who have been sexually abused in childhood.

S08–01 **disaster**

Evacuation Perceptions Following Wildfire and Coping Self-Efficacy

Benight, Charles, PhD, University of Colorado at Colorado Springs; Markowski, Tina, University of Colorado at Colorado Springs; Hay, Leatha, University of Colorado at Colorado Springs

Coping self-efficacy for dealing with post-traumatic demands has repeatedly demonstrated strong relationships with psychological recovery. The purpose of this study was to determine if evacuation perceptions from a massive wildfire were related to perceptions of CSE relative to recovering from the wildfire. The sample consisted of 102 (58% female), predominately Caucasian (97%) individuals living in the evacuation zones for two of last summer's major wildfires in Colorado. Results indicated the following significant correlations with recovery CSE: having a deep attachment to one's home (-.33),

a strong love for the forest (-.32), belief in being safe if evacuated (.36), belief that property would be safe (.25), perceived capability for getting out during evacuation (.22), being prepared before the evacuation (.21), and having access to all the information about the fire (.23). These findings may have implications for emergency personnel in developing evacuation procedures and identifying at risk individuals.

S08–02 **disaster**

Vicarious Trauma in New York City Relief Workers

Brickman, Ellen, PhD, Safe Horizon-Research and Evaluation; Thiel de Bocanegra, Heike, PhD, Safe Horizon-Research and Evaluation

This study investigated the prevalence of secondary trauma in volunteers involved in the emergency response after the WTC attack. A total of 163 caseworkers who had worked to address clients' concrete needs participated in a semi-structured phone interview assessing their background and volunteer experience. This was followed by a mail survey with two outcome measures: The PTSD Checklist (PCL) and the Beck Depression Inventory (BDI). Two distinct categories of volunteers emerged: Volunteers from out of town were older and more experienced in disaster relief. Volunteers from New York reported high exposure to the attack, such as witnessing it (32 percent) or concern for the well-being of a loved one during the day of the attack (42 percent). Most considered the relief work to be enriching and said that it facilitated their coping with the attack. A subgroup, however, reported ongoing needs that have not been met by agencies and informal support systems. About seven percent (7.4) of the sample met diagnostic criteria for PTSD, and 20% had BDI scores indicating moderate to severe depression. PTSD and depression were correlated with age, gender, prior trauma, exposure, still needing help from other people and agencies, and increased self-reported alcohol and drug use. Having had previous disaster experience and living with a partner appear to have a protective effect on mental health status. A regression model assessed the role of volunteer characteristics (age, gender, living with spouse, prior trauma) and situational variables (exposure to the event, intensity of relief effort) in predicting outcome variables, when controlling for attitudinal and behavioral responses (increased concern about environment, perception of unmet needs, and change in substance and drug use after 9/11). Prior trauma, exposure to the event, the perceptions of unmet needs, and beginning or increasing substance use after 9/11 were significantly associated with PTSD and depression, respectively. PTSD and depression scales were re-administered after three months to a subset of respondents (n=69). There was no significant change from time 1 to time 2 in depression or PTSD scores, although the PTSD score increased after three months (p=.092). Overall, changes in depression and PTSD scores over time did not vary as a function of degree of exposure to the WTC attack, intensity and type of volunteer experience or time since conclusion of the volunteer activity.

S08–03 **disaster**

Narratives of Traumatologists at The NYC World Trade Center Disaster

Cherrie-Benton, Carron, PhDc, University of South Florida, Department of Anthropology

Narratives of traumatologists deployed to the New York City World Trade Center Disaster were collected and analyzed for themes about the lived experience of caring for disaster survivors, the sense of vulnerability as fellow Americans under the threat of domestic terrorism, and the impact of this disaster deployment experience on the health of the "helper." The uniqueness of the methodology is that the author, a nurse anthropologist was deployed as a member of the "advance" team of traumatologists just six days after the disaster, to assist an international union of World Trade Center workers and union administrators and staff who were survivors of the tragedy, and eye witnesses to the tragic events that unfolded on the morning of September 11th 200l. Findings from this qualitative research study may help disaster mental health policy makers and program planners in the design, implementation and evaluation of training and preparedness programs for mental health professionals anticipating deployement to a domestic or international disaster.

S08–04 **disaster**

PTSD in Disaster Relief Clinicians at Ground Zero

Gulliver, Suzy, PhD, VA Boston Healthcare System and Boston University; Zimering, Rose, PhD, VA Boston Healthcare System and Boston University; Knight, Jeffrey, PhD, VA Boston Healthcare System and Boston University; Mattuchio, Todd, VA Boston Healthcare System and Boston University; Wolfsdorf, Barbara, PhD, VA Boston Healthcare System and Boston University; Baker-Morissette, Sandra, PhD, VA Boston Healthcare System and Boston University; Munroe, James, EdD, VA Boston Healthcare System and Boston University

Emergency mental health providers who treat disaster survivors at the disaster site itself are at risk for PTSD linked to witnessing the death, injury and destruction inherent in the disaster. In the present study, Critical Incident Stress Management (CISM) workers affiliated with the International Association of Firefighters responded to requests to participate in an assessment of the consequences of providing disaster relief services to surviving firefighters and emergency response personnel at Ground Zero in the days and weeks following the 9/11 terrorist attacks. One hundred and ten CISM workers including firefighters, paramedics, social workers, psychologists and clergy completed a Clinician Administered PTSD Scale (CAPS) interview six months after their provision of service at Ground Zero. Doctoral trauma clinicians conducted all CAPS interviews. CISM workers also completed self-report measures of mood, coping, health and occupational impairment. Results from the six-month interviews demonstrate that a significant minority (8 of 110; 7.3%) of CISM workers met full criteria for PTSD related to their Ground Zero disaster site exposure. Profiles for these CISM workers are compared to age and training matched non-traumatized workers for hypothesis construction regarding protective factors in CISM work. Implications of these findings for training the next generation of disaster relief clinicians will be discussed.

S08–05 **disaster**

Symptom Development and Resilience in 9/11 Disaster Relief Providers

Knight, Jeffrey, PhD, National Center for PTSD-Boston DVAMC; Gulliver, Suzy, PhD, Boston VA Health Care System Outpatient Clinic; Zimering, Rose, PhD, Boston VA Health Care System Outpatient Clinic; Mattichio, Todd, Boston VA Health Care System Outpatient Clinic; Munroe, James, EdD, Boston VA Health Care System Outpatient Clinic; Wolfsdorf, Barbara, PhD, Boston VA Health Care System Outpatient Clinic; Baker-Morrisette, Sandra, PhD, Boston VA Health Care System Outpatient Clinic

Risk of secondary traumatization and factors related to resilience were examined in the cohort of 95 relief workers who provided critical incident debriefing services post-World Trade Center (9-11-01). Relief workers were firefighters and professionals associated with firefight units (social workers, chaplains). Analyses were based on clinical diagnostic interviews and self-report questionnaires of clinical symptoms (PTSD, depression, anxiety, anger), mood states, and coping. Good internal consistency reliability is found for all measures (alphas: .86-.93). The findings highlight the low level of clinical symptoms reported by this group, which generated PTSD, depression, and anxiety scores in the normal range, balanced against high positive coping scores. Analyses of patterns across subscales showed that anger was more likely to be self-directed rather than other-directed, and accompanied by a positive coping approach, which

was characterized by use of acceptance, planning, active coping, positive re-framing, seeking emotional and instrumental support, and self-distraction. Denial, substance abuse, behavioral this engagement and self-blame were endorsed infrequently. The patterns across measures suggest resilience in this cohort to the potential negative effects of conducting critical incident debriefing. The implications of these findings will be discussed.

S08–06 **disaster**

Deployment Stressors and Mental Health for Female and Male Gulf War Veterans

Pless, Anica, VA Boston Healthcare System, National Center for PTSD; Vogt, Dawne, PhD, VA Boston Healthcare System, National Center for PTSD; King, Lynda, PhD, VA Boston Healthcare System, National Center for PTSD; King, Daniel, PhD, VA Boston Healthcare System, National Center for PTSD; Samper, Rita, VA Boston Healthcare System, National Center for PTSD; Knight, Jeffrey, PhD, VA Boston Healthcare System, National Center for PTSD; Chrysos, Elisa, VA Boston Healthcare System, National Center for PTSD; Foy, David, PhD, Pepperdine University; Whealin, Julia, PhD, National Center for PTSD, Hawaii

There is some evidence that women and men are exposed to different deployment-related stressors and that these stressors differentially impact their mental health. In this study, we explored gender differences in exposure to combat, aftermath of battle, sexual and general harassment, war-zone social support, and concerns about family disruptions, as well as associations between these war-zone factors and mental health outcomes (e.g., anxiety, depression, PTSD) among 317 female and male Gulf War veterans. Women reported less exposure to the more traditional war-zone stressors of combat and aftermath of battle than did men, and higher levels of interpersonal stressors including low war-zone social support, sexual harassment, and general harassment. Overall, associations between war-zone factors and mental health outcomes were modest to moderate. Additional interaction analyses revealed that while low levels of war-zone social support and concerns about family disruptions had a stronger negative impact on women's mental health, sexual harassment had a stronger negative impact on men's mental health. Moreover, these interaction effects held after accounting for the impact of combat exposure on mental health. Findings highlight the importance of examining multiple dimensions of war-zone stressors and exploring the impact of war-zone factors on mental health separately for women and men.

S08–07 **disaster**

Veteran Health: PTSD, Substance Use, Social Isolation and Depression

Salstrom, Seoka, University of Georgia; Michels, Kirsten, MA, University of Georgia; Amir, Nader, PhD, University of Georgia

Research examining physical health among veterans has emphasized the importance of psychological difficulties such as PTSD (e.g., Schnurr, Spiro, & Paris, 2000). Substance use, depression, and social support have also been examined as predictors of physical health in separate studies. However, studies have not examined the relative contributions of the above factors as predictors of multiple indices of physical health among male and female veterans. Male and female theater veterans' data from the NVVRS (Kulka et al., 1990) data set were analyzed. We used hierarchical regression to analyze potential additive effects of substance abuse, social isolation, and depression on functional disability, perceived health, and medical conditions after accounting for the effects of service-related physical disability, war zone stressor exposure, and PTSD. Among males, we found additive effects for social isolation when predicting perceived health ($\beta = -.07$, $p < .02$) and medical conditions ($\beta = .06$, $p < .05$) and for depression when predicting functional disability ($\beta = .14$, $p < .00$) and medical conditions ($\beta = .06$, $p < .04$). We found no additive effects among females. PTSD remained a significant predictor across physical health indices and gender. These results highlight the importance of assessing multiple domains of psychological and personal functioning as well as trauma exposure in medical settings.

S08–08 **disaster**

PTSD of Chinese Displaced Workers After the WTC Attack

Thiel de Bocanegra, Heike, PhD, Safe Horizon-Research and Evaluation; Chan, Priscilla, MSW, Chinese-American Planning Council

The adverse psychological impact of the September 11th attacks on the World Trade Center on residents of New York City has been well documented. Displaced workers in Manhattan's Chinatown are of special concern because of proximity to the attacks, the profound economic impact of September 11th, and potential barriers to immigrants' utilization of mental health services. To identify psychological sequelae of the World Trade Center attacks in immigrant Chinese displaced workers, we interviewed 77 displaced workers in May 2002. Participants were identified from a central database of clients seen at the agency's assistance centers in Chinatown, which provided financial assistance, information and referral services. This database included 5,000 Chinese-descendant displaced workers who immigrated to the United States. One third of the sample was classified as at least moderately depressed, and 21% met diagnostic criteria for Post-Traumatic Stress Disorder. While the three cluster scores individually are not sufficient for a PTSD diagnosis, they revealed a striking pattern in this population: over 92% (n=71) of the sample met the cutoff criterion for the re-experiencing cluster, compared to 26% (n=20) who met the criterion for the avoidance/numbing cluster, and 52% (n=40) who met the criterion for the hypervigilance cluster. However, few had utilized mental health services. Depression and PTSD scores were positively correlated with age, age at immigration to the U.S., and prescription drug use after September 11th, among other variables. Fifty-four percent of the sample (n=42) reported that they still needed help paying rent and/or meeting their living expenses. This group had higher PCL scores than those who indicated they did not need such help (means = 21.39 v. 15.06, $t(73) = -2.16$, $p < .05$). Depression was significantly associated with two demographic variables: Age at arrival in the United States, and age at time of interview. Participants did not report to have begun or increased alcohol, tobacco or recreational drug use after the September 11 attacks. These data will be compared with those generated in follow-up interviews of the same cohort and new interviews of an additional cohort of 75 displaced workers in February 2003. Results of the first assessment suggest the need for mental health outreach in this community. Outreach strategies should target both displaced workers and their informal support networks, to facilitate identification of and service access for those impacted by the attacks.

S08–09 **disaster**

Psychological Preparation for Work-Related Trauma

Whealin, Julia, PhD, Veterans Affairs National Center for PTSD; Ruzek, Josef, PhD, Veterans Affairs National Center for PTSD

Of the approximately 70% of people who will experience a traumatic event at some point in their lives, only about 10-30% of individuals develop Posttraumatic Stress Disorder (PTSD) as a result. Whereas most variance in outcome is due to factors related directly to traumatic event itself, individual resilience has also been shown to play a role in outcome. The following poster combines findings from experimentally controlled research regarding cognitive and psychological prevention resilience factors and applies the data to the growing clinical findings in the field of trauma preparation. An intervention model is outlined that addresses Anticipation, Pre-trauma, Trauma, Post-Trauma and Recovery stages of a traumatic experience. At each stage, cognitive behavioral interventions address utilization and maintenance of social support, development of organizational support, coping style, and issues of appraisal/efficacy.

S09–10 **train**

The TRECK Team: Trauma Research, Education and Consultation at K-State

Nelson, Briana, PhD, Kansas State University; Schwerdtfeger, Kami, Kansas State University; Jones, Nina, Kansas State University; Hoheisel, Carol, MS, Kansas State University; Smith, Douglas, MS, Kansas State University; Peterson, F. Ryan, Kansas State University; Kelley, Sharit, Kansas State University; Archuleta, Kristy, Kansas State University

The study of trauma, or "traumatology," is more prominent as professionals have become aware of the plethora of individuals seeking mental health and other services for issues related to a history of trauma. As professionals begin to identify and understand the long-term consequences of traumatic events, it is necessary to recognize the need for trauma pedagogy. Much clinical training is obtained through state and national conferences and workshops or by reading literature on trauma, rather than through professional training in graduate programs. This poster will describe a unique training experience that merges clinical training and trauma pedagogy. The purpose of the group, titled "Trauma Research, Education, and Consultation at K-State" or the "TRECK Team," is to increase students' theoretical and clinical knowledge of traumatic stress. This team has developed several trauma-based projects, including presentations, publications, research projects, and community outreach programs. The poster will describe the TRECK Team's development, activities of the team, student and faculty perspectives on the success of the team, and recommendations for developing effective teaching strategies and clinical training opportunities in teaching about trauma.

S10–01 **frag**

Betrayal Trauma: Fragmenting Psychological and Physical Health

Goldsmith, Rachel, MS, University of Oregon; Freyd, Jennifer, PhD, University of Oregon; DePrince, Anne, PhD, University of Denver

What can we learn about the impact of trauma when we distinguish betrayal from non-betrayal traumatic experiences depending on the respondent's relationship to the perpetrator? 185 university students completed measures assessing physical, sexual, and emotional abuse perceptions, alexithymia, trauma symptoms, physical health, and trauma experiences. Trauma experiences were significantly related to anxiety, depression, dissociation, and physical health complaints, echoing previous research documenting fragmented effects from trauma. Betrayal trauma experiences were more strongly correlated with depression, dissociation, and alexithymia than were non-betrayal traumas. Betrayal trauma was significantly related to participants' level of anxiety, to the number of visits made to student health centers or to a private physician for illness over the past month, and to the number of days sick in the past month; non-betrayal trauma was not. We also found more than twice as many participants indicating having experienced incidents of physical, sexual or emotional mistreatment by someone close when those events were defined behaviorally as compared to the number endorsing items using the words "abused" or "maltreated" for their own history, suggesting that participants are resistant to these labels for themselves.

S10–02 **frag**

Shattered Relationships: The Link Between Marital Discord and PTSD

Rakow, Madeline, Eastern Michigan University; Lauterbach, Dean, PhD, Eastern Michigan University; Vora, Rajvee, MB, BS, Eastern Michigan University

Distressed and unstable relationships are common effects of trauma and PTSD. The purpose of this paper is to examine the characteristics marital relationships among persons with a diagnosis of PTSD. This paper utilized data from the National Comorbidity Survey (NCS), a large (n = 8,098) nationally representative population survey assessing the lifetime and 12-month prevalence of numerous DSM-III-R disorders. Persons with and without PTSD were compared on levels of marital satisfaction and frequencies of marital problems. Overall, persons with PTSD rated their marriages as less satisfactory than persons without PTSD. Persons with PTSD also reported significantly more marriages and divorces than persons without PTSD. When queried about specific marital problems, persons with PTSD reported significantly higher frequencies of negative behaviors on the part of their spouses. These behaviors included threatening to end the relationship, being involved with extramarital affairs, wasting money, being disagreeable, having temper tantrums, and using alcohol or other drugs too often. The role of personality characteristics as a moderator between PTSD and quality of marital relationships will be examined.

S10–03 **frag**

Positive Psychological Impacts of Traumatic Events: A Literature Review

Vali-Nouri, Mehran, MA, Baycrest Centre

Theory and research on traumatic stress are over focused by a deficit-oriented perspective. However, there is a growing body of literature related to positive impacts of extreme stressful events on victims. The purpose of this study was to review the results of empirical research in the literature on positive psychological consequences of traumatic life events. Extensive literature searches were performed using PsycINFO, Sociological Abstracts, EMBASE, and Medline databases (1960s to 2002). This review revealed the increasing attention in the literature paid to the positive impacts of extreme stress on people exposed to traumatic events; e.g. cancer, spinal cord injury, heart attacks, HIV infection, and disasters. The present review found several perceived post-traumatic benefits and positive changes in different domains, including self, interpersonal relationships, and personal beliefs and values. Each domain included several specific positive consequences, like increased family closeness, increased spirituality and faith, increased compassion, increased self-efficacy, and self-growth. However, there are some borderline questions that raised in the literature regarding the validity of post-traumatic positive outcomes. This review critically analyzed the methodological strengths and weaknesses of the studies found in the literature. Also, it addressed the importance of using qualitative and mixed methods to uncover positive consequences of traumatic events, especially in diverse populations.

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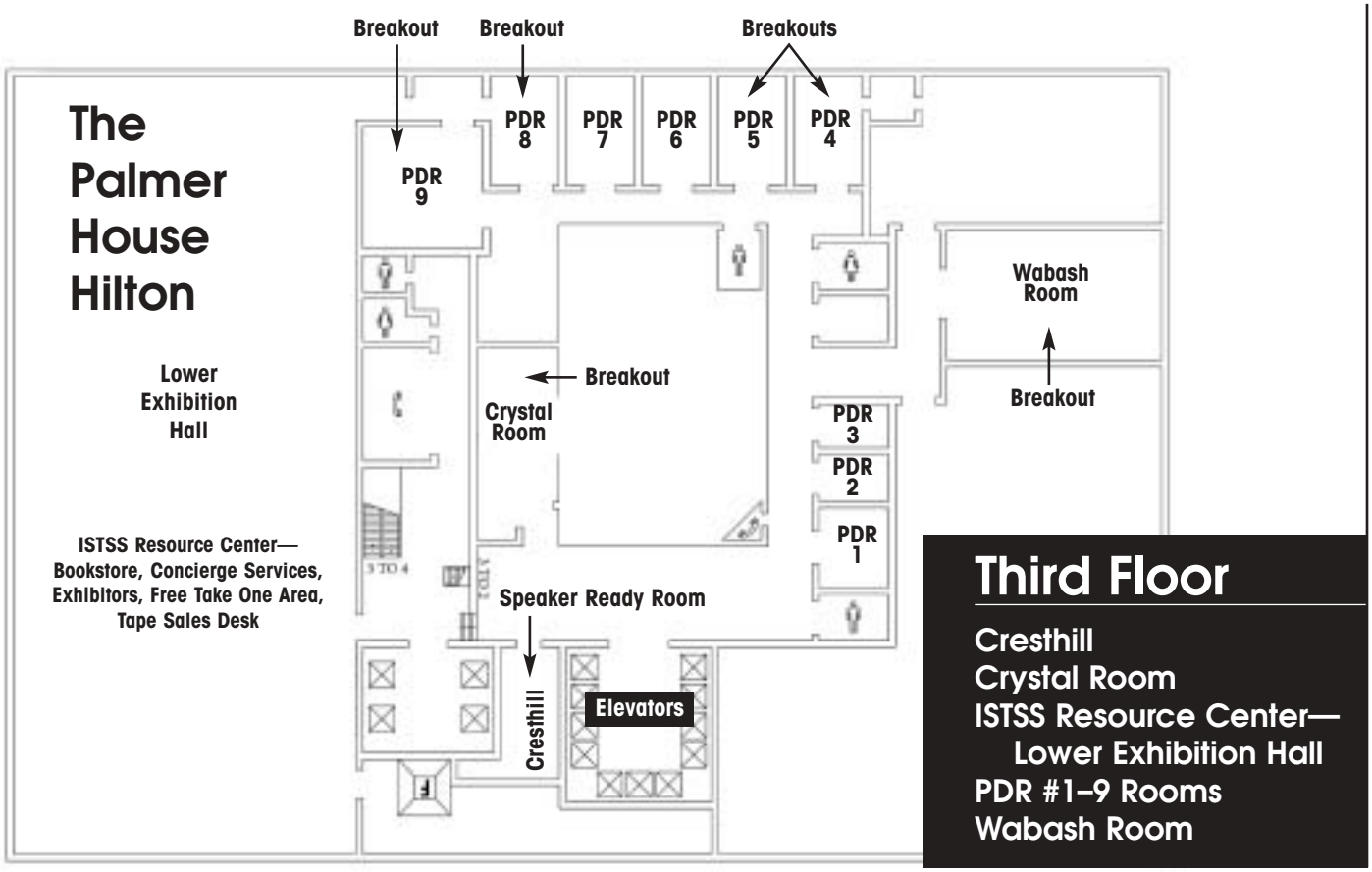

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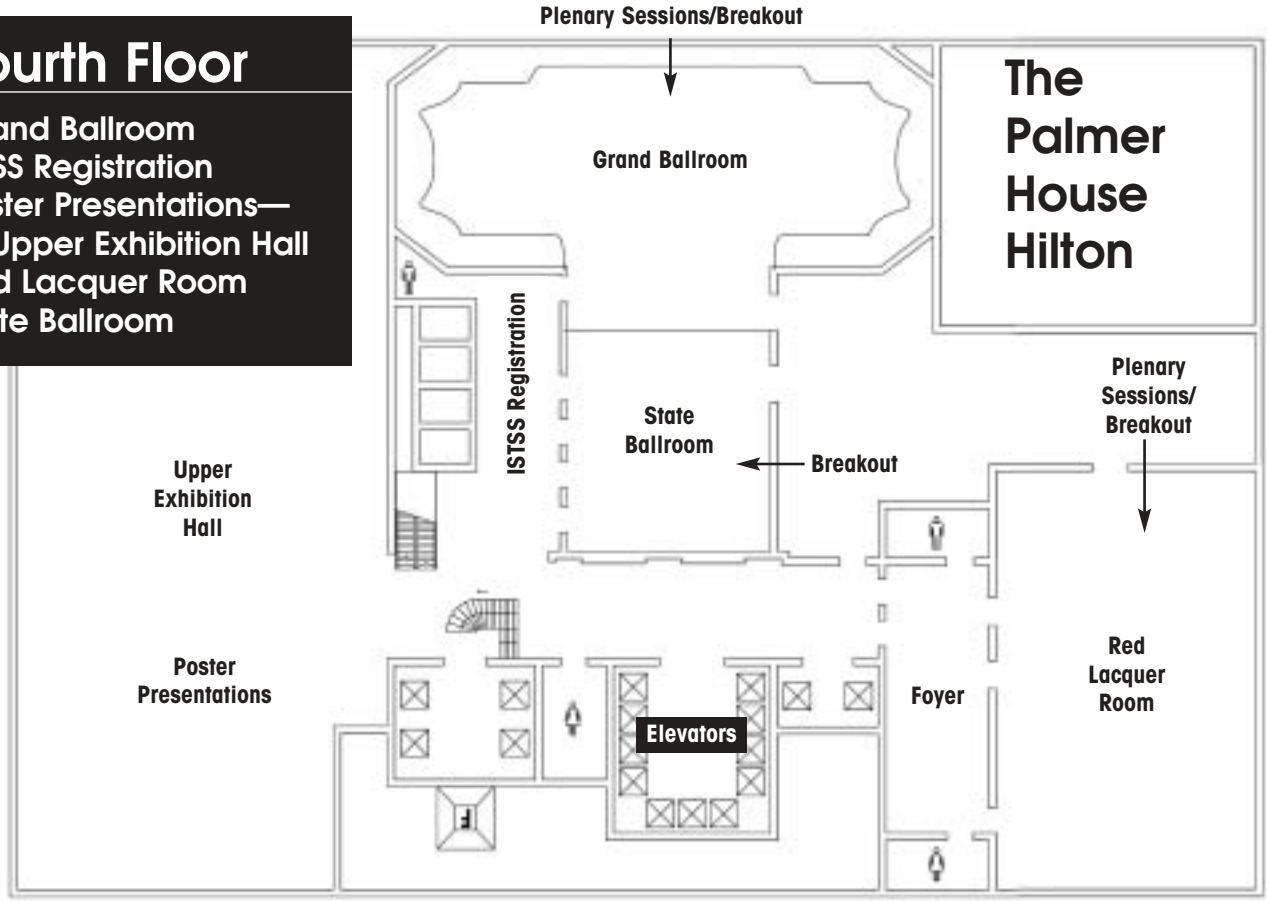
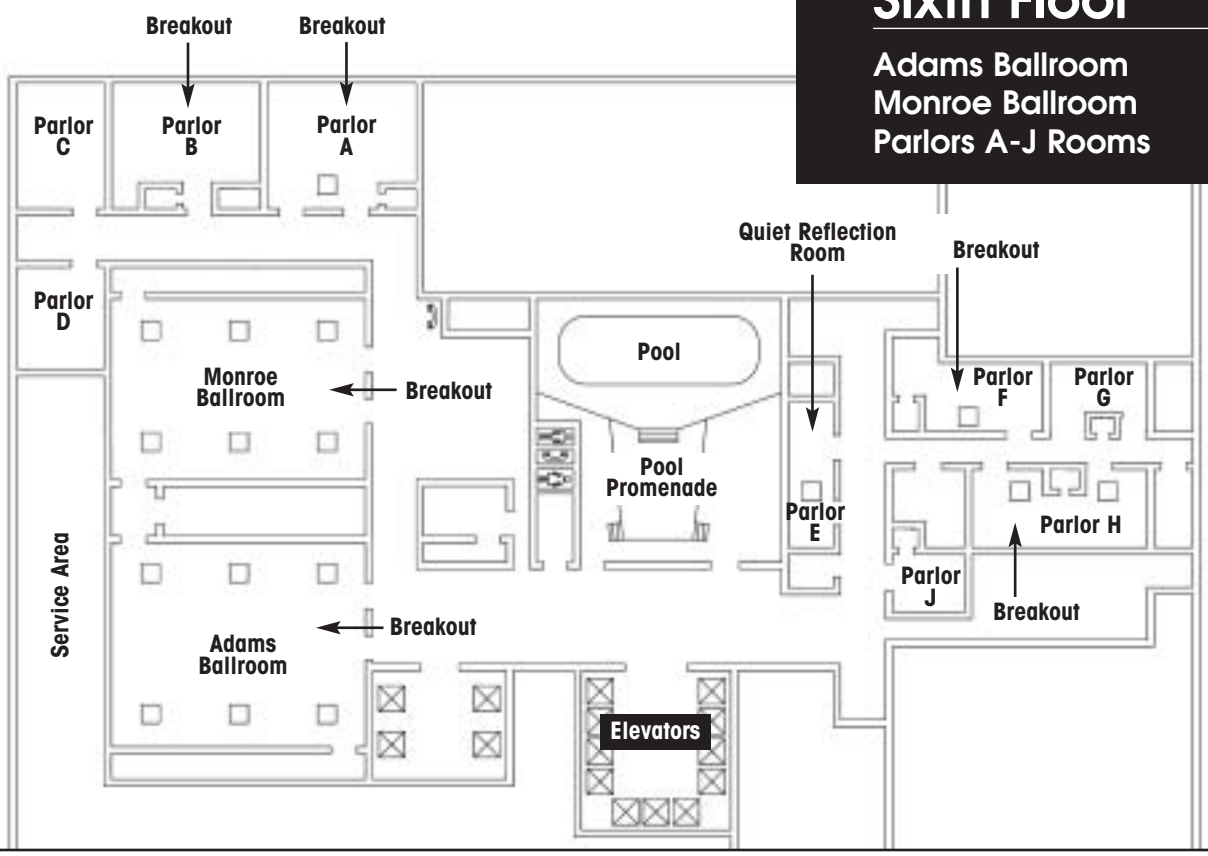
Red Lacquer Room
State Ballroom



Sixth Floor

Adams Ballroom
Monroe Ballroom
Parlors A-J Rooms