

Saturday, November 1

Saturday, November 1

S01-01

assess

Comparability of Telephone and Face-to-Face Interviews in PTSD

Aziz, Mohamed, MD, University of Cincinnati/Cincinnati VAMC; Kenford, Susan, PhD, Xavier University; Dashevski, Boris, PhD, Cincinnati VAMC; Walker, Grace, NP, University of Cincinnati; Haji, Uzair, MD, Cincinnati VAMC; Snyder, Peter, MSW, Cincinnati VAMC; Baker, Dewleen, MD, Cincinnati VAMC

Introduction: Structured clinical interviews are very important in the area of mental health research and services. Prior research comparing the reliability and validity of face to face and phone interviews has found high levels of agreement. This project compared the results of face to face and phone interviews for two widely used measures for PTSD Method: Subjects were 60 Veterans recruited from applicants to the PTSD Assessment and Intervention program at the Cincinnati VAMC. Order of interview (in-person or phone) was determined using random assignment within a counterbalanced framework. Results: Pearson correlation coefficients between face-to-face and phone interviews revealed high consistency (CAPS $r=0.745$, HAM-D $r=0.748$). Diagnostic thresholds for the CAPS and HAM-D, after adjusting for the interview order and time elapsed between interviews, did not differ between the two groups ($P=0.31$ for CAPS and $p=0.96$ for HAM-D). High levels of agreement were achieved between the two methods (Kappa = 0.75, 0.70 and Odd Ratio = 13.3 and 36.6 for CAPS and HAM-D respectively). Conclusion: Phone interviews are a reliable method of interviewing regarding assessing PTSD and MDD in PTSD patients. Limitation: The small number of subjects and the homogeneity of the subjects limit the interpretation of these results.

S01-02

assess

Analyzing SAQ-III Sensitivity to Different Abuse Histories Using ROCs

Castelda, Bryan, Binghamton University; Levis, Donald, PhD, Binghamton University; Patricia, Rourke, PhD, Binghamton University

The present study is part of an ongoing series of research projects to assess a newly constructed brief paper-and-pencil self-report instrument, the Sexual Abuse Questionnaire - III (SAQ-III). This questionnaire is unique in that many of the discriminating items on the inventory were derived from extensive clinical experience, as opposed to solely relying on clinical symptomatology, in treating survivors of childhood sexual abuse. Previous studies have shown that the SAQ-III is able to classify self-reported survivors of sexual abuse from self-reported non-abused participants and demonstrates good psychometric properties including test-retest reliability, internal consistency, as well as convergent and discriminant validity (Locke, 1997). The focus of the present study was to utilize receiver operating characteristic (ROC) curves to determine SAQ-III sensitivity and specificity in detecting individuals who have experienced childhood sexual abuse (CSA), childhood physical abuse (CPA), combined childhood sexual and physical abuse (CA), or any form of childhood abuse (AA). ROC curves plot the probability of true positives against the probability of false positives, as the cut-off score varies. The area under the ROC curve serves as an index of the overall sensitivity of the questionnaire that is independent of the cut-off score. Areas under the ROC curves were .65 for the CSA group ($n=1673$); .72 for the CPA group ($n=1795$); .81 for the CA group ($n=1624$); and .71 for the AA group ($n=1928$). The results suggest that the SAQ-III is sensitive to CPA as well as CSA and that it is most sensitive in detecting survivors of combined childhood sexual and physical abuse.

S01-03

assess

Diagnostic Utility of the PTSD Checklist in HIV-Seropositive Adults

Cuevas, Carlos, MA, Boston Medical Center; Bollinger, Andreas, PhD, Boston University School of Medicine/VA Boston Healthcare System; Brief, Deborah, PhD, Boston University School of Medicine/VA Boston Healthcare System; Vielhauer, Melanie, PhD, Boston Medical Center/Boston University School of Medicine; Morgan, Erin, Boston Medical Center; Buondonno, Lisa, RN, Boston Medical Center; Berger, Jori, PhD, Boston Medical Center/Boston University School of Medicine; Keane, Terence, PhD, Boston University School of Medicine/VA Boston Healthcare System

Although there is limited literature looking at how HIV and posttraumatic stress disorder (PTSD) are related, there is some evidence that supports the co-occurrence of trauma symptoms and/or a PTSD diagnosis in individuals with HIV. As a consequence, PTSD symptomatology is an area of clinical interest when working with this population. Before developing treatment interventions, it is essential to accurately and efficiently screen or identify people who may be experiencing trauma-related symptoms. The PTSD Checklist, civilian version (PCL - C) is a self-report questionnaire comprising of 17 items that correspond to DSM - IV based symptoms of PTSD. However, its reliability and effectiveness as a diagnostic tool with HIV infected individuals is yet to be determined. The diagnostic utility of the PCL - C in identifying PTSD among HIV+ individuals who have been exposed to a traumatic event was evaluated. The PCL - C was shown to be reliable with this population ($\alpha = 0.92$) and correlated with the CAPS at 0.55, $p < .001$. PCL - C scores for this sample ranged from 21 to 83. Optimum cutoff score for diagnostic efficiency was 47 (overall predictive power 0.73). Utility of the PCL - C in this population is discussed.

S01-04

assess

Methodological Issues in the Assessment of Children's Traumatic Grief

Goodman, Robin, PhD, New York University School of Medicine; Brown, Elissa, PhD, New York University School of Medicine; Paris, Sandra, PhD, New York University School of Medicine; Godder, Geffen, New York University School of Medicine

Children who are traumatically bereaved may experience symptoms of posttraumatic stress disorder, generalized and separation anxiety, depression, and/or externalizing behavior problems. Given the complexity of the potential response to traumatic bereavement, it may be important to obtain information on the children's psychological functioning from the children, their caregivers, and their teachers. One concern is that the concordance rate across reporters of children's symptoms tends to be low. In addition, research on children's responses to trauma indicates that when both parents and children have been exposed to the trauma, parent functioning may impact on their perceptions of their children's functioning. The goal of this poster is to look at the symptoms and functioning of bereaved children as reported by parent, teacher and self. The results are based on a larger study of close to 100 traumatically bereaved children whose fathers were uniformed workers (firemen, policemen, port authority officers, emergency medical services workers) and died on September 11, 2001. Children, their mothers, and their teachers completed measures of children's psychiatric symptoms, social competence, and social support. Similarities and differences across the domains, strengths and limitations of the type of report and reporter, implications for further understanding of childhood traumatic grief, and the interaction of parent functioning and perception on child symptom development and picture will be described.

Saturday, November 1

S01-05

assess

Personality and Perceived Social Support on Predictions of PTSD

Hall, Brian, Cleveland State University; Wilson, John, PhD, Cleveland State University

This study examined the relationship between personality characteristics, perceived social support and PTSD. Literature reviews indicate that relatively little is known about how personality processes moderate trauma experiences and, inversely, how traumatic experiences impact the structure and dynamics of personality. To test these relationships of personality, trauma and PTSD, a large scale study was conducted with 500 undergraduates at a Midwestern university, age 18-60, who were screened with the Life Events Checklist (LEC) for trauma history and administered the 16 Personality factor Inventory; the Trauma Symptom inventory (TSI); the Impact of Events Scale-Revised (IES-R); the Symptom Checklist 90 Revised (SCL-90-R); the Peri-Traumatic Dissociative Experiences Scale and the ISEL-12 measure of perceived social support. MANOVAS were performed to assess mean differences between different trauma groups based on the IES-R and LEC trauma screens and differences in measured personality characteristics on 16 personality factors and five global factors on the 16pf. Additionally, step wise multiple regression analyses revealed specific personality trait predictors for "probable PTSD" diagnoses and for each PTSD symptom cluster when used as dependent variables. The results were complex and consistent with a person x situation theoretical model of trauma and coping.

S01-06

assess

Development of the Acute Stress Checklist for Children (ASC-Kids)

Kassam-Adams, Nancy, PhD, Children's Hospital of Philadelphia; Baxt, Chiara, MA, Children's Hospital of Philadelphia; Shrivastava, Naina, MEd, Children's Hospital of Philadelphia

The ASC-Kids was developed to meet the need for a reliable and valid self-report measure of acute stress disorder (ASD) for school-age children and adolescents. The aim was to create a brief measure practical for clinical or research use within the first month after an acute traumatic event. Based on factor analyses of two earlier versions of child acute stress measures, we created a prototype child ASD checklist. Six members of an expert panel rated each item on four dimensions in order to assess content validity, and the measure was piloted with 11 children. Item choice and item wording were revised based on expert ratings and child feedback. The final ASC-Kids measure contains 29 items: 25 items assessing ASD diagnostic criteria (Criterion A2, symptoms, and impairment) and 4 items regarding related features and coping/resilience resources. A validation study is underway with a sample of recently injured children and teens, age 8 to 17. Initial psychometric data (N = 70) are promising: high internal consistency (alpha = .85) and test-retest reliability (r = .83), strong correlation with another measure of posttraumatic stress symptoms (r = .81), and moderate correlation with parent report of child ASD symptoms (r = .48).

S01-07

assess

History of Prior Trauma in Acute Care Patients

Mathison, Sarah, Harborview Medical Center, University of Washington School of Medicine; Russo, Joan, PhD, Harborview Medical Center, University of Washington School of Medicine; Zatzick, Douglas, MD, Harborview Medical Center, University of Washington School of Medicine

Purpose: Previous investigations suggest that injured patients admitted to surgical trauma units have high rates of traumatic recidivism. Few investigations have systematically assessed histories of prior trauma in representative samples of injured trauma survivors. Method: We used the trauma history screen developed for the National Comorbidity Survey (NCS) to assess prior trauma in randomly sampled survivors of intentional and unintentional injuries hospitalized at 2 level 1 trauma centers. Logistic regressions were used to compare these acute care patients (N = 251) with NCS participants (N = 5873), while adjusting for relevant demographic characteristics. Results: Whereas only 11% of NCS respondents reported 4 or more lifetime traumas, 45% of trauma center patients reported 4 or more traumas prior to the traumatic injury (c2 (9) = 356 P < 0.001). After adjusting for demographic characteristics, acute care inpatients had an increase risk of experiencing all types of trauma with the exception of combat. Conclusion: Acute care inpatients carry a substantial burden of trauma that predates the event responsible for the current injury hospitalization. Early screening and intervention procedures should be developed in the acute care medical setting that are tailored to this unique high-risk population.

S01-08

assess

Generalized Psychopathology: PTSD Relative to Other Anxiety Disorders

McTeague, Lisa, MS, University of Florida; Dimoulas, Eleni, MS, University of Florida; Strauss, Cyd, PhD, University of Florida; Bradley, Margaret, PhD, University of Florida; Lang, Peter, PhD, University of Florida

A recent study (Cuthbert et al., 2003) suggested that PTSD and panic patients, in comparison to specific and social phobics and non-anxious controls, show more generalized pathology during affective responding in a laboratory paradigm. The aim of this study was to systematically investigate diagnostic differences on dimensional measures of self-reported mood and anxiety symptomatology among individuals with anxiety disorders. Treatment-seeking individuals with primary diagnoses determined via administration of the ADIS-IV were given a battery of self-report measures to assess depression (i.e., Beck Depression Inventory (BDI)), anxiety (i.e., Anxiety Sensitivity Questionnaire (ASI)), Fear Survey Schedule (FSS)), and a constellation of comorbid symptoms (i.e., Mood and Anxiety Symptom Questionnaire (MASQ)). The sample consisted of patients diagnosed with PTSD (n=16), specific phobia (n=33), social phobia (n=35), panic disorder with agoraphobia (PDA; n=31), GAD (n=20), depression (n=14), and a non-treatment-seeking control group (n=42). PTSD patients reported depressive symptomatology commensurate with individuals with PDA, GAD, and depression but significantly more depressive symptoms than the specific and social phobics and controls. The same pattern of results was found for measures of anxiety. The conceptualization of PTSD, in relation to other anxiety spectrum disorders, as psychopathology characterized by generalized, high negative affect is discussed.

S01-09

assess

Psychophysiology and PTSD: Emotional Reactivity During Imagery

McTeague, Lisa, MS, University of Florida; Dimoulas, Eleni, MS, University of Florida; Strauss, Cyd, PhD, University of Florida; Bradley, Margaret, PhD, University of Florida; Lang, Peter, PhD, University of Florida

The aim of this study was to systematically investigate physiological responding among individuals with PTSD. Specifically, we compared emotional reactivity during narrative imagery among treatment-seeking individuals with a primary diagnosis of PTSD (n=12) compared to a non-treatment-seeking control group (n=33). Participants were cued by six-second auditory scripts that varied in hedonic valence and arousal and were instructed to imagine themselves involved in that situation during an immediately subsequent 12-second imagery period. The scripts depicted standard pleasant, neutral, and unpleasant scenes. In addition to these three superordinate valence categories, the scripts depicted subordinate content categories (e.g., anger, fear). Psychophysiological measures included startle reflex and responses in heart rate, skin conductance, and facial electromyography (corrugator and orbicularis). Results of repeated measures analyses on the imagery period data showed main valence effects and group by valence interactions that varied by physiological measure. Analysis proceeded with group comparisons of reactivity to each content category. The findings revealed a differential pattern of responding between groups according to valence and, more specifically, content. These results suggest that the affective/physiological hyper-reactivity and hypo-reactivity purported in the PTSD diagnostic nosology varies broadly with valence, as well as by specific content categories.

S01-10

assess

The MMPI-2 Fptsd Scale: Detecting Malingered and Genuine Civilian PTSD

Naifeh, James, Disaster Mental Health Institute-The University of South Dakota; Elhai, Jon, PhD, The University of South Dakota; Shmoys-Zucker, Irene, MS, Nova Southeastern University; Gold, Steven, PhD, Nova Southeastern University; Deitsch, Sarah, PhD, Medical University of South Carolina; Frueh, B. Christopher, PhD, Medical University of South Carolina

The MMPI-2 Infrequency-PTSD scale (Fptsd; Elhai, Ruggiero, Frueh, Beckham, Gold, & Feldman, 2002) was created to improve the detection of malingered PTSD. Constructed from items infrequently endorsed within a sample of PTSD diagnosed male combat patients, the scale has demonstrated reduced sensitivity to PTSD-related psychopathology and incremental validity in the detection of malingered PTSD (Elhai et al., 2002). The current study is an attempt to extend the findings of the original Fptsd study by establishing the scale's utility among a civilian sample of 41 childhood sexual abuse (CSA) outpatients from a university-based community mental health center. The discriminatory power of Fptsd was evaluated based on its ability to distinguish between these genuine trauma survivors and a sample of 39 undergraduates who received instruction in how to fake PTSD on the MMPI-2. The findings indicate that Fptsd provides incremental validity over the MMPI-2's F scale (from hierarchical regression analysis) in detecting malingered from genuine civilian PTSD. However, Fptsd does not provide such incremental validity over the MMPI-2's Fp scale. It therefore appears that the value of the Fptsd scale resides in its ability to discriminate between genuine and fabricated PTSD among combat survivors.

S01-11

assess

Posttraumatic Growth: Measuring Positive Sequelae of Adversity

Pryzgoda, Jayde, MA, University of Montana; Caruso, John, PhD, University of Montana; Crouse, Ellen, MA, University of Montana

Research recently has begun to address the aftermath of trauma from a unique perspective, examining positive outcomes following survival of extraordinarily negative events. Development of valid and reliable measures of posttraumatic growth is a current concern for this relatively new research area. This study examined the factor structure of the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996), a measure of positive posttraumatic change. The empirically derived 5 factor solution presented by PTGI developers was compared with three and one factor models via confirmatory factor analysis. College undergraduates (n= 373; 58% female; age range 18-49) completed the PTGI, Stressful Life Events Screening, Symptom Checklist-90-R, Impact of Events Scale-R, and the Marlowe-Crowne Social Desirability Scale. The most commonly reported stressful experience was death of friend or family member (25.7%), followed by experiencing or witnessing life threatening illness (13.4%). Approximately 66% of reported experiences occurred within the past 2 years. Results indicate that the original five factor solution (Relating to Others, New Possibilities, Personal Strength, Spiritual Change, and Appreciation of Life) provided the best fit, lending support for five distinct areas of posttraumatic growth. The relation of reported growth to type of trauma, subjective trauma severity, social desirability, and symptomatology are discussed.

S01-12

assess

Self-Injurious Behavior Scale: Psychometric Properties in Adults

Saltzman, Kasey, PhD, Stanford University; Koopman, Cheryl, PhD, Stanford University; Heiden, Lynda, PhD, Stanford University

Despite the significant amount of co-morbidity between traumatic experiences and self-injurious behavior, little is known about the phenomenology of self-harm in the context of trauma and PTSD. Research suggests that motivations for self-injurious behavior are heterogeneous, and differ between clinical groups. Preliminary data on self-injurious behavior in children and adolescents suggests that motivations for self-injury significantly differ between those who have been traumatized and those who have not, especially in the role played by dissociation. It is important to examine the prevalence of and motivation for self-injury in traumatized populations in order to better address the issues of treatment and prevention. A critical first step towards this is the development and standardization of a measure of self-injurious behavior. We examined the psychometrics of the Self-Injurious Behavior Scale (SIBS), a new self-report measure of deliberate self-harm. The scale assesses for frequency and severity of the seven most common forms of self injury. Underlying motivational factors were empirically derived via exploratory principal components factor analyses with varimax rotation, and then differentiated by relative scores on measures of negative affect, risk behaviors, social and personal resources, and emotional and physical reactivity. Results and implications are discussed.

S01-13

assess

IDSIT: Integrative Diagnostic Schema and Indication for Trauma Treatment

Smith, Annemarie, MD, Centrum '45; Kleijn, Wim, MSc, Centrum '45; Leiden University

Purpose: Empirical validation of the Integrative Diagnostic Schema and Indication for Trauma-treatment (IDSIT). IDSIT was developed to structure the process of diagnosis and treatment-planning and treatment-evaluation for patients with chronic and/or complex

Saturday, November 1

Posttraumatic Stress Disorder (PTSD). The three elements of IDSIT are the DSM-IV diagnosis, a developmental schema and a dynamic schema for coping with PTSD. Method: IDSIT was scored independently by three experienced clinicians for 34 patients that consecutively took part in the observational phase of the day-treatment. The sources of IDSIT scores were clinical reports of observations by different therapists and in different treatment modes. Findings: IDSIT was helpful as a clinical instrument in the discussion on treatment-planning. Interrater reliability for DSM-axis I diagnosis and the occurrence of important life events was moderate to good, for the coping schema moderate to poor. Conclusion: The results on interrater-reliability on the coping schema point to the necessity of more precise description of the concepts used, and of training of the raters. Nevertheless IDSIT seems to offer a clinically useful and promising schema for further development as a diagnostic and evaluative tool in the treatment of patients with PTSD.

S01-14

assess

The Clinical Balance of Grief and Trauma

Spear, Elizabeth, MA, LMHC, LMFT, private practice

We will find grief in most traumatic reactions. We can expect elements of trauma in most situations of bereavement. How do we understand the balance for treatment after the sudden and violent death of a loved one? What are the differences between natural death and unnatural/untimely death and what do clinicians need to understand to make this journey with survivors? Do survivors of mass casualties present differently from those with individual losses? What can make the difference between a "good outcome" and lifelong suffering on the part of survivors? Can suffering be avoided? This presentation will consider the clinical implications of traumatic grief.

S01-15

assess

Emotional Abuse and Physical Abuse During Adolescence

Sunday, Suzanne, PhD, North Shore University Hospital; Labruna, Victor, PhD, North Shore University Hospital; Pelcovitz, David, PhD, North Shore University Hospital; Salzinger, Suzanne, PhD, New York State Psychiatric Institute; Kaplan, Sandra, MD, North Shore University Hospital

There are virtually no empirical data regarding the differential impact of emotional and physical abuse in adolescents. This study examined emotional abuse in physically abused adolescents and a non-abused community sample. The abuse group (n=99) was recruited following a confirmed case of physical abuse during adolescence. Subjects were Caucasian, age 12 to 18, middle class, not sexually abused, and half were male. The non-abuse group was matched to the abuse group. Subjects completed the YSR and Conflict Tactics Scale (CTS) and an emotional abuse scale for mother and for father. Subjects were interviewed using the K-SADS modified for DSM-III-R. Abuse subjects were dropped if they were abused by a non-parent (n=9) or if they denied any abuse by either parent (n=16). CTS scores were higher for the abuse than the non-abuse group (5.02 vs. 1.25, $t=-8.99$, $df=169$, $p<.001$). Similarly, the emotional abuse scores were also higher for the abuse group (6.96 vs. 1.46, $t=-6.04$, $df=178$, $p<.001$). Physical and emotional abuse were highly correlated for the abuse group ($r=.52$, $p<.001$). Analyses will be presented for mothers and fathers separately and the impact of emotional abuse on general functioning and psychopathology will be discussed. Implications for diagnosis and treatment will be discussed.

S01-16

assess

Electronic Communications, Periodicals, and Bereavement Outcomes

Vanderwerker, Lauren, PhD, Yale University School of Medicine, Department of Epidemiology and Public Health; Prigerson, Holly, PhD, Yale University School of Medicine, Departments of Psychiatry, Epidemiology

Bereavement is associated with heightened risk of mental and physical health impairments as well as social isolation. The purpose of this study was to explore the effects of technological connectedness and periodical readings on Major Depressive Disorder (MDD), Complicated Grief (CG), Post Traumatic Stress Disorder (PTSD), and quality of life. Participants were 242 bereaved individuals (mean age = 61.5 years) who completed a baseline interview and a follow-up interview at an average of 5.9 and 10.6 months post-loss. At baseline, subjects reported using the internet (58.7%), e-mail (49.5%), and/or cellular phones (49.2%); 86.4% reported reading newspapers and magazines. Internet use, e-mail use, and cellular phone use were not significantly associated with bereavement outcomes after controlling for race, sex, education, and income. However, reading magazines and newspapers at baseline was associated with significantly lower rates of depression at baseline (OR = 0.34) and follow-up (OR = 0.24), PTSD at baseline (OR = 0.24), and was associated with higher scores on the mental health subscale of the SF-36 at baseline ($p < .05$) and follow-up ($p < .01$). Reading periodicals appears to act as a buffer against MDD and PTSD in bereaved individuals.

S02-01

biomed

Smoking and Physiological Arousal to Trauma Cues in PTSD

Buckley, Todd, PhD, VA Boston Healthcare System and Boston University School of Medicine; Mozley, Susanna, PhD, VA Boston Healthcare System; Rabois-Holohan, Dana, PhD, Salem VA Medical Center; Bedard, Michele, VA Boston Healthcare System

The comorbidity between PTSD and smoking is quite high. In fact, recent epidemiological data suggest that the rate of smoking associated with PTSD is double that of the general population. Some speculate that this is due to self-medication whereby individuals with PTSD smoke to regulate negative affect, particularly in response to trauma cues. However, laboratory studies of this phenomenon are lacking. This paper reports on a placebo-controlled laboratory study that examined the effect of nicotine intake on both self-report and physiological measures of trauma cue reactivity (heart rate, skin conductance). Fifty-two chronic-PTSD smokers were randomized to conditions where they were exposed to either trauma-related stimuli or affectively neutral stimuli (prime condition). Half of the subjects within each prime condition were exposed to high yield nicotine while the other half were randomized to a placebo condition. Subjects were tested under conditions whereby they completed an attention-demanding task or no task. This allowed us to examine the interaction between nicotine intake and attention allocation on affective responding to trauma cues. Results suggest that nicotine can have either anxiogenic or anxiolytic effects that are highly dependent upon the environmental conditions, attention demands in particular, that occur in conjunction with the trauma stimulus.

Saturday, November 1

S02-02

biomed

Hippocampal Volume and PTSD: Current Debate and Future Studies*Corbo, Vincent, McGill University; Brunet, Alain, PhD, McGill University*

This review critically examines the link between PTSD and hippocampal volume, a bilateral subcortical nucleus implicated in memory consolidation and extinction of the fear response. Based on the initial cross-sectional studies, and congruent with animal models of stress, it initially seemed that a smaller hippocampal volume occurred as a result of having PTSD symptoms for a long time. However such studies were plagued by important comorbidity, technical, and methodological flaws that we discuss. Interestingly, two recent longitudinal studies failed to replicate this finding. Recent evidence suggests that a smaller hippocampus may in fact be a risk factor for developing PTSD rather than a consequence of trauma exposure or of having PTSD. However, it seems these results are valid only for very severe PTSD. More research still needs to be done on the functional significance of a relatively small atrophy (around 10%). Newer techniques such as spectroscopic and functional imaging should also be used to replicate and extend the finding of reduced hippocampal volume in PTSD and explore its temporal relationship.

S02-03

biomed

The Impact of Previous Trauma on Recovery from Present Trauma*Gillock, Karen, PhD, Dartmouth Medical School; Mellman, Thomas, MD, Dartmouth Medical School; Esposito, Karin, PhD, MD, University of Miami, Florida; Bustamante, Victoria, PhD, University of Miami Florida*

It is widely believed that the cumulative experience of multiple traumatic events can have a negative impact on the development or severity of PTSD; however, study findings are actually mixed. We hypothesize that multiple events do have a negative impact on psychological and physical recovery from injury-related traumas. Compared to patients with no trauma history, patients with past trauma histories are expected to evidence increased incidence of PTSD and greater severity of PTSD symptoms, as well as longer physical recuperation periods and poorer general health outcomes. Participants in this ongoing study are recruited from the surgical trauma services of two medical centers. Patients are interviewed with the CAPS and SCID and complete a battery of self-report measures at baseline and follow-up. Physical recovery is measured by recuperation period (duration of narcotic use from medical records) and general health outcomes (self-report SF-36 scores). Psychological recovery is measured in terms of PTSD symptomatology (CAPS scores). Results in this poster will compare groups of patients with and without trauma histories. Trauma history data is available on 97 participants. Sixty percent of the sample reported previous traumatic events. Preliminary findings, contrary to expectations, are nonsignificant for PTSD. Physical measures data is being collected presently.

S02-04

biomed

First Night Effects in PTSD and Control Subjects in the Home and Hospital*Lenoci, Maryanne, MA, San Francisco VAMC/Univ California San Francisco; Melissa, Maglione, San Francisco VAMC; Thomas, Metzler, MS, San Francisco VAMC; Charles, Marmar, MD, San Francisco VAMC/Univ California San Francisco; Thomas, Neylan, MD, San Francisco VAMC/Univ California San Francisco*

The first-night effect (FNE) is a well-known phenomenon in sleep research, mainly characterized by lower sleep efficiency, increased wakefulness, reduced rapid eye movement (REM) sleep time and prolonged latency to the first REM sleep period. To date, only a few studies have been conducted in posttraumatic stress disorder (PTSD) to assess whether first-night effects occur in these participants. The aim of this study was to evaluate first-night effects on sleep architecture in participants with posttraumatic stress disorder (PTSD) (N=33) and normal controls (N=15), by using polysomnography (PSG) recordings obtained in participants homes and again in a hospital observation unit. No first night effects were found in the home environment in either the PTSD or control groups. FNE were found in the Hospital environment in both groups. PTSD subjects had lower sleep efficiency, REM sleep time, REM percent, and lower subjective sleep quality on hospital night 1 compared to night 2. Controls had less total sleep time, sleep efficiency, REM sleep time, and lower subjective sleep quality on hospital night 1 compared to night 2. Relative to subjects with chronic PTSD, control subjects had a greater first night effect adapting to hospital admission.

S02-05

biomed

The Startle Reflex of Seven Muscles in PTSD Patients Vs. Controls*Olf, Miranda, PhD, Department of Psychiatry, Academic Medical Center, University of Amsterdam; Siegelaar, Sarah, AMC Neurology Department; de Vries, Giel-Jan, AMC Department of Psychiatry; Veelo, Denise, AMC Department of Neurology; Bour, Lou, AMC Department of Clinical Neurophysiology; van Bruggen, Gerard, AMC Department of Clinical Neurophysiology; Koelman, J., AMC Department of Neurology; Raabe, Sandra, AMC Department of Psychiatry; Tijssen, Marina, AMC Department of Neurology*

Physiological hyperarousal is seen as a highly distinctive feature of posttraumatic stress disorder (PTSD). This is supported by evidence of elevated autonomic responses to startling sounds or trauma related cues in PTSD patients. Typically, the blink reflex is used as an indicator of the startle reflex. Although, the startle reflex consists of many other muscles, activity patterns in these muscles have never been studied in PTSD patients. Patterns of muscle activation and the size of the response of seven left-sided muscles were determined in 11 PTSD patients and 11 controls. The registered muscles included the orbicularis oculi, sternocleidomastoid, deltoid, flexor carpi radialis, abdominal, rectus longus, quadriceps, and tibialis anterior muscle. Latency, amplitude, duration, frequency of activation of EMG responses and the psychogalvanic reflex were evaluated. Habituation of the parameters was determined during 10 successive auditory stimuli (113 dB). In a second test, the difference in response to 4 auditory and 4 electric stimuli (40 mA, 0.1 ms) randomly given was studied. The results indicate a difference between PTSD patients and controls in latency and duration of activity in several muscles.

Saturday, November 1

S02-06

biomed

Open-Label Quetiapine in PTSD: Analysis of Sleep Data

Robert, Sophie, PharmD, Department of Psychiatry and Behavioral Sciences, Medical Univ. of South Carolina; Hamner, Mark, MD, Department of Psychiatry and Behavioral Sciences, Med. Univ. of South Carolina; Kose, Samet, MD, Medical University of South Carolina, Center for Adv. Imaging Research; Ulmer, Helen, MSN, Dept. of Psychiatry and Behavioral Sciences, Med. Univ. of South Carolina; Deitsch, Sarah, PhD, Dept. of Psychiatry and Behavioral Sciences, Med. Univ. of South Carolina; Lorberbaum, Jeffrey, MD, Department of Psychiatry and Behavioral Sciences, Med. Univ. of South Carolina

Background: Although insomnia and nightmares frequently accompany posttraumatic stress disorder (PTSD), little research has been devoted to treatment of these disabling symptoms. Objectives: To report the effects of quetiapine on sleep in patients with PTSD. Methods: Combat veterans with PTSD received open-label quetiapine for 6 weeks, primarily as adjunctive therapy to antidepressants. Quetiapine was initiated at 25 mg at bedtime, and the dose was titrated based on tolerability and clinical response. Changes in sleep disturbances were a secondary outcome measured on the Pittsburgh Sleep Quality Index (PSQI) and a PTSD-specific addendum (PSQI-A), for which scoring guidelines have just become available. Primary and other secondary outcomes have been previously reported. (Hamner, et al., 2003, Journal of Clinical Psychopharmacology). Results: Nineteen of 20 patients were evaluated for efficacy, with 18 completing the study. Mean global scores on the PSQI and the PSQI-A decreased significantly. Sleep quality improved significantly from baseline to end point, as did a number of components of the PSQI. The average dose of quetiapine was 100 mg (range, 25–300 mg/d). Mild sedation was reported by seven patients and led to discontinuation in one patient. Conclusions: Results from this open-label trial suggest that quetiapine may improve sleep quality in patients with PTSD.

S02-07

biomed

The Skull in PTSD

Woodward, Steven, PhD, National Center for PTSD, Clinical Laboratory and Education Division; Kaloupek, Danny, PhD, Behavioral Science Division, National Center for PTSD; Streever, Chris, MD, Boston University School of Medicine; Stegman, Wendy, National Center for PTSD, Clinical Laboratory and Education Division; Kutter, Catherine, PhD, National Center for PTSD, Behavioral Sciences Division; Prestel, Rebecca, National Center for PTSD, Behavioral Sciences Division; Arsenault, Ned, National Center for PTSD, Clinical Laboratory and Education Division

Some recent neuroimaging studies in trauma have found differences in macrostructural features of the brain (e.g. De Bellis, et al., 1999). In testing such effects in combat-related PTSD patients, we examined cranial volume as a control structure to exclude nuisance variance associated with stature. Cranial volume was estimated using a variant of the method of Pfefferbaum and Sullivan (Pfefferbaum, et al., 1992). Covarying for stature, cranial volume exhibited effects of both PTSD (PTSD<Controls, $F(1,92)=11.5$, $p=0.001$) and cohort (PGW<VN, $F(1,92)=10.1$, $p=0.002$). Moreover, cranial volume accounted for statistically significant variance in raw PTSD severity (CAPS total score; $F(1,96)=4.1$, $p=0.045$; $R^2=0.04$) and in severity scores residualized against combat exposure ($F(1,96)=6.1$, $p=0.015$; $R^2=0.06$). Skull growth is asymptotic by age four. Hence, the above effects, if replicable, must index a predispositional characteristic, conferred either genetically, by early environmental conditions, or by early gene-environment interactions. Regarding the latter two possibilities, it is noteworthy that cortisol exerts a powerful suppressive effect on bone development via systematic interactions with growth hormones at epiphyses in the long bones (Abu, Horner,

Kusec, Triffitt, & Compston, 2000) and cranium (Adab, Sayne, Carlson, & Opperman, 2002; Thorp, Jones, Peabody, Knox, & Clark, 2002). Lupien et al (2000) have demonstrated that children of low-SES families exhibit elevated salivary cortisol levels relative to high SES children. Additional compromise of the early rearing environment may intensify this effect. This framework may be testable using more accessible measures such as rates of cleft palate (Salomon, Giff, & Pratt, 1979) and facial measurements (Arcus & Kagan, 1995).

S03-01

child

Trauma and Psychological Distress in Male Juvenile Offenders

Ball, Joanna, MA, Department of Psychology, Georgia State University; Fasulo, Sam, MA, Department of Psychology, Georgia State University; Jurkovic, Greg, PhD, Department of Psychology, Georgia State University; Armistead, Lisa, PhD, Department of Psychology, Georgia State University; Barber, C. Nekol, Georgia State University; Jones, Shalonda, Georgia State University; Hardy, Angela, Georgia State University; Bates, Catherine, Georgia State University; Zucker, Marla, PhD, The Trauma Center

Exposure to potentially traumatic events has been shown to be strongly associated with psychological distress. Juvenile offenders are a unique population in that they tend to have high levels of trauma exposure in their histories. However, the resulting psychological effects of trauma have not been fully evaluated in this population. The current study examined the association between a global measure of trauma exposure developed specifically for court involved youth and six domains of psychological distress. Data were collected from an ethnically diverse sample of 130 incarcerated male juvenile offenders in a large southeastern metropolitan area who were between the ages of 12-18. Hierarchical regression analyses controlling for age and socio-economic status demonstrated strong relationships between history of traumatic exposure and level of psychological functioning across a number of indicators: depression, drug use, anger, somatization, suicidality, and thought problems. Data from the current study further support the integration of trauma work into intervention programming for juvenile offenders.

S03-02

child

Parent-Child Report Discrepancy Following Trauma

Brown, Elissa, PhD, New York University School of Medicine; Goodman, Robin, PhD, New York University School of Medicine

Common clinical practice suggests that an assessment of both children and their caregivers is necessary for a complete understanding of children's functioning. However, extent research indicates that concordance rates across parent- and child-reports of children's symptoms tend to be low and rates may be even lower following a trauma. When both parents and children have been exposed to the trauma, parents' functioning may impact on perceptions of their children's functioning. The goal of the proposed poster is to examine alternative ways of combining parent and child reports on children's mental health functioning following traumatic death. The proposed poster is part of a large study of children who were bereaved as a result of the World Trade Center attack on September 11th. Children and their mothers completed measures of posttraumatic stress disorder, depression, traumatic grief, externalizing behavior problems, and social competence. We will evaluate the discrepancy between parent and child report on measures of children's psychiatric symptoms as a predictor of children's traumatic grief. We hypothesize that it is the disconnect between parent and child, rather than the parents' perception of their children's symptoms, that is critical in children's mental health.

Saturday, November 1

S03-03

child

Impacts of Natural Disaster and Subsequent Traumas on Adolescents

Chen, Sue-Huei, PhD, National Taiwan University, Department of Psychology; Wu, Yin-Chang, PhD, National Taiwan University, Department of Psychology

This study aims to examine the additional effects of PTSD symptoms and psychological sequelae following a natural disaster and subsequent traumas on high-risk children and adolescents two years post the Taiwan 921 Earthquake occurred in 1999. Earthquake Exposure Index for Youths and Chinese Version of UCLA PTSD Index were administered to children and adolescents from 4th to 9th grade living in two most severely damaged towns near the epicenter. Data were gathered at group basis in randomly selected classes from 8 schools, with 1415 Ss relatively distributed by gender, age, and location. Preliminary analyses show that: 1) Post-earthquake domestic violence, Tao-Chih Typhoon occurred one year later, and accidents are more often reported as their most impacted traumas following the 921 Earthquake; 2) By block hierarchical regression, trauma type yields more effects on severity of PTSD symptoms and various clusters of symptoms; 3) Post-earthquake human-made traumas lead to more damaging impacts than another natural disaster. The findings suggest that post-trauma adversities following a natural disaster may cause more risk for developing PTSD symptoms and negative psychological sequelae. A need to implement a broader disaster recovery project with periodic screenings appears undeniable.

S03-04

child

Mental Health and Development of Institutionalized Romanian Children

Ellis, Beverley, PhD, Boston Medical Center/Boston University Medical Center; Fisher, Philip, PhD, Oregon Social Learning Center; Zaharie, Sonia, MS, World Vision, Romania

Despite many political and social changes in recent years, institutionalization remains the dominant form of child protection services in Romania. Descriptive data on the physical and psychosocial development of 51 institutionalized young children (25 boys and 26 girls, ages 2-6) in Romania was collected using the ECI-4 (Early Childhood Inventory), anthropometric measurements, and the Emotion Regulation Checklist. Overall, participants showed high rates of mental, behavioral, developmental and physical disorders. Duration in orphanage significantly correlated with depression, anxiety and feeding problems. Age of abandonment significantly correlated with pervasive developmental disorders and attention problems. Physical stature for age significantly negatively correlated with emotional and developmental disorders, and positively correlated with behavioral disorders. Findings are interpreted from a developmental traumatology perspective. Findings related to behavioral disorder increases in children of larger stature are interpreted in terms of resilience.

S03-05

child

Posttraumatic Stress and Pain in Pediatric Physical Injury

Gold, Jeffrey, PhD, Children's Hospital Los Angeles, USC Keck School of Medicine, Department Pediatrics; Carson, Melissa, PsyD, Children's Hospital Los Angeles, USC/UAP Mental Health Services; Joseph, Michael, MD, Children's Hospital Los Angeles, USC Keck School of Medicine, Department Pediatrics; Mahour, G. Hossein, MD, USC Keck School of Medicine, Department of Surgery

Children who experience physical injury requiring hospitalization have been shown to develop Acute Stress Disorder (ASD) and Posttraumatic Stress Disorder (PTSD). A ten-year review of pediatric physical injury recommended future research gather data regarding psychological epidemiology to further establish support for preventative mental health services following traumatic injuries (Stoddard and Saxe, 2001). When a trauma requires medical inter-

vention, the physical integrity of the child is threatened along with the child's psychological integrity. The injury, resulting medical procedures and associated pain symptoms can each be a traumatic experience. Recent studies argue that chronic pain and PTSD can be a mutually maintaining condition (Sharp and Harvey, 2001) and that effective pharmacological interventions for pain may actually decrease the incidence of ASD/PTSD symptoms. The current study will employ a prospective multi-rater quasi-experimental design to assess the immediate, one and three months post-injury responses of fifty children/adolescents and their caregiver and health worker on a variety of health outcomes. Instrumentation includes standardized semi-structured interviews (DICA, UCLA PTSD Checklist), child/caregiver self-report (CBCL, Pain Inventory, PedsQL, KIDCOPE, PCL-C) and health worker-report questionnaires (Child Stress Reaction Checklist, BASES). In addition to the epidemiology of ASD/PTSD, the study will examine premorbid functioning to explore a predictive model of physical injury and functional outcomes.

S03-06

child

The Impact of Residential Fires on Children: A Qualitative Analysis

Jones, Russell, PhD, Virginia Tech; Ollendick, Thomas, PhD, Virginia Tech; Heberling, Tara, Virginia Tech; Adlam, Kelly, Virginia Tech; Hadder, James, Virginia Tech; Mathai, Christina, PhD, Virginia Tech; Parel, Monica, MA, Virginia Tech; Allen, Katherine, PhD, Virginia Tech

This poster illustrates the qualitative data analysis of approximately fifty children following residential fire. We have identified a number of themes associated with children who have experienced fire, including: avoidance, denial, guilt, and blaming. Children also exhibited a concern for basic needs (i.e., school, homework, housing, clothing, caretakers, etc.). Parental reactions influenced the children's perceptions of the event. Children focused on the cognitive portion of recollection of the events rather than the emotional aspects and formulated causal explanations for the fire as a way of integrating the experience. Additionally, children faced issues of accountability and failed developmental expectancies (as a result of feeling responsible for the fire). We will also examine the potential mediating role of coping strategies and coping efficacy, as well as the role of social support of parents, friends, and peers. Because the potential impact of coping strategies following disaster has been largely unexamined, we will place particular emphasis on the effect of active, avoidant distraction, and support seeking coping strategies that the children used to cope with the disaster. A preliminary working model developed in the context of our NIMH funded study examining the impact of residential fire on children and adolescents will also be highlighted.

S03-07

child

Cognitive Appraisals in Sexually Abused Children: A Follow-Up

Kimball, Leslie, PhD, Children's Advocacy Services of Greater St. Louis; O'Boyle, Janelle, EdD, Children's Advocacy Services of Greater St. Louis; Wherry, Jeffrey, PhD, Children's Advocacy Services of Greater St. Louis

It has been well-established that cognitions are affected by trauma and that recovery from a traumatic event often involves changing cognitions that are inaccurate or unhelpful. However, few assessment tools exist for measuring cognitive appraisals in children. This study presents additional information on a new tool, the Beliefs about Trauma (BAT) questionnaire (Wherry, Kimball, and Wise, 2000), a 53-item instrument designed to measure the cognitive attributions made about negative events by sexually abused children. It consists of two parts: The BAT-G measures cognitive appraisals of "bad things" in general that can happen to people, while the BAT-T measures cognitive appraisals of sexual abuse specifically. The BAT-T taps, among other concepts, the perceived duration of the abuse, perceived threat, beliefs about positive change due to the abuse,

Saturday, November 1

the predictability, consistency, and inescapableness of the abuse, perceptions of control, beliefs about the future, and the affective value of the abuse. This poster will be a follow-up to the initial reliability and validity information on the BAT and initial comparisons with the Trauma Symptom Checklist for Children (TSCC; Briere, 1995) presented at last year's conference. A factor analysis, scoring information, and comparisons with the Children's Attributions and Perceptions Scale (CAPS; Mannarino, Cohen, and Berman, 1994) will be presented in this poster.

S03-08 **child**

Family Perspectives Regarding Evidence-Based Treatments for Youth

Legerski, Joanna, New York State Office of Mental Health and New York State Psychiatric Institute; Hoagwood, Kimberly, PhD, New York State Office of Mental Health and New York State Psychiatric Institute

This study will discuss the findings of focus group interviews with parents of children and adolescents receiving evidence-based trauma-focused cognitive behavioral therapy. Participants received free evidence-based trauma treatments from various community-academic partnership sites participating in an evaluation of evidence-based trauma treatments for children and youth with trauma related symptomatology associated with the 9/11 terrorist attack. Implications of family attitudes are examined towards evidence-based practices, including the types of outcomes that matter to parents, their attitudes about participation in research, and factors that constitute quality treatment. Parental perception of mental health services determines their level of outcome success and treatment participation. Findings address these perceptual factors such as the quality of the relationship with therapists or service providers, the degree to which caregivers are able to participate actively and collaboratively in service planning, and the creation of empowered, knowledgeable, and skilled parents who can advocate for the kind of quality care that is most likely to improve the lives of their children. Family perspectives on services are a domain that is often ignored in outcome studies, yet, such perspectives are integral to constructing quality mental health services that provide the highest quality of evidence-based practices to families and youth.

S03-09 **child**

Trauma and PTS Symptoms in Adolescents with Life-Threatening Asthma

Millikan, Emily, MA, University of Denver; Wamboldt, Mariannne, MD, Children's Hospital Denver; University of Colorado Health Sciences Center

This study examines trauma exposure and PTS symptoms in asthmatic adolescents and their parents to further explore psychosocial risk factors for asthma morbidity and mortality. Three groups of adolescents (96 subjects in each) are participating: 1) adolescents who experienced a life-threatening asthma event (LTA); 2) Adolescents who have moderate to severe asthma, but no life threatening event (AC); and 3) Medically healthy adolescents (NC). Adolescents complete the UCLA Reaction Index in relation to their most traumatic event and their worst asthma event. Parents complete the IES-Revised in relation to their child's asthma (LTA and AC) or worst illness or accident (NC). Parents also complete a trauma history for themselves and their child. Preliminary results indicate that while LTA's are more likely than AC to identify an asthma event as the most frightening event they have experienced, the number of PTS symptoms is similar in both groups and comparable to controls. In contrast, parents of LTAs have significantly higher levels of PTS symptoms than parents of AC or NC and their histories include significantly more traumas. Results will be discussed in terms of a model linking parent trauma and PTS to poorer asthma management and greater risks for life-threatening events.

S03-10 **child**

Parent Responses to Traumatic Stress in Pediatric Intensive Care

Schneider, Stephanie, MS, Center for Pediatric Traumatic Stress, Children's Hospital of Philadelphia; Kassam-Adams, Nancy, PhD, Children's Hospital of Philadelphia; Balluffi, Andrew, LSW, Children's Hospital of Philadelphia; Kazak, Anne, PhD, Children's Hospital of Philadelphia; Helfaer, Mark, MD, Children's Hospital of Philadelphia

We assessed the prevalence and predictors of ASD (during hospitalization) and PTSD (several months later) in parents of 272 children admitted to the Pediatric Intensive Care Unit (PICU), and sought to understand parents' subjective experience of potentially traumatic aspects of the PICU. ASD was present in 32%, and PTSD in 21%, of parents. Unexpectedness of the PICU admission and degree of fear that the child might die were each associated with ASD severity. These two factors plus parent race, ASD severity, and the occurrence of subsequent life stressors were each associated with PTSD severity. In multiple regression analyses, ASD severity was the strongest independent predictor of later PTSD severity. In qualitative assessment of parents' responses to open-ended questions regarding the "worst or scariest part of having a child in the PICU", we identified underlying themes or cognitions. Among the most common were: 1) uncertainty about medical prognosis and diagnosis; 2) perceptions of child appearance and behavior; 3) parental role changes and conflicts; 4) acute emotional responses (shock; disbelief; helplessness; 5) and the need for credible medical information about their child. We will further report on the relationship of specific themes and cognitions to parents' ASD and PTSD symptomatology.

S04-01 **clin res**

Prevalence of Trauma and Dissociation in a Sample of Sex Workers

Abramovich, Evelyn, MS, Nova Southeastern University; Powell, Leslie, MS, Nova Southeastern University; Eickleberry, Lori, MS, Nova Southeastern University; Gold, Steven, PhD, Nova Southeastern University

Prevalence of childhood trauma and dissociation among sex workers was examined. Participants, 13 males and 21 females working as exotic dancers, adult film actors, escorts, or any combination of these, completed a demographic questionnaire, Childhood Trauma Questionnaire (CTQ), and Dissociative Experiences Scale (DES). On the DES (M = 13.64), which measures dissociative symptomatology, 62% scored above the normal range (3.7-7.8), 15% above 20 ("high dissociation") and 9% above 30 (indicating a possible dissociative disorder). The CTQ measures childhood maltreatment including sexual abuse (SA), physical abuse (PA), emotional abuse (EA), emotional neglect (EN), and physical neglect (PN). Overall, 59% scored in the moderate-extreme range on at least one CTQ subscale, with 60% of these scoring in this range on multiple subscales. The CTQ frequencies identified a high prevalence of trauma on all subscales (EA = 67.7%, PA = 38.1%, EN = 67.6%, and PN = 41.1%) except SA (20.4%, approximately the same prevalence estimated in the general population), suggesting SA is less characteristic of sex workers than current literature indicates. Higher percentages of emotional abuse and neglect than other forms of abuse suggest general dysfunctional family of origin environment may be more predictive of sex industry involvement than is overt abuse.

Saturday, November 1

S04-02

clin res

The Role Trauma and Dissociation Play in Recognizing Emotion

Beall, Paula, PhD, University of Denver; DePrince, Anne, PhD, University of Denver

Some individuals who have experienced childhood trauma exhibit a bias in how they recognize emotions in faces. Adults exposed to childhood trauma tended to perceive more anger in faces (Wagner & Lineham, 1999). Children who had been physically abused discern hostile emotions more readily; yet, have more difficulty recognizing sorrow (Pollak & Sinha, 2002). Individuals who have experienced trauma may dissociate information, resulting in alterations in information processing which may depend on the attentional demands of a task (DePrince & Freyd, 1999; 2001). This study examines how dissociation level interacts with attentional context when the focus is facial emotion information. Young adults were shown facial expressions within a spatial attention task. In the task, a probe stimulus was presented on a computer. Participants responded to the location of a dot which was either in the same location of the probe or another. In a divided attention condition, they counted by twos while responding. They then completed a facial expression labeling task and a series of measures, including the Dissociative Experiences, Trauma Symptom Checklist-40, and Brief Betrayal Trauma Survey. Results will be discussed in terms of how trauma and dissociative tendencies may relate to biases in recognizing emotion.

S04-03

clin res

Experiential Avoidance in Trauma Survivors' Quality of Life

Block Lerner, Jennifer, PhD, VA Boston Healthcare System and Boston University School of Medicine; Rhatigan, Deborah, PhD, VA Boston Healthcare System and Boston University School of Medicine; Plumb, Jennifer, VA Boston Healthcare System and Boston University School of Medicine; Shipherd, Jillian, PhD, VA Boston Healthcare System and Boston University School of Medicine

Several studies support the link between PTSD and compromised quality of life, including poorer relationship outcomes (Hansson, 2002; Riggs et al., 1998; Zatzick et al., 1997). With regard to mechanisms through which PTSD symptomatology impacts individuals' quality of life, Ruscio et al. (2002) and Riggs et al. (1997) point to the importance of emotional numbing. Emotional numbing might be conceptualized as one component of experiential avoidance, a phenomenon characterized by the escape from or avoidance of one's private experiences, such as thoughts or memories (Hayes et al., 1996). "Experiential avoiders" might be more likely to constrict their involvement/engagement in meaningful life domains, including relationships. In the present study of trauma survivors (current N = 60), we hypothesize that experiential avoidance will improve prediction of quality of life, above and beyond PTSD symptomatology. PTSD will be assessed with the Distressing Events Questionnaire (Kubany et al., 2000); quality of life with the SF-36 (Ware & Sherbourne, 1992) and the Dyadic Adjustment Scale (Spanier, 1976); the Acceptance and Action Questionnaire (Hayes, 1996) and the White Bear Suppression Inventory (Wegner & Zanakos, 1994) are measures of experiential avoidance. Data is currently being collected and will be analyzed with multiple regression procedures.

S04-04

clin res

Treatment of Residual Insomnia Following CBT for PTSD

DeViva, Jason, PhD, Dartmouth Medical School; Zayfert, Claudia, PhD, Dartmouth Medical School; Pigeon, Wilfred, PhD, Dartmouth Medical School; Mellman, Thomas, MD, Dartmouth Medical School

Research has demonstrated that cognitive-behavioral therapy (CBT) is an efficacious treatment for posttraumatic stress disorder (PTSD), yet cognitive-behavioral interventions do not specifically address insomnia, which is among the most common complaints of individuals with PTSD. Since most randomized trials do not report the effects of CBT on specific PTSD symptoms, it is difficult to ascertain to what extent sleep disturbance persists. Data from our clinic suggest that insomnia is among the most common and most severe symptoms persisting after CBT for PTSD. In this poster we will present data from a pilot study examining the effects of a cognitive-behavioral treatment for residual insomnia following CBT for PTSD. Participants were 6 Caucasian female patients who completed CBT for PTSD and displayed residual sleep difficulties at post-treatment assessment. Participants were assessed using the Clinician-Administered PTSD Scale and several sleep-related measures after PTSD treatment and before and after insomnia treatment. The five-session insomnia intervention consisted of sleep hygiene, stimulus control, and cognitive-restructuring elements. Preliminary data suggested that the insomnia intervention resulted in increased sleep efficiency and improved scores on measures of sleep, sleep hygiene behaviors, and sleep-related cognitions. These preliminary findings will guide further development and evaluation of cognitive-behavioral interventions for PTSD-related insomnia.

S04-05

clin res

Unwanted Sex Among 1st- and 2nd-Year College Students

Flack, William, Jr., PhD, Department of Psychology, Bucknell University; Asadorian, Jenica, Department of Psychology, Bucknell University; Daubman, Kimberly, PhD, Department of Psychology, Bucknell University; Caron, Marcia, Department of Psychology, Bucknell University

Rape awareness programs on college campuses frequently make reference to a "Red Zone"—roughly the first half of the first semester—during which time first-year students are believed to be at highest risk of experiencing unwanted sexual encounters. We tested this notion by means of a web-based survey, in which we compared the first-semester responses of 61 first- (35 female, 26 male) and 61 second-year (38 female, 23 male) students at a small liberal arts university to questions about unwanted sexual encounters (anal, oral, and vaginal intercourse, and fondling) and associated phenomena (alcohol consumption, frequency of hooking-up, defining the encounter as rape, reporting to authorities, PTSD symptoms) experienced before and after matriculation. Preliminary analyses indicate that first-year women and men reported about the same frequencies of unwanted sex pre- and post-matriculation, except for fondling (more frequent pre-matriculation). Second-year students reported roughly the same frequencies of unwanted sex during both time periods. Unwanted sexual encounters in both groups were associated with alcohol consumption, hooking-up, and subsyndromal reports of PTSD symptoms. First-year students in our sample were not at greater risk of experiencing unwanted sexual behavior, although reported frequencies of those behaviors before and after starting college remain a cause for concern.

Saturday, November 1

S04-06

clin res

Predicting Suicide and Violence in Male Veterans Treated for PTSD

Hartl, Tamara, PhD, Health Services Research and Development, VA Palo Alto Health Care System; Rosen, Craig, PhD, Health Services Research and Development, NCPTSD, VA Palo Alto Health Care; Drescher, Kent, PhD, National Center for PTSD, VA Palo Alto Health Care System; Crawford, Eric, Pacific Graduate School of Psychology, NCPTSD, VA Palo Alto Health Care System; Wilson, Kimberly, PhD, Stanford University Medical Center

Veterans treated for PTSD remain substantially at risk for relapse behaviors. While rate of relapse for psychiatric rehospitalization has been estimated at 55% among Veterans with PTSD, little is known about relapse rates for other negative outcomes. The current investigation has two aims: First, to assess rates of suicide attempts and violent behaviors among 510 male Veterans who completed a VA residential rehabilitation PTSD program, and, second, to identify risk factors at intake and discharge that prospectively predict suicide attempts and violence at follow-up. At follow-up, 4% of the sample had attempted suicide and 53% reported having committed one or more aggressive behaviors. Prior suicide attempts and PTSD severity scores at intake and discharge were reliable predictors of suicide attempts at follow-up. For violence, reliable predictors were history of violence, and PTSD severity intake and discharge scores. Neither age, ethnicity, marital status, nor number of comorbid SCID diagnoses predicted outcomes. Patients whose symptoms worsened during treatment were at greater risk for violence at follow-up. In summary, symptoms before and after treatment predicted violence and suicide at follow-up. Rates of suicide attempts and violent behaviors decreased post treatment but remained at levels that warrant continued concern.

S04-07

clin res

A Longitudinal Study of Positive Affect and Coping After 9/11

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

The presence of positive affect (e.g., affection, love, joy, happiness) and its relation to coping strategies employed shortly after the terrorist attacks of September 11, 2001, was examined in a national random sample of 1382 adults. Data were collected 9-14 days after the attacks, and at 2, 6, and 12 months post 9/11 using an anonymous Web-based survey methodology. Pre-9/11 mental and physical health data are available on most of these individuals. Positive affect was both common and stable across all time points, and respondents reported experiencing it, on average, "often" at 2, 6, 12 months post 9/11. The early use of several coping strategies (e.g., religious coping, acceptance, and planning) was associated with higher levels of positive affect over the year following the attacks; the early use of other strategies (e.g., behavioral disengagement, self-blame) was associated with lower levels of positive affect over time. Consistent with our prior research on the presence of positive affect following a variety of traumatic life events, these data indicate that, even when coping with personal tragedy, individuals commonly experience positive affect. Moreover, specific coping strategies may enhance or minimize the experience of positive affect over time.

S04-08

clin res

The Effects of Head Injury and Dissociation on the Development of PTSD

Jones, Charlie, MA, University of Oxford; Harvey, Allison, University of Oxford

Peritraumatic dissociation and head injury have similar symptoms including disorientation, confusion and bewilderment. However, the relationship between the two phenomena remains vague. Peritraumatic dissociation has been implicated in the development of PTSD whereas the relationship between head injury and PTSD is unclear. This study investigated the effects of peritraumatic dissociation and head injury on the development of PTSD in consecutive road traffic accident survivors. Participants were assessed as soon as possible (Time 1, n = 81) and at six weeks posttrauma (Time 2, n = 63). At Time 1, participants were assessed for severity of head injury (duration of posttraumatic amnesia) and peritraumatic dissociation (peritraumatic dissociation experiences questionnaire). At Time 2, PTSD was diagnosed with the PTSD Diagnostic Scale. A positive correlation was found between peritraumatic dissociation and head injury ($r = 0.29$, $p < 0.01$). At Time 2, participants with PTSD (n = 13) had experienced significantly more severe peritraumatic dissociation, but significantly less severe head injury than participants without PTSD (n = 50). Special attention should be paid to patients presenting with symptoms such as disorientation, confusion or bewilderment. Assessing head injury and peritraumatic dissociation in patients might help to identify those more at risk from developing PTSD.

S04-09

clin res

IPT for PTSD with Low-Income Women: Outcome Results

Krupnick, Janice, PhD, Georgetown University Medical Center; Green, Bonnie, PhD, Georgetown University Medical Center; Stockton, Patricia, PhD, Georgetown University Medical Center; Miranda, Jeanne, PhD, UCLA

This poster will describe the recruitment, study design, and outcome results of a treatment development study adapting interpersonal psychotherapy in group format (IPT-G) for low-income, predominantly minority women with current PTSD after interpersonal trauma. Subjects were recruited in public sector health clinics. Following assessment with standardized diagnostic instruments (including CAPS to assess for current PTSD), 48 women were randomized to a treatment group or a wait-list control group. Assessments were completed at baseline, termination, and four-month follow-up. There were very few drop-outs from this 16-session treatment. The results showed that women who participated in IPT for PTSD group treatment had significantly lower PTSD distress than women in the wait-list control group. The treated women were also doing significantly better in interpersonal functioning, as measured by the Inventory of Interpersonal Problems. Results from this small, randomized trial suggest that interpersonal psychotherapy has promised as a treatment for low-income women with histories of multiple interpersonal traumas and subsequent PTSD.

S04-10

clin res

The Wind Does Not Know How to Stop

Mitra, Nidhi, PhD, Swanchetan Society for Mental Health; Mitra, Rajat, PhD, Swanchetan Society for Mental Health

On 28th February 2002, a train bogey full of nearly a hundred people out of which most were women and children was set on fire by a raging mob of two thousand people. According to eye witness reports, the train burned for nearly three hours watched by the marauding mob, while the women and children pleaded for mercy. Fifty nine persons died in that carnage. Next day communal carnage broke out leading to large mobs and attacking the muslim population and by the end of three weeks nearly three thousand

Saturday, November 1

people had been killed. Following the event, the national human rights commission of India asked Swancehtan a non profit organization with a apolitical identity to assess the level of PTSD in the population and provide therapy to the affected population. Subsequently a eight months study has brought out a number of significant facts to light i.e the way the muslim community is trying to cope with assaults made on itself. A research carried out in the psyche of the muslim population unearthed several identity issues that deals with the way they see themselves, their deepest fears, their current understanding of the the way the world sees them. Nearly two forty respondents were interviewed using a constructed psychological scale designed to assess their trauma, the analysis of some of which throws light on the increasing emergence of fundamentalism.

S04-11

clin res

Impact of Police Behavior on PTSD in Assault Victims

Orazem, Robert, University of Missouri, St. Louis; Resick, Patricia, PhD, University of Missouri, St. Louis

Research with victims of sexual assault has identified the occurrence of "secondary victimization," unpleasant, negative reactions by others to the assault victim. This may include making rude or blaming statements, for example. Previous research has revealed that secondary victimization by people within a victim's support network increases post-traumatic stress disorder (PTSD) symptomatology. However, the question of whether secondary victimization by the police has a similar impact remains unknown. Further, it is not known whether such an effect would operate differently in victims of physical assault and victims of sexual assault. To address these questions, archival data from 78 female victims of physical assault and 129 female victims of sexual assault were evaluated. Police behaviors were identified through a Trauma Interview and coded as positive, neutral, or negative. PTSD symptomatology was measured using the Clinician Administered PTSD Scale and the PTSD Symptom Scale. PTSD symptomatology was measured two weeks following the assault and again three months after the assault to identify initial effects and changes over time. Theoretical implications and recommendations for police interventions will be discussed.

S04-12

clin res

Distress and Social Support in Mothers of Adolescent Assault Victims

Phelps, Lori, MS, University of Wisconsin, Milwaukee; Davies, W., PhD, University of Wisconsin, Milwaukee; McCart, Michael, MS, University of Wisconsin, Milwaukee; Hessling, Robert, PhD, University of Wisconsin, Milwaukee; Klein-Tasman, Bonnie, PhD, University of Wisconsin, Milwaukee; Heuermann, Wendi, MS, Children's Hospital of Wisconsin; Melzer-Lange, Marlene, MD, Medical College of Wisconsin

This study examined the relationship between levels of emotional distress and available social support among 35 low-income Black mothers (Mean age =38 years) whose children had been assaulted in the community. Distress was assessed via the Trauma Symptom Inventory (TSI), and social support by the Social Provisions Scale (SPS). Eighteen mothers (53%) were elevated on at least one clinical subscale on the TSI, suggesting high levels of distress. Mothers scored below all subscale norms on the SPS, except for Opportunities to Provide Nurture, on which they scored above the instrument norm. Significant negative correlations (ranging from -.358 to -.674) were found between TSI clinical subscale scores and the Attachment, Guidance, and Reassurance of Worth subscales on the SPS. These results indicate that the presence of relationships providing emotional security, advice, and appreciation of the mother's abilities were associated with lower levels of distress. Maternal social support appears to be important to consider among the nexus of factors contributing to the adjustment of adolescents and their families in the wake of community violence.

S04-13

clin res

Children Exposed to Domestic Violence: Emotional Context and Memory

Rea, Jacqueline, MA, University of Denver; DePrince, Anne, PhD, University of Denver

Recent research suggests that children exposed to physical abuse, sexual abuse or neglect who have been diagnosed with posttraumatic stress disorder (PTSD) show poorer performance on tasks of basic cognitive and neuropsychological functioning than do non-maltreated children. The purpose of the present study was to further this research by: 1) replicating these findings in children exposed to domestic violence with a specific focus on memory and attention processes, 2) assessing memory and attention in both neutral and conflict-primed contexts, and 3) testing the role of PTSD symptomatology and physiological arousal as mediators of the relationship between domestic violence exposure and basic neuropsychological functioning. Such research is critical because it allows us to determine: 1) whether memory and attention processes among exposed children are disrupted primarily during trauma-relevant contexts (e.g., by dividing attentional resources and disturbing effortful learning), or whether more basic memory deficits exist, and 2) how individual differences in severity of PTSD and physiological reactivity contribute to the processing of cognitive information. Participants were predominantly of lower socioeconomic status and included mothers and school-age children from a wide range of exposure to domestic violence. Results and potential applications of the data will be discussed.

S04-14

clin res

PTSD and Substance Abuse: Symptom Interplay and Effects on Outcome

Read, Jennifer, PhD, Brown University Center for Alcohol and Addiction Studies; Brown, Pamela, PhD, private practice; Kahler, Christopher, PhD, Brown University Center for Alcohol and Addiction Studies

The present study examined concurrent and prospective associations between PTSD diagnostic status, symptom clusters, and substance use disorder (SUD) symptoms and outcome. Participants (N =133) were assessed at intake and 6-months following inpatient SUD treatment. At baseline, participants with alcohol use disorders reported a greater number of re-experiencing (Criterion B) symptoms. Neither baseline PTSD diagnosis nor baseline PTSD severity predicted outcome. However, remission from PTSD over follow-up was predictive of improved substance use outcomes. Specific PTSD symptom clusters were not associated with percent days abstinent from alcohol or drugs at follow-up, but greater endorsement of baseline Criterion D (arousal) symptoms was predictive of earlier lapse to substance use. Baseline re-experiencing and arousal symptoms were associated with more rapid lapse to alcohol use. Continued re-experiencing symptoms were associated with lapse to alcohol use. According to our data, PTSD per se is not necessarily a risk factor for poor SUD outcome. However, findings do suggest that clinicians should assess and monitor PTSD symptoms over the course of treatment, as continued PTSD symptomatology may be a risk factor for relapse to substance use. Further, specific symptom clusters are associated with specific substances of abuse, and may be prognostic of earlier substance abuse relapse.

Saturday, November 1

S04-15

clin res

Telephone Support Following Discharge from Residential PTSD Treatment

Rosen, Craig, PhD, National Center for PTSD, Menlo Park Division; DiLandro, Caryn, Pacific Graduate School of Psychology; Corwin, Kimberly, MA, Pacific Graduate School of Psychology; Drescher, Kent, PhD, National Center for PTSD, Menlo Park Division; Hettinger, Jean, PhD, National Center for PTSD, Menlo Park Division

Veterans with prolonged PTSD often experience problems transitioning from residential treatment to outpatient care. This presentation describes a pilot project to provide additional telephone support for 27 veterans (6 women, 21 men) during the first four months following discharge from PTSD residential treatment. Case monitors telephoned veterans biweekly to assess their outpatient treatment attendance, medication compliance, substance use, social isolation, mood fluctuations, aggressive behaviors, and suicidality. Case monitors provided encouragement for positive behaviors and assisted veterans in problem-solving difficult situations. Nearly all (96%) study patients completed one or more outpatient visits, compared to only 80% of a comparison cohort ($n = 75$) receiving usual care ($c2 = 4.0, p < .05$). Mean time from discharge to first outpatient visit was 17 days among study patients, compared to 28 days in the comparison group. Study patients who completed satisfaction questionnaires ($n = 22, 81%$) were generally satisfied with the support provided by the case monitors (73%), felt it helped their recovery (64%), and definitely wanted to continue to receive such additional support (82%). These results suggest that additional telephone support during the transition home following discharge is perceived to be beneficial by veterans and facilitates their re-entry into outpatient care.

S04-16

clin res

The Effect of Brief CBT on the Prevention of PTSD

Sijbrandij, Marit, MA, Academical Medical Center, Specialty Programme for Psychological Trauma; Olf, Miranda, PhD, Academical Medical Center, Specialty Programme for Psychological Trauma; Carlier, Ingrid, PhD, Stichting Verenigde Universitaire Huisartsenopleidingen; Gersons, Berthold, MD, PhD, Academical Medical Center, Specialty Programme for Psychological Trauma

Recent studies have supported the use of brief cognitive behavioral therapy (CBT) in the treatment of Acute Stress Disorder (Bryant et al., 2003) and acute Posttraumatic Stress Disorder (Foa et al., 1995). In the present study we examined the effect of four sessions CBT according to the Foa-protocol (Foa et al., 1995) in a sample of recently traumatized civilians, who were diagnosed with acute Posttraumatic Stress Disorder according to DSM IV. 141 participants were randomly assigned at one month posttrauma to two conditions: brief cognitive behavioral therapy (CBT, $N=78$), and control (CON, $N=63$). Assessments were at one month posttrauma, two months posttrauma, and six months posttrauma. Participants experienced an assault (62%), an accident (11%), a fire (3%), a sexual assault (7%), suddenly loss of loved one (5%), or other type of trauma (12%). There were no significant differences between conditions in age, sex or type of trauma. Data on the efficacy of brief cognitive behavioural therapy will be presented at the session. Clinical implications of the results will be discussed.

S04-17

clin res

Behavioral and Relational Risk for HIV among Women Abused as Children

Stines, Lisa, MA, Kent State University; Hobfoll, Stevan, PhD, Kent State University

Child sexual and physical abuse have been linked with risky sexual behavior in abuse survivors. However, research has largely failed to examine a relational vulnerability that may put women at risk (i.e. forming sexual relationships with men who've been in jail, use IV drugs, etc.) separate from actual behavioral risk among women. This investigation examined the relationship between childhood trauma history and (1) high-risk sexual acts in adulthood and (2) high-risk romantic relationships in adulthood. A community sample of young, high-risk inner-city women were interviewed. Initial correlation analyses revealed a differential impact of type of abuse on adult risk. Childhood physical abuse was significantly related to high-risk sexual acts in adulthood ($r=.18, p<.01$), but not to high-risk romantic relationships. In contrast, childhood sexual abuse was significantly associated with high-risk romantic relationships in adulthood ($r=.19, p<.01$), but not high-risk sexual acts. If replicated for other samples, this suggests that HIV prevention programs may be efficacious if they include a relationship-focused approach with sexual abuse survivors and a behavioral modification approach for physical abuse survivors.

S04-18

clin res

Increased Vulnerability to New Stressors due to Childhood Sexual Abuse

Suniga, Sarah, MA, Kent State University; Hobfoll, Stevan, PhD, Kent State University

Childhood sexual abuse (CSA) was hypothesized to lead to the experience of loss of resources and impact the experience of post-traumatic stress disorder (PTSD) and depression. Additionally, it was hypothesized that social support would mediate the relationship between CSA and loss of resources on PTSD and depression. A community sample of women ($N=243$) was examined over two time periods, as part of a pilot study for a larger study. Depressive symptoms, over one week prior to assessment, and PTSD symptoms, over 2 weeks prior to assessment, at time 2 measured the vulnerability of new stressors. Analyses reveal CSA moderated the impact of resource losses on depression at time 2, such that the effects of losses are exacerbated for abused women at moderate to high levels of loss but not at low levels of loss. Social support at time 1 partially mediated the impact of CSA upon PTSD symptoms at time 2. For women who experienced CSA, the more social support they perceived was related to experiencing a decrease in PTSD symptoms and increase in depression. These findings suggest that interventions should focus on assisting women to gain sources of support in order to provide a protective effect on new stressors.

S04-19

clin res

Social Reactions and PTSD Symptom Severity in Female Rape Survivors

Ullman, Sarah, PhD, University of Illinois at Chicago; Filipas, Henrietta, MA, University of Illinois at Chicago; Townsend, Stephanie, MA, University of Illinois at Chicago

This poster tests a theoretical model of the relationships of social reactions to PTSD symptom severity in a cross-sectional sample of 600 adult female rape survivors. Multivariate analyses are used to test a contextual model of rape recovery with data from women completing a mail survey recruited from the community, college campus, and mental health agency clients. Both negative and positive social reactions received by survivors disclosing their assaults to

Saturday, November 1

others were assessed with a standardized measure, the Social Reactions Questionnaire (Ullman, 2000). Other standardized measures were used to assess other mediating variables of coping strategies, attributions of blame, and perceptions of control related to the assault. As hypothesized, negative social reactions of blame, stigma, and disbelief have both direct and indirect associations with PTSD symptom severity. Part of the association of negative reactions with PTSD symptoms is mediated by the degree of avoidance coping, self-blame, and perceived control. This model adjusts for histories of other stressful and traumatic life events as well as demographic characteristics of respondents. Both clinical and social implications are drawn for future research and practice with sexual assault survivors.

S04-20

clin res

Residual Sleep Disturbance Following CBT for PTSD

Zayfert, Claudia, PhD, Dartmouth Medical School; DeViva, Jason, PhD, Dartmouth Medical School

This study examined whether insomnia persisted after completion of cognitive behavioral therapy (CBT) for PTSD and whether persistence of insomnia was associated with continuing nightmares, vigilance, or having been traumatized in the bedroom or in darkness. Post-treatment responses to the 17 items of the Clinician-Administered PTSD Scale (CAPS) were examined for 26 Caucasian women (age $M=37.2$, $SD=9.7$) with PTSD who no longer met diagnostic criteria after completing a course of CBT. 48% of remitted PTSD patients sampled reported residual insomnia. For the majority, insomnia persisted in the absence of continuing nightmares and hypervigilance. Experiencing trauma in the bedroom or darkness was associated with greater risk for residual insomnia. The results suggest that conditioning may have a role in maintenance of insomnia residual to PTSD. These findings suggest that interventions for insomnia residual to PTSD warrant study.

S05-01

commun

Predictors of a Peer Support Program for Emergency Services Personnel

Markowski, Tina, University of Colorado at Colorado Springs; Benight, Charles, PhD, University of Colorado at Colorado Springs

This exploratory study ($N = 41$) examined perceptions of interest in utilizing a Peer Support Program (PSP) and psychological predictors of this interest among Emergency Services Personnel (ESP). The vast majority (95%) of the sample believed mental health in emergency services was important and 80% reported they would use the PSP. Only 3.3% suggested the use of CISM in emergency services. With specific reference to coping with another terrorist attack, 63.2% reported they would participate in a debriefing session, 13.2% would use a PSP, 2.6% would use an individual psychotherapist, and 21.1% reported they would use a combination of debriefing and PSP, any or all interventions, or nothing at all/depends. The high rate of potential debriefing use following a terrorist attack may indicate the reliance on CISD as the only method of intervention within this field. One possible mechanism for choosing to participate in a peer support program is perceptions of Coping Self-Efficacy (CSE) relative to dealing with another terrorist attack and psychological distress. Only CSE correlated positively (.448, $p = .013$) with use of a Peer Support Program (PSP). Preliminary findings support the use of a PSP and serve to form a baseline prior to its implementation.

S06-01

culture

Utilization of Police Services by Battered Women with PTSD

Leskin, Gregory, PhD, National Center for PTSD/VA Palo Alto Healthcare System; Block, Rebecca, PhD, Illinois Criminal Justice Information Authority

The present study examined both lethal and non-lethal types of domestic violence as predictors of intervention by police services by women diagnosed with and without PTSD. Specifically, secondary analysis of the Chicago Women's Health Risk Study (CWHRS; Block, 2000) assessed the degree to which exposure to several different types of domestic violence (e.g., psychological abuse, threats, stalking, physical violence) and PTSD was associated with a request for police response following domestic violence. More than 2600 women over 18 years old were randomly screened at four large medical centers in the Chicago Area between 1997-1998. The study attempted specifically to identify those women who may be at highest risk for domestic violence, including expectant mothers, women without regular sources of health care, and abused women in situations where the abuse is unknown to local agencies. After a lengthy interview 497 women interviewed positive for domestic violence (physical or sexual violence, violent threat at the hands of an intimate partner) in the previous year. Seventy-two percent (72%) of women who called police following an incident of domestic violence were PTSD positive. Prevalence rates for emergency calls to police according to PTSD status and lethal vs. non-lethal types of violence across each ethnic minority group will be presented.

S06-02

culture

Traumatic Events and Somatization Among African Americans

Odera, Lillian, University of Michigan, Ann Arbor; Pole, Nnamdi, PhD, University of Michigan, Ann Arbor

The relationship between traumatic events and somatic symptoms was examined in a sample of 64 African American (68% female) undergraduate students recruited from a Midwestern university. The study tested the hypothesis that high trauma exposure would be associated with greater levels of somatic complaints. The study also examined gender differences in somatic symptom reports. Trauma exposure which was examined using the Trauma History Questionnaire included: serious accidents (38%), receiving news of death (76%), and emotional abuse (27%). Somatic symptoms were examined using the Symptom Checklist-90 and included symptoms such as headaches, chest pain and aches, and muscle soreness. Correlations revealed that higher levels of trauma exposure were related to greater levels of somatic complaints. Independent sample t-tests showed significant gender differences in somatic complaints, with females reporting higher levels of somatic complaints compared to males. Regression analysis revealed that trauma exposure, as well as gender were significant predictors of somatic symptoms among African Americans. Findings from this study identify important individual difference variables that may account for elevated somatic symptoms sometimes observed among African Americans.

S06-03

culture

The Impact of Child Abuse on Inner City Women's Adult Functioning

Vranceanu, Ana Maria, MA, Kent State University, Doctoral Program in Clinical Psychology; Hobfoll, Stevan, PhD, Kent State University

The impact of perceived child abuse history on 300 adult, inner-city women's mastery, social support, stress and emotional well-being (i.e., depressive mood and PTSD) was examined. It was hypothesized that perceived child abuse will lead to a decreased sense of mastery, decreased social support, increased stress, depression and PTSD. It was also hypothesized that mastery, social support and stress will mediate the relationship between child abuse and

Saturday, November 1

depression and PTSD. Separate path models for physical/emotional and sexual abuse were analyzed with Lisrel 8.5. Physical/emotional abuse led to decreased mastery, decreased social support, increased stress and increased depression, but did not significantly predict PTSD. Sexual abuse led to decreased mastery, decreased social support, increased stress and increased PTSD severity, but did not significantly predict depression. Social support and stress, but not mastery, mediated the relationship between child physical/emotional abuse and adult depression. Social support, but not stress or mastery, mediated the relationship between sexual abuse and PTSD. The differential impact of child physical/emotional versus child sexual abuse, as well as the impact of social resources in adjustment after childhood trauma will be extensively discussed.

S07-01 **practice**

Reality of Peacekeeping and the Creation of a Peer Support Program

Grenier, Stephane, Department of National Defence, Canada; Darte, Kathy, Department of Veterans Affairs Canada

Since the end of the cold war, Canadian Forces members have participated in an ever growing and demanding number of military operations around the world. Although they have served Canada with great distinction, this service to world peace and stability has not been without casualties. These casualties are not the victims of stray bullets, land mines or vehicle accidents, but suffer operational stress injuries (OSI). Unlike physical wounds, OSIs are not visibly apparent and may go unnoticed for months or years by superiors, peers, and in many cases by the injured members themselves. To those who eventually come to realize that they have been injured by operational stress, coming forward for help is difficult due to the stigma associated with psychiatric illnesses. The presentation will describe the nature of Peacekeeping Operation in the Post Cold War era through the personnel experience of a Canadian Forces member. This will be followed by a brief description of the Operational Stress Injury Social Support Program, which was developed to enhance the social support of military members and veterans suffering from PTSD. Descriptive statistics will also be provided on individuals involved in providing the peer support, as well as preliminary health outcome measures.

S07-02 **withdrawn**

S07-03 **practice**

Anger and Hostility in a Trauma-Exposed College Student Sample

Jakupcak, Matthew, MA, Puget Sound Health Care System, Seattle VA Hospital; Tull, Matthew, MA, University of Massachusetts, Boston

We assessed trauma-related symptoms, anger, and hostility among college students using the Life Events Checklist (LEC; Blake et al., 1995), the PTSD Checklist (PCL; Weathers et al., 1993), the State-Trait Anger Expression Inventory (STAXI; Spielberger, 1988) and the Buss-Durkee Hostility Inventory (BDHI; Buss & Durkee, 1957). Participants were matched across sociodemographic variables; persons in the trauma group (N = 42) indicated being physically assaulted, assaulted with a weapon, or raped per the LEC and scored above the screening criteria of the PCL suggested by Blanchard et al. (1996). Members of the non-trauma group (N = 42) indicated no history of physical or sexual assault and scored below the criteria. Results of a MANOVA indicated that the trauma group reported significantly more anger and hostility than the non-trauma group. Post hoc comparisons of STAXI subscales indicated that the trauma group reported more trait-anger and inwardly-directed anger. There were no differences for outwardly-directed anger or anger control. On the

BDHI, the trauma group reported significantly more verbal hostility, suspiciousness, resentment, negativity, and irritability than did the non-trauma group. There were no differences for indirect hostility or assault. Results are discussed in terms of addressing anger in non-clinical, trauma-exposed populations.

S07-04 **practice**

Family Perspectives Toward Youth Evidence-Based Trauma Treatments

Legerski, Joanna, New York State Office of Mental Health and New York State Psychiatric Institute; McKay, Mary, Columbia University

This presentation offers findings of data obtained from parents of children and adolescents receiving evidence-based trauma-focused cognitive behavioral therapy. Participants received free evidence-based treatments for trauma related symptoms resulting from the September 11th attacks. These treatments were provided by community-academic service sites involved in an evaluation of evidence-based trauma treatments. Typical trauma symptoms such as avoidance and fear of re-traumatization increase the need for engagement techniques. With our inner-city trauma population the study sites adopted innovative engagement strategies to overcome concrete and attitudinal obstacles to service utilization and increase participation in the trauma-focused evidence-based treatment. We present parents' descriptions of obstacles and difficulties and the relative effectiveness of the strategies and increasing service utilization. Attitudes and expectations may influence not only parents' decision to seek mental health care for their youth but also their decision to stick with such services. Our findings have practical implications for how we help families overcome obstacles and receive treatment. Recent focus on evidence-based interventions has received national attention and the views of the family may be an important step in determining the utility of such interventions.

S07-05 **withdrawn**

S07-06 **practice**

Mediators of Sexual Revictimization in a Longitudinal Community Sample

Orcutt, Holly, PhD, Northern Illinois University; Garcia, Marilyn, Northern Illinois University; Harris, Holly, MA, Northern Illinois University; Cooper, M., PhD, University of Missouri, Columbia

Females who report experiencing childhood sexual abuse (CSA) have consistently been found to be at increased risk of adolescent and adult sexual assault, a phenomenon known as revictimization. Although responsibility for sexual assault lies with the perpetrator, it is useful and pragmatic to examine factors that may mediate risk for revictimization. Specifically, how might CSA impact a female such that she is at greater risk for sexual assault. One possibility lies with increased negative affect experienced by CSA survivors. It may be that using sexual behavior to cope with dysphoric emotion may increase risk of revictimization. This hypothesis was examined in a large representative community sample interviewed on three occasions. CSA retrospectively reported at Time 2 (T2) (average age was 21) prospectively predicted risk of sexual assault between T2 and Time 3 (T3) (average age was 27). Females reporting CSA were over two times more likely to report being sexually assaulted (between T2 and T3) than females not reporting CSA. This relation was significantly partially mediated by T2 reports of using sexual intercourse to cope with negative emotions (higher use of sex to cope was related to higher risk of assault). Implications for prevention and treatment will be discussed.

Saturday, November 1

S07-07

practice

Clinical Presentation of PTSD in Younger Veterans*Richardson, Don, MD, Veterans Affairs Canada/University of Western Ontario*

There has been increased attention to the psychological impact of soldiers participating in United Nations peacekeeping. It has been suggested that this new role of the "U.N. peacekeeper" in conflict zones may produce added stress than traditional peacekeeping or even traditional war. Clinically, soldiers often described that the most stressful events of their peacekeeping mission was not their own personal safety but witnessing atrocities and not being able to intervene. This expectation that soldiers show restraint and neutrality and the resulting sense of helplessness may exacerbate an already stressful situation and make it more traumatic. Although Posttraumatic Stress Disorder is one of the significant psychiatric conditions that may result from peacekeeping, other psychiatric sequelae including Major Depression and Addiction are also major contributors to significant morbidity. Furthermore, due to the stigma involved in seeking help for psychiatric conditions, many individuals suffering from Operational Stress may present with a multitude of symptoms making the diagnosis of PTSD more difficult. This presentation will attempt to provide a review of the clinical presentation of PTSD in the younger veteran population. In addition, demographics data such as the prevalence rates of PTSD, Depression, Alcohol Use Problems and general physical health measures will be reviewed.

S07-08

practice

Psychological Conceptualization—Treatment of PTSD in Canadian Veterans*Smith, Wanda, PhD, McMaster University-Department of Psychiatry & Behavioural Neurosciences*

The lifetime prevalence of Post Traumatic Stress Disorder (PTSD) in the general population is 8%; the prevalence for those having served in the military is estimated to be much greater. It is estimated that from 5 to 36% of Canadian Forces members having served in Peacekeeping missions meet criteria for PTSD. PTSD is a psychiatric disorder which can be emotionally devastating and economically draining for the individual involved, his/her family members, the community and society at large. While PTSD has been formally recognized for only just over 20 years, the scientific advancements are remarkable. The purpose of the proposed presentation is to focus on the psychological perspective and advances of PTSD. A psychological conceptualization of PTSD including learning and cognitive components will be presented and empirically validated treatments, notably exposure and cognitive processing will be discussed. Case studies will illustrate the treatments. The challenges of treating different cohorts with PTSD such as the elderly veterans having served in world war versus the relatively young veterans having been recently deployed on peacekeeping missions will be identified. The presentations of the different cohorts will be discussed utilizing several case studies and the apparent barriers to treatment will be identified.

S07-09

practice

Impact of the Iraq War on U.S. Combat Veterans with PTSD*Stone, Andrew, MD, VA Medical Center, Philadelphia; DelMaestro, Susan, PhD, VA Medical Center, Philadelphia*

Reminders of traumatic events may create considerable psychological distress in individuals with PTSD. The recent onset of war in Iraq provides such a reminder for individuals with previous traumatic exposure to combat. Psychiatrists, psychologists, social workers, and psychiatric nurse clinical specialists in the PTSD Clinical Team at the Philadelphia VA Medical Center were all asked to report their observations of the effects of the war on the patients that they serve.

Areas to be addressed included assessment of changes in intensity in PTSD symptoms in all three clusters; changes in overall functioning; and coping strategies. Relationship of the veteran's prior worldview and understanding of previous experience to the way that current events are interpreted was also explored. Responses among the patient population varied, but appeared to depend on factors including previous level of function, and severity of distress relating to their own experiences. Some veterans with higher levels of function were better able to recognize the need to restrict their own exposure to media accounts of the war. The distribution of conceptual responses in terms of the meaning and significance of the war often tended to parallel the conceptualizations that veterans had developed in coming to terms with the experiences from their own war-time service.

S07-10

practice

Buffers in the Relationship Between CSA and Adulthood Revictimization*Walsh, Kate, Boston University; Blaustein, Margaret, PhD, Boston University School of Medicine; Grant Knight, Wanda, PhD, Department of Psychiatry, Boston University School of Medicine; van der Kolk, Bessel, MD, Department of Psychiatry, Boston University School of Medicine*

Childhood sexual abuse has been identified as a primary etiological factor in adulthood sexual victimization; however, not all survivors of CSA experience re-victimization. This study examined the role of factors which may act to buffer this association. Previous studies highlight the importance of perceptions of control, positive coping, and feelings of competency in individual resilience. The current study examined one potential pathway leading to these buffering factors; specifically, it was hypothesized that women who participate and are invested in a competency-building activity (e.g., sport, hobby, or creative outlet), would be less likely to experience adulthood revictimization. A sample of 75 females, ages 18 to 30, completed questionnaire measures; preliminary analyses have been conducted on 39 subjects. Preliminary results indicate strong associations between childhood sexual abuse and both coerced ($F(1,37)=15.503, p<.001$) and forced ($F(1,37)=5.18, p<.05$) adult sexual experiences. Perceptions of control, self-efficacy, and coping style were also found to be independently related to risk for adult sexual victimization, with women who report nonconsensual adult sexual experiences reporting higher external locus of control ($p=.045$), lower use of problem-focused ($p=.009$) and positive-focused ($p=.037$) coping, and a trend toward lower levels of generalized self-efficacy ($p=.087$). Involvement in a competency-building activity was found to be positively related to generalized self-efficacy and internal locus of control. Preliminary analyses indicate that these variables provide independent predictive power to likelihood of experiencing re-victimization among women who have been sexually abused in childhood.

S08-01

disaster

Evacuation Perceptions Following Wildfire and Coping Self-Efficacy*Benight, Charles, PhD, University of Colorado at Colorado Springs; Markowski, Tina, University of Colorado at Colorado Springs; Hay, Leatha, University of Colorado at Colorado Springs*

Coping self-efficacy for dealing with post-traumatic demands has repeatedly demonstrated strong relationships with psychological recovery. The purpose of this study was to determine if evacuation perceptions from a massive wildfire were related to perceptions of CSE relative to recovering from the wildfire. The sample consisted of 102 (58% female), predominately Caucasian (97%) individuals living in the evacuation zones for two of last summer's major wildfires in Colorado. Results indicated the following significant correlations with recovery CSE: having a deep attachment to one's home ($r=.33$),

Saturday, November 1

a strong love for the forest (-.32), belief in being safe if evacuated (.36), belief that property would be safe (.25), perceived capability for getting out during evacuation (.22), being prepared before the evacuation (.21), and having access to all the information about the fire (.23). These findings may have implications for emergency personnel in developing evacuation procedures and identifying at risk individuals.

and union administrators and staff who were survivors of the tragedy, and eye witnesses to the tragic events that unfolded on the morning of September 11th 2001. Findings from this qualitative research study may help disaster mental health policy makers and program planners in the design, implementation and evaluation of training and preparedness programs for mental health professionals anticipating deployment to a domestic or international disaster.

S08-02 disaster

Vicarious Trauma in New York City Relief Workers

Brickman, Ellen, PhD, Safe Horizon-Research and Evaluation; Thiel de Bocanegra, Heike, PhD, Safe Horizon-Research and Evaluation

This study investigated the prevalence of secondary trauma in volunteers involved in the emergency response after the WTC attack. A total of 163 caseworkers who had worked to address clients' concrete needs participated in a semi-structured phone interview assessing their background and volunteer experience. This was followed by a mail survey with two outcome measures: The PTSD Checklist (PCL) and the Beck Depression Inventory (BDI). Two distinct categories of volunteers emerged: Volunteers from out of town were older and more experienced in disaster relief. Volunteers from New York reported high exposure to the attack, such as witnessing it (32 percent) or concern for the well-being of a loved one during the day of the attack (42 percent). Most considered the relief work to be enriching and said that it facilitated their coping with the attack. A subgroup, however, reported ongoing needs that have not been met by agencies and informal support systems. About seven percent (7.4) of the sample met diagnostic criteria for PTSD, and 20% had BDI scores indicating moderate to severe depression. PTSD and depression were correlated with age, gender, prior trauma, exposure, still needing help from other people and agencies, and increased self-reported alcohol and drug use. Having had previous disaster experience and living with a partner appear to have a protective effect on mental health status. A regression model assessed the role of volunteer characteristics (age, gender, living with spouse, prior trauma) and situational variables (exposure to the event, intensity of relief effort) in predicting outcome variables, when controlling for attitudinal and behavioral responses (increased concern about environment, perception of unmet needs, and change in substance and drug use after 9/11). Prior trauma, exposure to the event, the perceptions of unmet needs, and beginning or increasing substance use after 9/11 were significantly associated with PTSD and depression, respectively. PTSD and depression scales were re-administered after three months to a subset of respondents (n=69). There was no significant change from time 1 to time 2 in depression or PTSD scores, although the PTSD score increased after three months (p=.092). Overall, changes in depression and PTSD scores over time did not vary as a function of degree of exposure to the WTC attack, intensity and type of volunteer experience or time since conclusion of the volunteer activity.

S08-03 disaster

Narratives of Traumatologists at The NYC World Trade Center Disaster

Cherrie-Benton, Carron, PhDc, University of South Florida, Department of Anthropology

Narratives of traumatologists deployed to the New York City World Trade Center Disaster were collected and analyzed for themes about the lived experience of caring for disaster survivors, the sense of vulnerability as fellow Americans under the threat of domestic terrorism, and the impact of this disaster deployment experience on the health of the "helper." The uniqueness of the methodology is that the author, a nurse anthropologist was deployed as a member of the "advance" team of traumatologists just six days after the disaster, to assist an international union of World Trade Center workers

S08-04 disaster

PTSD in Disaster Relief Clinicians at Ground Zero

Gulliver, Suzy, PhD, VA Boston Healthcare System and Boston University; Zimering, Rose, PhD, VA Boston Healthcare System and Boston University; Knight, Jeffrey, PhD, VA Boston Healthcare System and Boston University; Mattuchio, Todd, VA Boston Healthcare System and Boston University; Wolfsdorf, Barbara, PhD, VA Boston Healthcare System and Boston University; Baker-Morrisette, Sandra, PhD, VA Boston Healthcare System and Boston University; Munroe, James, EdD, VA Boston Healthcare System and Boston University

Emergency mental health providers who treat disaster survivors at the disaster site itself are at risk for PTSD linked to witnessing the death, injury and destruction inherent in the disaster. In the present study, Critical Incident Stress Management (CISM) workers affiliated with the International Association of Firefighters responded to requests to participate in an assessment of the consequences of providing disaster relief services to surviving firefighters and emergency response personnel at Ground Zero in the days and weeks following the 9/11 terrorist attacks. One hundred and ten CISM workers including firefighters, paramedics, social workers, psychologists and clergy completed a Clinician Administered PTSD Scale (CAPS) interview six months after their provision of service at Ground Zero. Doctoral trauma clinicians conducted all CAPS interviews. CISM workers also completed self-report measures of mood, coping, health and occupational impairment. Results from the six-month interviews demonstrate that a significant minority (8 of 110; 7.3%) of CISM workers met full criteria for PTSD related to their Ground Zero disaster site exposure. Profiles for these CISM workers are compared to age and training matched non-traumatized workers for hypothesis construction regarding protective factors in CISM work. Implications of these findings for training the next generation of disaster relief clinicians will be discussed.

S08-05 disaster

Symptom Development and Resilience in 9/11 Disaster Relief Providers

Knight, Jeffrey, PhD, National Center for PTSD-Boston DVAMC; Gulliver, Suzy, PhD, Boston VA Health Care System Outpatient Clinic; Zimering, Rose, PhD, Boston VA Health Care System Outpatient Clinic; Mattuchio, Todd, Boston VA Health Care System Outpatient Clinic; Munroe, James, EdD, Boston VA Health Care System Outpatient Clinic; Wolfsdorf, Barbara, PhD, Boston VA Health Care System Outpatient Clinic; Baker-Morrisette, Sandra, PhD, Boston VA Health Care System Outpatient Clinic

Risk of secondary traumatization and factors related to resilience were examined in the cohort of 95 relief workers who provided critical incident debriefing services post-World Trade Center (9-11-01). Relief workers were firefighters and professionals associated with fire-fight units (social workers, chaplains). Analyses were based on clinical diagnostic interviews and self-report questionnaires of clinical symptoms (PTSD, depression, anxiety, anger), mood states, and coping. Good internal consistency reliability is found for all measures (alphas: .86-.93). The findings highlight the low level of clinical symptoms reported by this group, which generated PTSD, depression, and anxiety scores in the normal range, balanced against high positive coping scores. Analyses of patterns across subscales showed that anger was more likely to be self-directed rather than other-directed, and accompanied by a positive coping approach, which

Saturday, November 1

was characterized by use of acceptance, planning, active coping, positive re-framing, seeking emotional and instrumental support, and self-distraction. Denial, substance abuse, behavioral this engagement and self-blame were endorsed infrequently. The patterns across measures suggest resilience in this cohort to the potential negative effects of conducting critical incident debriefing. The implications of these findings will be discussed.

S08-06

disaster

Deployment Stressors and Mental Health for Female and Male Gulf War Veterans

Pless, Anica, VA Boston Healthcare System, National Center for PTSD; Vogt, Dawne, PhD, VA Boston Healthcare System, National Center for PTSD; King, Lynda, PhD, VA Boston Healthcare System, National Center for PTSD; King, Daniel, PhD, VA Boston Healthcare System, National Center for PTSD; Samper, Rita, VA Boston Healthcare System, National Center for PTSD; Knight, Jeffrey, PhD, VA Boston Healthcare System, National Center for PTSD; Chrysos, Elisa, VA Boston Healthcare System, National Center for PTSD; Foy, David, PhD, Pepperdine University; Whealin, Julia, PhD, National Center for PTSD, Hawaii

There is some evidence that women and men are exposed to different deployment-related stressors and that these stressors differentially impact their mental health. In this study, we explored gender differences in exposure to combat, aftermath of battle, sexual and general harassment, war-zone social support, and concerns about family disruptions, as well as associations between these war-zone factors and mental health outcomes (e.g., anxiety, depression, PTSD) among 317 female and male Gulf War veterans. Women reported less exposure to the more traditional war-zone stressors of combat and aftermath of battle than did men, and higher levels of interpersonal stressors including low war-zone social support, sexual harassment, and general harassment. Overall, associations between war-zone factors and mental health outcomes were modest to moderate. Additional interaction analyses revealed that while low levels of war-zone social support and concerns about family disruptions had a stronger negative impact on women's mental health, sexual harassment had a stronger negative impact on men's mental health. Moreover, these interaction effects held after accounting for the impact of combat exposure on mental health. Findings highlight the importance of examining multiple dimensions of war-zone stressors and exploring the impact of war-zone factors on mental health separately for women and men.

S08-07

disaster

Veteran Health: PTSD, Substance Use, Social Isolation and Depression

Salstrom, Seoka, University of Georgia; Michels, Kirsten, MA, University of Georgia; Amir, Nader, PhD, University of Georgia

Research examining physical health among veterans has emphasized the importance of psychological difficulties such as PTSD (e.g., Schnurr, Spiro, & Paris, 2000). Substance use, depression, and social support have also been examined as predictors of physical health in separate studies. However, studies have not examined the relative contributions of the above factors as predictors of multiple indices of physical health among male and female veterans. Male and female theater veterans' data from the NVVRS (Kulka et al., 1990) data set were analyzed. We used hierarchical regression to analyze potential additive effects of substance abuse, social isolation, and depression on functional disability, perceived health, and medical conditions after accounting for the effects of service-related physical disability, war zone stressor exposure, and PTSD. Among males, we found additive effects for social isolation when predicting perceived health ($\beta = -.07$, $p < .02$) and medical conditions ($\beta = .06$, $p < .05$) and for depression when predicting functional disability ($\beta = .14$, $p < .00$) and medical conditions ($\beta = .06$, $p < .04$). We found no additive effects among females. PTSD remained a significant predictor

across physical health indices and gender. These results highlight the importance of assessing multiple domains of psychological and personal functioning as well as trauma exposure in medical settings.

S08-08

disaster

PTSD of Chinese Displaced Workers After the WTC Attack

Thiel de Bocanegra, Heike, PhD, Safe Horizon-Research and Evaluation; Chan, Priscilla, MSW, Chinese-American Planning Council

The adverse psychological impact of the September 11th attacks on the World Trade Center on residents of New York City has been well documented. Displaced workers in Manhattan's Chinatown are of special concern because of proximity to the attacks, the profound economic impact of September 11th, and potential barriers to immigrants' utilization of mental health services. To identify psychological sequelae of the World Trade Center attacks in immigrant Chinese displaced workers, we interviewed 77 displaced workers in May 2002. Participants were identified from a central database of clients seen at the agency's assistance centers in Chinatown, which provided financial assistance, information and referral services. This database included 5,000 Chinese-descendant displaced workers who immigrated to the United States. One third of the sample was classified as at least moderately depressed, and 21% met diagnostic criteria for Post-Traumatic Stress Disorder. While the three cluster scores individually are not sufficient for a PTSD diagnosis, they revealed a striking pattern in this population: over 92% ($n=71$) of the sample met the cutoff criterion for the re-experiencing cluster, compared to 26% ($n=20$) who met the criterion for the avoidance/numbing cluster, and 52% ($n=40$) who met the criterion for the hypervigilance cluster. However, few had utilized mental health services. Depression and PTSD scores were positively correlated with age, age at immigration to the U.S., and prescription drug use after September 11th, among other variables. Fifty-four percent of the sample ($n=42$) reported that they still needed help paying rent and/or meeting their living expenses. This group had higher PCL scores than those who indicated they did not need such help (means = 21.39 v. 15.06, $t(73)=-2.16$, $p < .05$). Depression was significantly associated with two demographic variables: Age at arrival in the United States, and age at time of interview. Participants did not report to have begun or increased alcohol, tobacco or recreational drug use after the September 11 attacks. These data will be compared with those generated in follow-up interviews of the same cohort and new interviews of an additional cohort of 75 displaced workers in February 2003. Results of the first assessment suggest the need for mental health outreach in this community. Outreach strategies should target both displaced workers and their informal support networks, to facilitate identification of and service access for those impacted by the attacks.

S08-09

disaster

Psychological Preparation for Work-Related Trauma

Whealin, Julia, PhD, Veterans Affairs National Center for PTSD; Ruzek, Josef, PhD, Veterans Affairs National Center for PTSD

Of the approximately 70% of people who will experience a traumatic event at some point in their lives, only about 10-30% of individuals develop Posttraumatic Stress Disorder (PTSD) as a result. Whereas most variance in outcome is due to factors related directly to traumatic event itself, individual resilience has also been shown to play a role in outcome. The following poster combines findings from experimentally controlled research regarding cognitive and psychological prevention resilience factors and applies the data to the growing clinical findings in the field of trauma preparation. An intervention model is outlined that addresses Anticipation, Pre-trauma, Trauma, Post-Trauma and Recovery stages of a traumatic experience. At each stage, cognitive behavioral interventions address utilization and maintenance of social support, development of organizational support, coping style, and issues of appraisal/efficacy.

Saturday, November 1

S09-10

train

The TRECK Team: Trauma Research, Education and Consultation at K-State

Nelson, Briana, PhD, Kansas State University; Schwerdtfeger, Kami, Kansas State University; Jones, Nina, Kansas State University; Hoheisel, Carol, MS, Kansas State University; Smith, Douglas, MS, Kansas State University; Peterson, F. Ryan, Kansas State University; Kelley, Sharit, Kansas State University; Archuleta, Kristy, Kansas State University

The study of trauma, or "traumatology," is more prominent as professionals have become aware of the plethora of individuals seeking mental health and other services for issues related to a history of trauma. As professionals begin to identify and understand the long-term consequences of traumatic events, it is necessary to recognize the need for trauma pedagogy. Much clinical training is obtained through state and national conferences and workshops or by reading literature on trauma, rather than through professional training in graduate programs. This poster will describe a unique training experience that merges clinical training and trauma pedagogy. The purpose of the group, titled "Trauma Research, Education, and Consultation at K-State" or the "TRECK Team," is to increase students' theoretical and clinical knowledge of traumatic stress. This team has developed several trauma-based projects, including presentations, publications, research projects, and community outreach programs. The poster will describe the TRECK Team's development, activities of the team, student and faculty perspectives on the success of the team, and recommendations for developing effective teaching strategies and clinical training opportunities in teaching about trauma.

S10-01

frag

Betrayal Trauma: Fragmenting Psychological and Physical Health

Goldsmith, Rachel, MS, University of Oregon; Freyd, Jennifer, PhD, University of Oregon; DePrince, Anne, PhD, University of Denver

What can we learn about the impact of trauma when we distinguish betrayal from non-betrayal traumatic experiences depending on the respondent's relationship to the perpetrator? 185 university students completed measures assessing physical, sexual, and emotional abuse perceptions, alexithymia, trauma symptoms, physical health, and trauma experiences. Trauma experiences were significantly related to anxiety, depression, dissociation, and physical health complaints, echoing previous research documenting fragmented effects from trauma. Betrayal trauma experiences were more strongly correlated with depression, dissociation, and alexithymia than were non-betrayal traumas. Betrayal trauma was significantly related to participants' level of anxiety, to the number of visits made to student health centers or to a private physician for illness over the past month, and to the number of days sick in the past month; non-betrayal trauma was not. We also found more than twice as many participants indicating having experienced incidents of physical, sexual or emotional mistreatment by someone close when those events were defined behaviorally as compared to the number endorsing items using the words "abused" or "maltreated" for their own history, suggesting that participants are resistant to these labels for themselves.

S10-02

frag

Shattered Relationships: The Link Between Marital Discord and PTSD

Rakow, Madeline, Eastern Michigan University; Lauterbach, Dean, PhD, Eastern Michigan University; Vora, Rajvee, MB, BS, Eastern Michigan University

Distressed and unstable relationships are common effects of trauma and PTSD. The purpose of this paper is to examine the characteristics marital relationships among persons with a diagnosis of PTSD. This paper utilized data from the National Comorbidity Survey (NCS), a large (n = 8,098) nationally representative population survey assessing the lifetime and 12-month prevalence of numerous DSM-III-R disorders. Persons with and without PTSD were compared on levels of marital satisfaction and frequencies of marital problems. Overall, persons with PTSD rated their marriages as less satisfactory than persons without PTSD. Persons with PTSD also reported significantly more marriages and divorces than persons without PTSD. When queried about specific marital problems, persons with PTSD reported significantly higher frequencies of negative behaviors on the part of their spouses. These behaviors included threatening to end the relationship, being involved with extramarital affairs, wasting money, being disagreeable, having temper tantrums, and using alcohol or other drugs too often. The role of personality characteristics as a moderator between PTSD and quality of marital relationships will be examined.

S10-03

frag

Positive Psychological Impacts of Traumatic Events: A Literature Review

Vali-Nouri, Mehran, MA, Baycrest Centre

Theory and research on traumatic stress are over focused by a deficit-oriented perspective. However, there is a growing body of literature related to positive impacts of extreme stressful events on victims. The purpose of this study was to review the results of empirical research in the literature on positive psychological consequences of traumatic life events. Extensive literature searches were performed using PsycINFO, Sociological Abstracts, EMBASE, and Medline databases (1960s to 2002). This review revealed the increasing attention in the literature paid to the positive impacts of extreme stress on people exposed to traumatic events; e.g. cancer, spinal cord injury, heart attacks, HIV infection, and disasters. The present review found several perceived post-traumatic benefits and positive changes in different domains, including self, interpersonal relationships, and personal beliefs and values. Each domain included several specific positive consequences, like increased family closeness, increased spirituality and faith, increased compassion, increased self-efficacy, and self-growth. However, there are some borderline questions that raised in the literature regarding the validity of post-traumatic positive outcomes. This review critically analyzed the methodological strengths and weaknesses of the studies found in the literature. Also, it addressed the importance of using qualitative and mixed methods to uncover positive consequences of traumatic events, especially in diverse populations.