

Friday, October 31

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 heterogeneity 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; Wine, 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.

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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

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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, noradrenergic, serotonergic, 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.

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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 psychophysiological 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: assaultive trauma (e.g., robbery, sexual assault) and non-assaultive trauma (e.g., motor vehicle accidents). Only assaultive 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 assaultive trauma was predicted by antisocial personality traits. Results suggested that the genes for these traits may also play a role in conferring risk for assaultive 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.

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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 performed 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 identifica-

tion 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.

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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; Odum, Jennifer, Brigham Young University; Pasalic, Alma, Brigham Young University; Pasalic, Hafza, 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

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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, pre-morbid 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 University 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

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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 strong 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.

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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 systematically 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.

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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

Allim, 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.

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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 antigluocorticoid, 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 antigluocorticoids, 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; Geraciotti, 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 Geraciotti).

Fostering Intergenerational Resilience from War and Genocide

Symposium (commun) Parlor A, 6th Floor

Armstrong, 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 (Armstrong & 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, BCRHR, Boston University School of Medicine, National Center for PTSD

It has become increasingly 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

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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

Piowarczyk, 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 will 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 discussion 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, Yasmira, 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 Catastrophes; Muxurovic, Jasmina, International Center on Human Responses to Social Catastrophes; Spahovic, Dzemila, International

Center on Human Responses to Social Catastrophes; Pavkovic, Ivan, International Society on Human Responses to Social Catastrophes

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 someone 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

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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

Mazells, 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 adopting 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.

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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, Womenscare 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 identify 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.

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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 Melbourne; 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 of 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.

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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-derelization. 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 resiliency among its citizens. This symposium will focus on three community responses to fostering islands of resiliency 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; Doplef, 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 increas-

ing 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.

Friday: 2:30 p.m.-3:45 p.m.

Friday, October 31

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; Olf, 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 segmented 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.

Friday, October 31

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 date, 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; Maya-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 antikingling 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: 2:30 p.m.–3:45 p.m.

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 symptomatology 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.

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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. During 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 undergo 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 cycles of resource loss and attempts to bolster 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-

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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; Pehazur, 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-fulfilling 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 pre-

sented 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 post-traumatic 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.

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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.

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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 randomized 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 (anti-convulsive/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 symptomatology will be discussed.

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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 myriad 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 reconceptualization 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; Addeky, 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.

Friday: 4:00 p.m.–5:15 p.m.

Friday, October 31

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, Arie, 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, Arie, 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 Health 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: 4:00 p.m.-5:15 p.m.