

Thursday, October 30

Poster Organization

Each poster is presented Thursday, Friday or Saturday, starting at 10:00 a.m. and concluding at 6:30 p.m. Each day concludes with a Poster Open House where presenters will be available to answer questions from 5:15 p.m.–6:30 p.m.

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

Poster Numbering System

Each poster is designated by a poster number that will be displayed in the upper right corner of each poster board. The first letter designates either Thursday, T; Friday, F; or Saturday, S. The next two numbers designate the track number. The last two digits are the poster number within that track.

Example: S04-03

Poster displays on Saturday, Track 4, 3rd poster in that track.

Conference Tracks

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

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

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T01-01

assess

Prevalence and Patterns of PTSD in Persons with Severe Mental Illness

Albert, David, PhD, Cambridge Health Alliance/Harvard University Medical School, Victims of Violence Program

This study investigated the prevalence and patterns of Post-Traumatic Stress Disorder (PTSD) in a multi-site stratified probability sample of 1,005 psychiatric aftercare patients in Chicago, Illinois. The results of this study confirm that PTSD disproportionately afflicts persons with severe mental disorders: the rate of 12-month PTSD in our sample was 21.12%. This study also confirms that PTSD is grossly underdiagnosed in clinical settings that serve persons with severe mental disorders: only 2.69% of our subjects had a chart diagnosis of PTSD. Rates of current PTSD were significantly associated with gender, race/ethnicity, and psychiatric diagnosis. Female subjects were significantly more likely than male subjects to have PTSD (26.89% vs. 15.42%). Hispanic subjects had the highest rate of PTSD (29.11%), followed by African-American subjects (20.15%), and non-Hispanic white subjects (12.60%). Rates of PTSD were highest among subjects with Bipolar Disorder (37.40%), followed by Obsessive-Compulsive Disorder (36.13%), Psychotic Disorder (32.51%), and Major Depressive Disorder (29.96%). Overall, seven demographic and diagnostic factors emerged as significant risk factors for PTSD (and for underdiag-

nosis): (1) female gender; (2) African-American race/ethnicity; (3) Hispanic race/ethnicity; (4) a comorbid Bipolar Disorder; (5) comorbid Obsessive-Compulsive Disorder; (6) a comorbid Psychotic Disorder; and (7) a comorbid Major Depressive Disorder.

T01-02

assess

Attentional Bias for Childhood Physical Abuse on a Modified Stroop

Baxt, Chiara, PhD, Fordham University; Bernstein, David, PhD, Fordham University; Broner, Nahama, PhD, RTI International

Research continues to explore the cognitive processing of those who develop PTSD after trauma. Studies using modified Stroop paradigms have established that individuals with PTSD demonstrate attentional bias for information related to rape, combat, and sexual abuse traumas. This study explored the nature of the relationship between recollection of trauma and attentional bias in childhood physical abuse survivors. Forty four criminal offenders with both major psychiatric and substance abuse diagnoses were administered a modified Stroop using physical abuse words, a validated retrospective report for childhood maltreatment (CTQ), and measures of their psychiatric diagnoses (DIS-IV) and symptoms (PCL-C). Regression analyses demonstrated that the relationship between explicit recall of physical abuse (CTQ) and attentional bias for physical abuse words (Stroop) was moderated by PTSD symptom severity (R2 changed from .031 to .139; F (1, 40) = 4.997, p = .03). In participants with higher PTSD symptoms, greater self-reported physical abuse was associated with greater attentional bias for Physical Abuse words; in participants with lower PTSD symptoms, greater self-reported physical abuse was associated with less attentional bias. This study extends existing research findings on the modified Stroop to physical abuse and suggests that PTSD symptoms intervene in the cognitive processing of trauma-related information.

T01-03

assess

Military Deployment Stress: New Inventory of Risk and Resilience

Chrysol, Elisa, VA Boston Healthcare System; National Center for PTSD; Vickers, Kristin, VA Boston Healthcare System, National Center for PTSD; Stein, Nathan, MA, University of Rhode Island; King, Lynda, PhD, VA Boston Healthcare System, National Center for PTSD; King, Daniel, PhD, VA Boston Healthcare System, National Center for PTSD; Vogt, Dawne, PhD, VA Boston Healthcare System, National Center for PTSD; Knight, Jeffrey, PhD, VA Boston Healthcare System, National Center for PTSD; Foy, David, PhD, Pepperdine University; Pless, Anica, VA Boston Healthcare System, National Center for PTSD; Samper, Rita, VA Boston Healthcare System, National Center for PTSD

Thirteen percent of the 700,000 men and women deployed to the Gulf War between 1990 and 1991 suffer from physical and/or psychological problems more than a decade later. The purpose of this project was to create an instrument to assess psychosocial risk and resilience factors for stress-related illnesses. Whereas most studies of Gulf War stressors have used measures developed for previous generations, we aimed for multiple measures of risk and resilience that would be content valid for contemporary deployments. Accordingly, we created the Deployment Risk and Resilience Inventory (DDRI). The study was divided into 4 phases. Phase 1 focused on content validity, using veteran focus groups to refine construct definitions and generate preliminary item sets. Examples of measured constructs are combat exposure, perceived threat, aftermath of battle, and war-zone social support. Data were obtained via 2 different methods: a telephone survey in phase 2 (N=357), and a mail survey in phase 3 (N=320). Estimates of internal consistency reliability (coefficient alpha), where appropriate, were quite good, ranging from .82-.91 (telephone) and .85-.94 (mail). The DDRI was validated in phase 4, a second telephone survey, via associations with self-reported physical and mental health and health-related quality of life in Gulf War veterans.

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T01-04

assess

Assessment of Social Support Among Veterans with Military-Related PTSD*Daniels, Lori, PhD, Department of Liberal Arts, Hawaii Pacific University*

This study is the first to psychometrically evaluate a measure of current social support for use among war veterans diagnosed with PTSD. Numerous studies in the past 20 years have found an inverse correlation between social support and post-traumatic stress disorder (PTSD). However, the social support literature is encumbered by a wide-spread inconsistency of social support measurement, with many studies not using existing validated measures. Identifying a valid social support measure with clinical utility among veterans diagnosed with war-related (PTSD) would be a helpful resource for clinicians. Using data from 689 veterans seeking treatment from a VA PTSD program, the reliability, factor structure, and construct validity of the Social Support Questionnaire (SSQ; Sarason, Levine, Basham, & Sarason, 1983) were evaluated. The hypothesis of this study was based on the theoretical assumption that social support (as measured by the SSQ), would be inversely correlated with severity of PTSD symptoms (as measured by the Mississippi Scale for War-related PTSD; Keane, Caddell & Taylor, 1988) and depression (as measured by the Beck Depression Inventory; Beck, 1961). Findings from correlation and factor analyses are presented, as well as numerous implications for research and clinical practice.

T01-05

assess

Evaluating the Cultural Validity of a Trauma History Measure (SLESQ)*Green, Bonnie, PhD, Department of Psychiatry, Georgetown University Medical School; Chung, Joyce, MD, Department of Psychiatry, Georgetown University Medical School; Daroowalla, Ana, PhD, Kingsbury Center, Washington, DC; DeBenedictis, Caroline, University of Pennsylvania; Krupnick, Janice, PhD, Department of Psychiatry, Georgetown University Medical School*

Most measures of psychological trauma have not been evaluated for their cultural validity with poor and minority populations. We used a tripartite process of evaluating the cultural validity of the Stressful Life Events Screening Questionnaire (SLESQ; Goodman et al., 1998). Three focus groups included 17 low-income African American women recruited in primary care. An additional 20 women from similar settings completed individual cognitive interviews about the SLESQ, giving feedback on individual questions. Finally, 18 reliability tapes of the baseline interview from a depression treatment study with a similar population were reviewed for deviations of wording during SLESQ oral administration. Focus group data generally showed similar language to refer spontaneously to traumatic events, and tended to identify SLESQ events as traumatic. Events experienced as traumatic but not covered on the SLESQ included miscarriage/abortion, homelessness, and joblessness. In the cognitive interviews, most of the SLESQ items were well understood, but criticisms of the style of certain questions were noted, as well as content problems with two questions. Tape reviews indicated little modification of the wording by interviewers. They did use tone and stress of words to comport meaning, and one item was often reworded for administration. The interview will be revised accordingly.

T01-06

assess

The PDI Self-Report Version in French-Speaking Traumatized Subjects*Jehel, Louis, MD, PhD, University Hospital (AP-HP); Brunet, Alain, PhD, Douglas Hospital Research Centre; Paterniti, Sabrina, MD, PhD, AP-HP; Louville, Patrice, MD, AP-HP; Guelfi, Julien, Pr, CMME*

Objectives : Based in recent studies peritraumatic distress is a risk factor for PTSD. The Peritraumatic Distress inventory (PDI) is a short questionnaire that measures an intensity of immediate distress reaction at the time of traumatic event. The goal of this study is the validation of the French Version of PDI. Method: 127 subjects recruited in French psychiatry Consultations were assessed during the first consultation and 3 months later. The Impact of Event Scale (IES-R) the Peritraumatic Dissociative Experience Questionnaire (PDEQ) and the General Health Questionnaire (GHQ12) were administered. The PDI and GHQ were administered again 3 months after baseline. Results: Convergent validity revealed significant correlation with IES-R and PDEQ. The Cronbach's alpha (0.83) indicate a high internal consistency. The PDI showed satisfactory test-retest reliability with intraclass correlation 0.79 in an confidence interval 0.61-0.89. Principal Component proposed two dimensions as in the English version. Conclusions: These results showed satisfactory psychometric qualities. The factory analyses are near as the English version. The PDI is an interesting tool to measure emotional response in French Speaking victims.

T01-07

assess

Psychological and Neurocognitive Sequelae in Persian Gulf Veterans*Knight, Jeffrey, PhD, National Center for PTSD, Boston DVAMC; Samper, Rita, National Center for PTSD, Boston DVAMC; Vogt, Dawne, PhD, National Center for PTSD, Boston DVAMC; King, Lynda, PhD, National Center for PTSD, Boston DVAMC; King, Daniel, PhD, National Center for PTSD, Boston DVAMC; Foy, David, PhD, Pepperdine University; Pless, Anica, National Center for PTSD, Boston DVAMC; Chrysos, Elisa, National Center for PTSD, Boston DVAMC*

Relationships between neurocognitive problems (NC: attention-concentration, executive functions, and memory skills), and PTSD, depression, general anxiety, and current physical problems were examined using telephone survey data systematically collected from a large, national sample of PGW veterans (n=317) during the cross-validation of a self-report measure of psychosocial risk and resilience factors. Internal consistency of individual scales was high (.89-.98). Self-reported NC symptoms were significantly correlated with PTSD, current Physical Symptoms and Negative Affect (.72, .59, .62, respectively). Anxiety, and Depression symptoms correlated with PTSD (.79, .74). Perceived exposure to Nuclear-Biological-Chemical agents and to Threat showed lower associations with PTSD (.45, .41). Patterns of correlations among NC subdomains and PTSD B, C, and D criteria revealed relatively higher associations: a) between D Criteria and Executive Functioning, b) between C Criteria and Attention/Concentration, and c) no relative differences across B, C, and D with Memory functioning. Although subgroups analyses suggested the presence of a group that was high on all symptom measures, stronger relationships found between PTSD and psychological factors than between PTSD and physical symptoms point to a constellation of psychological and neurocognitive sequelae rather than a generalized symptom reporting bias. Additional patterns among these variables will be discussed.

T01-08

assess

Context of Data Collection Affects Reported Distress After Assault

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

Examined the effects of a procedural change in the collection of the Trauma Symptom Checklist for Children (TSCC) on the self-reported rates of distress among adolescent victims of community violence. For Group 1, the TSCC was administered during the first home visit following a pediatric emergency department visit for an assault-related injury. Other family members were typically present while the youth filled out the questionnaire. For Group 2, the TSCC was given at the second home visit in a private session between a therapist and the youth. For Group 1, results were marked by elevated rates of Underreporting (unwillingness to acknowledge common emotional experiences) and only modest clinical elevations. For Group 2, the rates of Underreporting dropped substantially and the levels of reported psychopathology increased dramatically. Obviously, this naturalistic study confounds the presence of potential family observers, early rapport building with the clinician, and length of time since the injury. Results do, however, point to the importance of systematically considering the context of data collection in studies of the reactions to trauma. Information on the setting and procedure of data collection should be routinely included in the study of post-trauma functioning.

T01-09

assess

Quality of Life, Psychological Distress and PTSD in HIV+ Individuals

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

Research has shown that affective and anxiety disorders can have a negative impact on quality of life (QOL), with some of this work specifically examining the effect of posttraumatic stress disorder (PTSD) on perceived QOL. Little is known, however, about the impact of PTSD on QOL in HIV-seropositive individuals, a population previously shown to have diminished health-related QOL related to their medical status, as well as high rates of trauma exposure. The current study examined perceived QOL in HIV-seropositive individuals as a function of PTSD diagnosis. Differences in psychological symptoms were also examined in relation to PTSD diagnostic status, given prior findings demonstrating greater levels of psychological distress, including depression and anxiety, in other PTSD populations. Individuals diagnosed with PTSD were shown to have greater impairment in emotional well-being, social functioning, and general mental health as measured by the SF-36 (all p 's < .05). Participants were also found to have greater interpersonal sensitivity as measured by the Brief Symptom Inventory (BSI; p = .04). However, no significant differences were found in depression, anxiety, paranoid ideation, or on the BSI global severity index. Implications and limitations of the study are reviewed, and directions for future research are discussed.

T01-10

assess

The TSI Validity Scales: How Valid for Combat Veterans?

Nye, Ella, PhD, New Mexico VA Health Care System

Combat Veterans (N=50) diagnosed with Posttraumatic Stress Disorder (PTSD) at the New Mexico Veterans Affairs Health Care System completed the Trauma Symptom Inventory (TSI) as part of a larger study. 80% of the veterans had been awarded service-connected disability for PTSD. Using recommended cut-off scores on the three validity scales of the TSI, 20% of the profiles were invalid. Using more conservative cut-off scores suggested in the literature, 60% of the TSI profiles were invalid. Except in two cases, invalid profiles were the result of elevations on the Atypical Response Scale (ATR). Qualitative data for individual ATR items contributing to scale elevations in the sample is presented. Differences between combat veterans with valid TSI profiles and those with invalid profiles are explored in terms of demographics, military experience, co-morbidity and treatment history. Implications for the use of the TSI with combat veterans are considered.

T01-11

assess

Predictors of Health Service Use in Combat PTSD Patients

Reeves, Andrea, The University of South Dakota; Elhai, Jon, PhD, The University of South Dakota; DeJong, Gary, The University of South Dakota; Butcher, Jimmie, The University of South Dakota; Frueh, B. Christopher, PhD, Medical University of South Carolina

Little is known about health service use predictors among patients diagnosed with posttraumatic stress disorder (PTSD). In this study relevant predictors of service use in a sample of combat veterans with PTSD were examined. Relevant predictors were provided by the extant literature, including sociodemographic variables and psychological test scores. The aim was to find the best predictors of service use among this sample. Archival data were drawn from 74 male combat veterans age 18 or older diagnosed with PTSD at an outpatient Veterans Affairs (VA) Medical Center PTSD clinic. Results show that racial background as well as the MMPI-2 scales Fptsd (a new validity scale for PTSD patients; Elhai et al., 2002) and Paranoia (Pa) were significantly related to PTSD service use, with a significantly higher number of PTSD sessions attended by Caucasians and those with lower scores on Fptsd and Pa. Second, we found no significant predictors of VA primary care utilization. Third, we found that race was significantly related to the number of overall psychiatric medications prescribed (with Caucasians prescribed more), while marital status was related to the number of anti-depressants prescribed (with those currently married prescribed more). Regression findings combining predictors will also be presented.

T01-12

assess

Quality of Life in Dutch New Guinea Veterans with(out) Health Problems

Schok, Michaela, MSc, Veterans Institute, Centre for Research and Expertise

In this study Quality of Life (QOL) between Dutch New Guinea veterans with (n=59) and without health problems (n=93) was compared, and predictors of overall QOL and general health were explored using the World Health Organization Quality of Life assessment instrument (WHOQOL-100). Assessment of QOL emphasizes the individual perception on physical, psychological and social dimensions of health. A stratified sample of 250 male New Guinea veterans was sent the WHOQOL-100 reflecting 57% navy, 39% army and 4% air force personnel. Response was 61% (N=152). Mean age was 64 years (SD = 3.5). New Guinea veterans with health problems scored lower on overall QOL and general health (F(1, 149)=32.18, p <.001), physical health (F(1,149)=48.33, p <.001), psychological health (F(1, 149)=18.96, p <.001), level of independence (F(1, 149)=83.00, p <.001), social relationships (F(1, 149)=7.53, p <.01), and

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environmental features ($F(1, 149)=11.27, p<.01$). QOL domains as level of independence, social relationships, and psychological health proved to be significant contributors to overall QOL and general health in veterans with health problems, explaining 76% of overall variance. Health problems in Dutch New Guinea veterans significantly impair their QOL. Interventions to improve their overall QOL and general health should aim at enhancing their level of independence, social relationships and psychological health.

T01-13

assess

The ProQOL Revision of the Compassion Satisfaction and Fatigue Test

Stamm, B. Hudnall, PhD, *Institute of Rural Health and Department of Psychology, Idaho State University*; Larsen, Debra, PhD, *Institute of Rural Health and Department of Psychology, Idaho State University*; Davis-Griffel, Kelly, *Institute of Rural Health and Department of Psychology, Idaho State University*

Multiple versions of the Compassion Fatigue test (CFST or CSF, Figley, 1995; Figley & Stamm, 1996) have been widely used in assessing compassion fatigue or secondary/vicarious trauma. Subscale psychometric difficulties have been noted (Figley & Stamm, 1996; Jenkins & Baird, 2002; Larsen, Stamm & Davis, 2002). The Professional Quality of Life Scale (ProQoL) is a third revision of the CSF. This revision addresses difficulties separating burnout and secondary/vicarious trauma and reduces participant burden by shortening the test from 66 to 30 items. The revision, based on over 1000 participants from multiple studies, was developed by retaining the strongest, most theoretically salient items. Specifically, items that met both high item-to-scale criteria and were theoretically good representatives of the subscale construct were retained. Quantitative decisions were made using Chronbach's alpha, factor analysis, and multigroup factorial invariance. Each new subscale has 10 items; 7 items from the previous CSF version and 3 new items designed to strengthen the overall theory of the subscale. New items were developed from the most recent literature on burnout and theory relating to compassion satisfaction. The ProQoL now consists of three subscales: Compassion Satisfaction, Burnout, and Compassion Fatigue. Initial data suggest that this subscales have excellent internal consistency.

T01-14

assess

Rates of PTSD and Depression Across Two Domestic Violence Agencies

Wright, David, *University of Tulsa*; Davis, Joanne, PhD, *University of Tulsa*; Inness, Tera, *University of Tulsa*

Interpersonal violence has been deemed one of the most pressing and important public health concerns in the United States, affecting women of all ethnic and socioeconomic backgrounds (Biden, 1993; Koss et al., 1994). One form of interpersonal violence, domestic violence, has many negative sequelae, including depression (Campbell, Kub, Bellcnap, & Templin, 1997; Stein & Kennedy, 2001), post traumatic stress disorder (PTSD) (Jones, Hughes, & Unterstaller, 2001; Morrell & Rubin, 2001; Zoellner, Goodwin & Foa, 2000), as well as a host of other problems (Briere, 1997; American Psychiatric Association, 2000). This study examined the prevalence of PTSD, depression, and trauma-related nightmares in a sample of domestic abuse survivors who were residing in a domestic violence shelter or receiving outpatient services for domestic violence related issues. Initial analyses have shown that PTSD and depression are quite common for domestic abuse survivors, paralleling what Jones, Hughes and Unterstaller (2001) reported in their review of domestic violence and PTSD, namely that rates of PTSD vary depending on the location (i.e., outpatient, shelter). In both settings, rates of depression and the experience of trauma-related nightmares, were significantly correlated with a diagnosis of PTSD.

T02-01

biomed

The Role of the Cerebellum in PTSD Symptomatology: An fMRI Study

Asukai, Nozomu, MD, *Department of Stress Disorders Research, Tokyo Institute of Psychiatry*; Yoshikawa, Kohki, MD, *Department of Radiology, The Institute of Medical Science, The University of Tokyo*; Sugishita, Morihiro, PhD, *Department of Cognitive Neuroscience, Faculty of Medicine, The University of Tokyo*

Accumulating evidences show an important role of the cerebellum in fear conditioning. The aim of our study is to investigate the neural correlates of PTSD symptomatology focusing on the involvement of the cerebellum. We conducted a functional magnetic resonance imaging (fMRI) study on female survivors of the Tokyo Sarin Attack with (N=6) and without (N=8) PTSD by using a video-driven symptom provocation paradigm. Trauma-related activation of bilateral medial supplementary motor area (SMA) (Brodmann's area 4/6) and the cerebellar vermis was significantly greater in PTSD subjects than in non-PTSD subjects. Our findings suggest a new insight that the bilateral SMA and the cerebellar vermis are involved in the neural correlates of PTSD symptomatology.

T02-02

biomed

Neurosteroids and Suicidality in PTSD

Butterfield, Marian, MD, MPH, *Durham VA, Duke University*; Stechuchak, Karen, MS, *Durham VAMC, Institute for Clinical and Epidemiologic Research*; Mackuen, Courtney, *Durham VAMC and Grinnell College*; Davidson, Jonathan, MD, *Duke University*; Kathryn, Connor, MD, *Duke University*; Marx, Christine, MD, MA, *Durham VAMC, Duke University*

Objective: Studies suggest neurosteroids (steroids synthesized de novo in the brain) may be altered in PTSD. It is unclear if these alterations are related to PTSD symptoms. Because high rates of suicidality are noted in PTSD, we examined neurosteroid levels and correlations to suicidality in veterans with PTSD. Methods: Veterans (n=130) with PTSD were consecutively enrolled from a psychiatric inpatient unit. History of suicidal ideation and attempts were assessed. Serum from morning blood draws was used to determine neurosteroid levels across one biosynthetic pathway (dehydroepiandrosterone (DHEA) --> androstenedione --> testosterone --> estradiol) using standard radioimmunoassays. Bivariate associations between neurosteroids and suicidality were examined by Wilcoxon rank sum statistics. Control variables considered in the analyses were age, alcohol use, childhood sexual and physical trauma, and smoking. Logistic regression analyses were conducted. Results: High rates of suicidality were noted: 70% had suicidal thoughts and 25% had attempted suicide. Those who had attempted suicide vs. those who had not demonstrated significantly higher levels of DHEA (16.6 vs 11.7 ng/ml, $p=0.02$) and estradiol (28.2 vs 23.8 pg/ml, $p=0.03$). Younger age was related to having attempted suicide ($p=0.02$); no relationship was observed for smoking status, alcohol disorder or childhood trauma. After adjusting for age in the logistic model, DHEA remained associated with attempted suicide ($p=0.0556$). Conclusions: Higher DHEA levels may be linked to suicidality in veterans with PTSD.

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T02-03

biomed

Cortisol Reactivity to Trauma Scripts in Borderline Personality

Elzinga, Bernet, PhD, University of Leiden, Section Clinical and Health Psychology; Schmahl, Christian, MD, Department of Psychiatry and Psychotherapy, University of Freiburg Medical School; Bremner, Douglas, MD, Departments of Psychiatry and Behavioral Sciences and Radiology, Emory University

Borderline Personality Disorder (BPD) is a highly prevalent condition that has been linked to stressful early life events. Animal studies indicate that early, sustained stress is associated with a chronic dysfunction of the Hypothalamic-Pituitary-Adrenal (HPA) axis with increased reactivity to stress. Therefore, we hypothesized that sustained traumatic stress in childhood affects the reactivity of the HPA-axis of traumatized BPD patients in response to stressful reminders. Cortisol secretion in response to two personalized scripts of traumatic and abandonment situations in patients with BPD (n=7) were compared to those of patients with posttraumatic stress disorder (PTSD) (n=12), and control subjects with an abuse history but no psychiatric disorder (n=12). All subjects reported a history of sexual and/or physical abuse before age 18. Patients with BPD showed the highest cortisol levels following exposure to the trauma and abandonment script compared to PTSD patients and controls. Moreover, in contrast to the other two groups, BPD patients did not show any recovery (i.e., decrease in cortisol levels) after exposure to the scripts. Our findings reveal enhanced cortisol levels following exposure to stressful reminders in BPD compared to PTSD and controls. These findings may further substantiate the trauma-spectrum view of BPD.

T02-04

biomed

Psychophysiological Responses as Treatment Outcome Indicators in PTSD

Griffin, Michael, PhD, University of Missouri, St. Louis; Resick, Patricia, PhD, University of Missouri, St. Louis

There are now a number of treatments for PTSD that have demonstrated efficacy including Prolonged Exposure (Foa et al., 1999) and Cognitive Processing Therapy (Resick et al., 2002). In these studies the outcome measures typically include self-report or interview-based symptom assessments. There is currently very little information about changes in physiological responses as a result of successful treatment. Data will be presented on a treatment study in which both PE and CPT treatments were used in rape and physical assault victims. Specifically, we currently have psychophysiological data on 52 women at pretreatment with follow-up data on 35 women at posttreatment. Data collection is ongoing and we hope to have a larger dataset at the time of the conference. Participants were assessed in a scripted imagery paradigm (adapted from Pitman, Orr, et al., 1987) in which measures of heart rate, skin conductance, and respiration were collected. Additional data were collected in an auditory startle paradigm during which heart rate, skin conductance and eye-blink electromyogram activity were measured. Physiologic data will be analyzed to examine the effect of treatment on physiological responses. The findings will be discussed in terms of the significance of biological measures as indicators of treatment outcome.

T02-05

biomed

Effects of Psychotherapy on Psychophysiological Responses in PTSD

Lindauer, Ramón, MA, MD, Academic Medical Center; Meijel, Els, MA, Academic Medical Center; Olff, Miranda, MD, PhD, Academic Medical Center; Jalink, Margje, MS, Academic Medical Center; Gersons, Berthold, MD, PhD, Academic Medical Center

Purpose: In psychophysiological studies of posttraumatic stress disorder (PTSD), heart rate (HR) and blood pressure (BP) were increased during trauma imagery compared with healthy participants and non-PTSD anxiety disorders. Psychophysiological measures could be used as outcome measures for evaluating treatment effects in PTSD patients. Are psychophysiological responses associated with traumatic memories decreased after successful treatment of PTSD? Method: In a randomized clinical trial, 24 PTSD patients were randomly assigned to a treatment group or a waiting-list group, and controls were traumatized participants without PTSD (n=15). At baseline and after the treatment period (only for PTSD patients), participants listened to scripts (neutral, stressful, and trauma) while psychophysiological measures (HR response, BP response, and STAI-state) were administered. The treatment comprised Brief Eclectic Psychotherapy (BEP). Findings: At baseline, STAI-state scores on the different scripts (p=0.000) and HR response on the trauma script (p=0.023) were increased in the PTSD group compared with the traumatized control group. After treatment, PTSD score (p=0.000), STAI-state scores on the different scripts (neutral p=0.046; stressful p=0.023; trauma script p=0.040), and HR response on the trauma script (p=0.043) were decreased. Conclusions: Psychophysiological responses associated with traumatic memories were decreased after successful treatment and may be useful for evaluating treatment effects.

T02-06

biomed

Childhood Sexual Abuse and Female Physiological Sexual Arousal

Rellini, Alessandra, MA, University of Texas at Austin; Meston, Cindy, PhD, University of Texas at Austin

Based on literature which suggests that childhood sexual abuse survivors (CSA) have higher baseline sympathetic nervous system activity (SNS) than controls, this study examined the impact of SNS activation on the sexual arousal of CSA survivors. Physiological and subjective sexual arousal was measured in CSA women with (n=10) and without (n=8) PTSD during exposure to non-sexual and sexual videos, during hi-SNS or baseline-SNS activity reached through exercise. Consistent with our hypothesis, women with a history of CSA without PTSD showed a decrease in physiological sexual arousal with heightened SNS activity. This is in contrast with findings in sexually functioning women who responded more after heightened SNS and warrants further investigation towards potential physiological moderators of sexual dysfunction in CSA survivors. Interestingly, CSA women currently diagnosed with PTSD showed a different response from CSA women with no-PTSD. Physiological sexual arousal in CSA women with PTSD was substantially elevated with heightened SNS but subjective sexual arousal substantially decreased compared to the baseline-SNS. Also, the relationship between physiological and subjective sexual arousal was weaker compared to the baseline-SNS condition. Further studies are needed to explore the mechanism of the exaggerated desynchrony between subjective and physiological sexual responses in CSA survivors with PTSD.

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T03-01

child

Fear and Unresolved Loss: Reverberations Across Generations

Busch, Amy, MA, University of California, Berkeley; Rifkin, Anne, MA, University of California, Berkeley

The death of a loved person can be a traumatic experience, resulting in feelings of fear and helplessness. While most people eventually recover from loss, others are considered "unresolved" because they display fear when confronted with reminders of the death (Main & Hesse, 1990). Current attachment relationships may trigger memories of the lost relationship. For example, when required to care for her child, an unresolved mother might reexperience memories of the loss and feelings of anxiety and helplessness. As a result, she should have difficulty parenting effectively. To test this prediction, this study examined 74 mothers who had experienced loss and their preschool children. Unresolved loss was assessed using the Adult Attachment Interview (22% of mothers were "unresolved"), and parenting and child outcomes were assessed through observations and achievement tests. As predicted, unresolved mothers displayed more negative and fewer positive parenting behaviors, and their children appeared more oppositional in preschool and had lower academic achievement rates in kindergarten. Unresolved mothers' parenting difficulties were also linked to trends ($p < .10$) toward higher rates of child oppositional behavior and lower academic achievement in 4th grade. Thus, unresolved loss appears to have negative implications for both parenting and children's adjustment across time.

2002 Student Research Award Winner Research Update

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child

School Psychologists Recognize Trauma Reactions in School Children?

Butkerit, Margaret, CSW, CAS, State University of New York at Albany

Most traumatized children exhibit learning and/or behavioral problems. Over time these symptoms can retard or impair development, thereby creating emotional, behavioral, and/or learning disabilities. Trauma related impairments significantly reduce a child's quality of life and can lead to school-based accommodations that are costly to schools and society-at-large. School psychologists are in a unique position to help traumatized children by identifying them and referring them for trauma-specific treatment. Are school psychologists adequately trained to provide this service? This study used a factorial mail survey to measure the trauma-specific assessment skills of school psychologists. The survey was composed of three vignettes that varied by type of trauma endured (i.e., sexual abuse, domestic violence, and car accident). This created a within-subjects variable. Respondents were randomly assigned to low-, medium-, or high-information versions of the vignettes. This created a between-subjects variable. Thirty-five percent of the 344 respondents failed to recognize trauma in at least one of the experimental conditions. Most respondents use unstructured interviews (42.7%) and behavioral observations (20.3%) when conducting trauma-specific assessments. Only 1% of respondents use trauma-specific assessment instruments. Trauma-specific training was significantly correlated (.19) with trauma recognition, however most respondents did not receive enough training to insure assessment competency.

T03-03

child

Witnessing Physical and Psychological Domestic Violence: Child Outcome

Clarke, Stephanie, National Center for PTSD, VA Boston Healthcare System; Koenen, Karestan, PhD, National Center for PTSD, VA Boston Healthcare System; Taff, Casey, PhD, National Center for PTSD, VA Boston Healthcare System; King, Lynda, PhD, National Center for PTSD, VA Boston Healthcare System; King, Daniel, PhD, National Center for PTSD, VA Boston Healthcare System

More than 10 million children in the United States are exposed to violence between their parents each year (Straus, 1992). Such violence often co-occurs with psychological abuse and high levels of non-violent conflict. Although psychological abuse between partners is more prevalent than domestic violence, researchers have not examined whether exposure to such abuse has adverse effects on children's behavior, independent of the effects of witnessing violence. To address this issue, we examined the relationship between domestic violence, psychological abuse, and children's internalizing and externalizing problems in the families of the male veterans ($n=376$; $n = 470$) who participated in the comprehensive National Vietnam Veterans Readjustment Study (NVVRS; Kulka et al., 1990). Our results show that psychological abuse between parents is more strongly related to child problems than witnessing domestic violence. Furthermore, the association between witnessing psychological abuse and child problems is partially mediated by the effect of psychological abuse on the mother's level of distress. Exposure to psychological abuse appears to have unique direct and indirect effects on child problems.

T03-04

child

Post-Disaster Child Mental Health Screening: Barriers/Recommendations

Geddie, Lane, PhD, University of Dayton; Smith, Angela, PhD, Marriage & Family Therapy Program, East Carolina University; McCammon, Susan, PhD, Department of Psychology, East Carolina University; Mega, Lesly, MD, Department of Psychiatry, East Carolina University

A multidisciplinary group (psychology, marriage and family therapy, child psychiatry) shares "lessons learned" from a school-based post-disaster screening effort. An initial screening, follow-up evaluation of indicated students, and a psychoeducational intervention were offered following a natural disaster. This poster draws from our experience following Hurricane Floyd, as well as the child trauma screening literature. The pros and cons of formal screening, barriers to conducting school-based screening, and recommendations for successfully implementing a screening program will be addressed. The discussion of barriers will include the concept that children in need can be easily recognized, the belief that asking about feelings/reactions will contribute to creating distress, and the pressure to meet physical needs before mental ones. The mechanics of implementing a screening program include additional barriers: deciding on an appropriately normed screening instrument; obtaining parental consent; identifying and training personnel to administer measures; and the time lag between administering, scoring, and providing an appropriate intervention. Suggestions for successful implementation of a screening program will require advance preparation for a disaster: preselected instruments and advance permission for screening; preparation programs for school personnel and administrators; and endorsement from relevant national organizations for screening programs and monetary support for implementation.

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T03-05

child

Predicting Posttraumatic Stress in Parents of Acutely Burned Children

Hall, Erin, MA, Boston University Medical Center, National Child Traumatic Stress Network; Saxe, Glenn, MD, Boston University Medical Center, National Child Traumatic Stress Network; Stoddard, Frederick, MD, Shriners' Burns Hospital; Lopez, Carlos, MD, Boston University School of Medicine, National Child Traumatic Stress Network; Kaplow, Julie, PhD, Boston University School of Medicine, National Child Traumatic Stress Network; Koenen, Karestan, PhD, National Center for PTSD, Bronx VA Healthcare System; Bartholomew, David, Boston University School of Medicine, National Child Traumatic Stress Network; King, Daniel, PhD, National Center for PTSD, Boston VA Medical Center; King, Linda, PhD, National Center for PTSD, Boston VA Medical Center

Research indicates that parents develop posttraumatic stress symptoms following a medical trauma endured by their child. The goal of the current study was to prospectively examine parents' posttraumatic stress symptoms 3 months after their child was hospitalized for an acute burn. It was hypothesized that familial factors, the child's psychological functioning, and objective trauma-related factors would contribute to the parents' symptoms. Twenty-four parent-child dyads were assessed via semi-structured interviews and self-report questionnaires during the child's hospitalization and again three months later. Preliminary data demonstrates strong bivariate relationships between parents' PTSD symptoms and objective trauma variables, such as length of stay ($r=.57$, $p<.005$) and total body surface area burned ($r=.52$, $p<.01$). Parents' posttraumatic stress symptoms were also significantly correlated with children's self-reported pain ($.79$, $p<.001$), anxiety ($r=.51$, $p=.01$), posttraumatic stress symptoms ($r=.49$, $p<.05$), and the parents' self-report of family strains ($r=.54$, $p<.01$). These results suggest that parents develop posttraumatic stress symptoms in response their child's injury. It may be useful to take into account parents' symptoms in the design of interventions for children with PTSD following a medical trauma.

T03-06

child

Child's Reaction to Traumatic Events Scale: Sensitivity and Specificity

Jones, Russell, PhD, Virginia Tech; Fletcher, Kenneth, PhD, University of Massachusetts; Ribbe, David, PhD, Crossroads

This presentation outlines the steps taken in developing the Child's Reaction to Traumatic Events Scale (CRTES). This scale is a revision of Horowitz's Impact of Events Scale, which has been used to study children exposed to catastrophic events. It is a 15 item self-report measure designed to assess psychological responses to stressful life events. Initially modified for children by Jones (HIES-C), the scale targeted the Intrusion and Avoidance criteria of DSM 3-R and was derived from statements most frequently used by people to describe serious life events. Data using the CRTES with children exposed to wildfire and residential fires are presented. There are 8 avoidance statements (3 avoidance of emotions, 2 thoughts, 1 conversation; 1 avoidance of reminders; 1 disavowal/dissociation) and 7 intrusion statements (4 intrusive thoughts/images; 1 dream; 2 feelings). Findings examining the impact of residential fire on children and their families within the context of Jones and Ollendick's NIMH funded project will be provided. The most recent version of the Child's Reaction to Traumatic Events Scale-Revised (CRTES-Revised), which is a 23 item self report measure designed to assess psychological responses to stressful life events, will be presented. Results of ROC analyses determining levels of distress will be provided.

T03-07

child

Community Violence Exposure: Is Systematic Screening Effective?

Kimball, Timothy, Brigham Young University; Britton, Joshua, Brigham Young University; Layne, Christopher, PhD, Brigham Young University

This study focused on the sensitivity with which a program designed to detect violence-exposed youths detected students exposed to community violence. Thirty one secondary school students referred for violence exposure at a school-based mental health clinic were individually interviewed for violence exposure and associated distress. Twenty four 24 demographically-matched students referred for problems other than violence were interviewed as a "contrast group." Results indicated that members of both groups had extensive histories of community violence exposure. Implications of the findings for systematic screening of youths living in areas visited by high levels of gang-related violence are discussed.

T03-08

child

Post-War Adjustment in War-Exposed Bosnian Youths: An SEM Analysis

Legerski, John-Paul, Brigham Young University; Layne, Christopher, PhD, Brigham Young University; Isakson, Brian, Georgia State University; Saltzman, William, PhD, Long Beach State University; Djapo, Nermin, University of Sarajevo; Kutlac, Milena, University of Banja Luka

This study will examine predictors of long-term (two years post-war) adjustment in a large multi-ethnic sample of war-exposed Bosnian adolescents. More than 1,500 students attending 15 secondary schools located throughout Bosnian and Herzegovina completed a risk screening survey in fall 1997 as part of the UNICEF Psychosocial Program for War-Exposed Adolescents. The survey contained measures of selected pre-war (e.g. marital discord, pre-war trauma exposure), war-time (e.g. harm to family members, displacement, direct war exposure), and post-war stressful life events and circumstances (e.g. living as a war refugee, family disruptions). Measures of post-traumatic stress, depressive, and grief reactions were also included. Structural equation modeling (SEM) will be used to test theorized pathways linking variables existing within the pre-war, war-time, and post-war contexts to indices of long term psychological adjustment as measured two years after the war concluded. Implications of the study for assessment and treatment will be discussed, include the identification of potential etiological and/or maintenance variables that contribute to the perpetuation of war-related distress over time.

T03-09

child

Play Narratives of Critically Ill Children and Their Siblings

Rafman, Sandra, PhD, McGill University Health Centre, Montreal Children's Hospital and UQAM

Recommended interventions for children who face potentially traumatic critical events often include the encouragement of expression through drawing and play. Yet knowledge of the meanings of the representations thus elicited is sorely lacking with the consequent risk of re-traumatization. In this study, we portray and contrast the themes in the play narratives and symbolic representations of two groups of three to six year old children: a) 10 children (3 girls) who are facing life-threatening critical illness or injury and b) 10 siblings (5 girls) of children who are facing or have died as a consequence of such illness or injury. Dominant motifs of recorded play sessions were coded by two sets of experienced clinicians. In large part, the play of the both ill children and their siblings reflected age-typical developmental concerns interacting with medical, familial and peer-related issues. Nonetheless, for both groups, these themes were often overshadowed by the salience of the threat of death. We show how children represent death, and the ambiguous and unpredictable nature and course of illness. Both groups portray

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dilemmas of trust and betrayal as well as issues of protection and aggression. Play features that reflect fragmentation and integration over the course of therapy will be highlighted.

T04-01 **clin res**

Equine Facilitated Psychotherapy for Post-Traumatic Stress Disorder

Allen, Steven, PhD, VA Salt Lake City Health Care System; Overall, James, MD, VA Salt Lake City Health Care System; Kilpatrick, Jeff, LCSW, VA Salt Lake City Health Care System; Hatch, Heidi, RT, VA Salt Lake City Health Care System; Brighton, Mary Lee, Brighton Stables

In this study we examined the utility of Equine Facilitated Psychotherapy (EFP) in the treatment of chronic Post-Traumatic Stress Disorder (PTSD). EFP uses the "soft" techniques of horse training, e.g. "Horse Whispering," to help participants learn to attend to non-verbal behavior, develop a non-threatening approach, develop trust and guide horses. The application of EFP in the treatment of PTSD has not been previously described. Ten veterans in an outpatient PTSD participated an eight-week EFP program. Veterans' functioning in several domains, i.e., PTSD symptoms, sleep, conflict, socialization, was assessed at baseline, completion of the program and 3 and 6 month follow-ups. Seven of eight veterans completing EFP showed an average 10% reduction in PTSD symptom report compared to baseline. Social activities improved an average of 23%. There was no significant change in frequency of arguments or conflicts with others, depression and anxiety scores or sleep quality or duration. Participants uniformly rated their EFP experience as very highly satisfactory. The group aspects of EFP also received positive evaluations. Six-month follow-up suggested previous gains were not sustained. However, one participant maintained his interest in horse training, volunteering and training two horses himself. Further study would include more subjects and controls.

T04-02 **clin res**

Effectiveness of Cognitive and Exposure Treatments in a Group Setting

Castillo, Diane, PhD, New Mexico VA Health Care System

The Women's Trauma Clinic offers comprehensive assessment and outpatient treatment in a series of topic-specific groups for PTSD, while maintaining the integrity of treatment protocols. The assessment includes a semi-structured interview, battery of psychological tests (MMPI2, MCMI2, BDI), and CAPS. The groups include an unstructured initial support group, PsychEd, and groups separating each treatment, into which patients self-select. The groups include exposure therapy in Focus (Foa), cognitive restructuring utilizing Resick's model, behavioral interventions in Skills, and sexual functioning in Sexual Intimacy group. A brief overview of the program will be provided. Preliminary analyses reveal PTSD, with elevations on F,2,8,PK,PS scales of the MMPI2 and elevations on Schizoid/Avoidant scales of the MCMI2. Other analyses show 18% of women selecting exposure therapy (EP), 62% of women choosing other therapy (OT), and 20% electing no therapy (NT). EP/OT groups were significantly higher than NT groups on the CAPS, with OT higher than EP on avoidance symptoms. OT was significantly higher than EP on Anxiety, Depression, and Schizotypal scales, among others. Finally, outcome data for the structured groups, using the PCL reflected significant decreases in PTSD symptoms in the Focus and Cognitive groups, but not in the Skills or Sexual Intimacy groups.

T04-03 **clin res**

Taking Charge: Self-Defense Training as a Treatment for PTSD

Cotton, Ann, PsyD, University of Washington, VA Puget Sound Health Care System; David, Wendy, PhD, University of Washington, VA Puget Sound Health Care System; Simpson, Tracy, PhD, University of Washington, VA Puget Sound Health Care System; Weitlauf, Julie, PhD, Sierra Pacific MIRECC, VA Palo Alto Health Care System

Training in self-defense/personal safety (SD/PS) has been shown to increase independence, confidence, and self-efficacy among community women as well as among a more vulnerable population of visually impaired women and men. However, to our knowledge, SD/PS has not been utilized as a treatment intervention for clinical populations with PTSD. Self-defense training incorporates the benefits of repeated exposure while teaching pro-active cognitive and behavioral responses to feared stimuli and may thus be utilized as an intervention that facilitates emotional and physical re-scripting of and mastery over the trauma. This poster will present the pilot project: "Taking Charge," a 36-hour comprehensive behavioral intervention involving psychoeducation, personal safety, and self-defense training for female veterans with PTSD from military sexual trauma. We will present results of diagnostic and behavioral measures at pre, post, three month and six month follow-up. Results have revealed reductions in avoidance and decreases in PTSD and depression. Based on our results from this pilot project we conclude that specially designed PS/SD programs may serve to be potent therapeutic tool in the treatment of PTSD.

T04-04 **clin res**

Psychoeducational Group Therapy with Spouses of Veterans with PTSD

Dunn, Nancy Jo, PhD, Houston VA Medical Center, Baylor College of Medicine, South Central MIRECC; Chu, Serena, PhD, Houston VA Medical Center, South Central MIRECC, Baylor College of Medicine; Hamilton, Joseph, MD, Houston VA Medical Center, Baylor College of Medicine, South Central MIRECC

Surprisingly, relatively little research has been conducted on structured intervention approaches with families of veterans with PTSD. The main purpose of this VA Health Services Research and Development funded pilot study was to test the viability of a Psychoeducational Group Therapy protocol (PGT; Dunn et al., 2000) with family members of PTSD veterans. Nine spouses of PTSD veterans were recruited through the Trauma Recovery Program at the Houston VAMC to participate in the PGT protocol, conducted in 1-1/2 hour weekly sessions for 14 weeks. Spouses were assessed at pretest and posttest with brief measures of psychiatric symptomatology, caregiver burden, relationship satisfaction, group satisfaction, and knowledge of PTSD and related disorders. Equal numbers of spouses who did not receive PGT completed assessment instruments at similar times pre and post. PGT participants expressed high satisfaction with the therapy, and had statistically significant but clinically minimal decreases in feelings of inadequacy and overall psychological symptoms as compared to the control group. No significant differences occurred in other measures. Similar to our findings with PTSD veterans, the nonspecific treatment effects of PGT make it a good active comparison condition with which to test other interventions.

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T04-05

clin res

Psychiatric Morbidity of MVA Survivors One Year Post-Accident

Freidenberg, Brian, MA, Center for Stress and Anxiety Disorders, University at Albany, State University; Kuhn, Eric, MA, Center for Stress and Anxiety Disorders, University at Albany, State University; Sykes, Mark, MA, Center for Stress and Anxiety Disorders, University at Albany, State University; Malta, Loretta, MA, Center for Stress and Anxiety Disorders, University at Albany, State University; Blanchard, Edward, PhD, Center for Stress and Anxiety Disorders, University at Albany, State University; Hickling, Edward, PsyD, Center for Stress and Anxiety Disorders, University at Albany, State University

Study 1. We assessed 75 survivors of personal-injury MVAs that occurred between one and two years earlier. Those with PTSD had a significantly greater likelihood of suffering from any current mood disorder and current major depressive episode. There was a trend for those with current PTSD also to be more likely to meet criteria for panic disorder. While not significant, 25.5% of those with current PTSD also met criteria for generalized anxiety disorder (GAD) versus only 12.5% of those without current PTSD. Study 2. We assessed 132 survivors of personal-injury MVAs prospectively. Those who continued to have PTSD had a significantly greater likelihood of suffering from any current mood disorder, current major depressive episode, GAD, and any anxiety disorder. In both studies, we found comparable levels of current co-morbid mood disorder (62.7%, 68.4%), major depressive episode (52.9%, 52.6%), GAD (25.5%, 26.3%) and any anxiety disorder (43.1%, 42.1%) for both groups of participants with chronic PTSD. Thus, a sizeable majority of individuals with chronic MVA-related PTSD are likely to have mood disorders and anxiety disorders. It is recommended that clinicians assess for co-morbid conditions when encountering someone with chronic PTSD secondary to an MVA and tailor the overall treatment plan accordingly.

T04-06

clin res

High Risk Behavior Following Trauma: Possible Mediating Variables

Inness, Tera, University of Tulsa; Davis, Joanne, PhD, University of Tulsa; Schneider, Christiane, University of Tulsa; Wright, David, University of Tulsa

The vast amount of research that has been done regarding the relationship between trauma and high risk behavior has primarily been limited to studies of interpersonal violence and combat. Most research has also studied the impact of a particular trauma with the participation in a specific high risk behavior, such as childhood sexual victimization and substance abuse (e.g. Wilsnack, Bogeltanz, Klassen, & Harris, 1997). Therefore, it remains unclear if high risk behaviors are exclusive to victims of these specific interpersonal traumas. This study attempted to identify possible variables that contribute to the relationship between a history of trauma and high-risk behavior, namely the age of the victim at the time of trauma and the type of trauma experienced. Preliminary analyses indicate that the frequency of engaging in high risk behavior differed between the victim and the nonvictim groups. Additionally, differences within the victim group were indicated based on age of the victim at time of trauma, as well as the type of trauma experienced. It is hoped that the identification of specific mediating variables will better allow the increased risk engaging in high risk behavior by trauma victims to be better addressed.

T04-07

clin res

Sleep Disturbance, Insomnia and PTSD: A Study in Progress

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

For most people sleep disturbance following a trauma is transient, for others it can become an enduring problem and is a symptom of PTSD. This study assessed patients following a trauma for insomnia and sleep disturbance using validated instruments. Participants were consecutive road traffic accident survivors, assessed at 6 weeks posttrauma (n = 70), and at 3 months posttrauma (n = 53). At 6 weeks, participants completed the Insomnia Severity Index and Pittsburgh Sleep Quality Index to indicate the extent of sleep problems in the month posttrauma. At 3 months, PTSD was diagnosed with the PTSD Diagnostic Scale. Three months posttrauma, 7 people were diagnosed with PTSD and 41 were not diagnosed with PTSD. There were significant positive correlations between both insomnia, and sleep disturbance at 6 weeks, and PTSD severity at 3 months (p < 0.001). These data support the idea that there is a relationship between enduring sleep problems, measured with validated instruments, and later PTSD.

T04-08

clin res

Domestic Violence Group Counseling Intervention

Lauretti, Jennifer, PhD, Seton Hall University; Palmer, Laura, PhD, Seton Hall University

This study examined the impact of the therapeutic alliance and client motivation for therapy on program completion and changes in self-reported abusive behavior among a sample of 88 adult male domestic violence perpetrators who attended a group counseling program for male batterers. Results revealed evidence of significant differential Group change (completers vs. noncompleters) with regard to treatment outcome, as measured by decreased husband-to-wife psychological and physical aggression. In addition, Internal Motivation for Therapy and a strong Working Alliance were not significantly related to treatment completion. Level of education was not found to be a significant predictor of self-reported changes in abusive behavior (measured by the Conflict Tactics Scale-2). Relationship status was significantly, but marginally, related to only the Negotiation subscale of the CTS-2. It may be hypothesized that there are additional factors related to changes in self-reported abusive behavior that influence program completion. There is considerable variation in the type and duration of treatment currently being employed with domestic violence perpetrators. Group dynamics and exploration of client treatment termination is a potentially fruitful area of inquiry in the quest to improve services with this population.

T04-09

clin res

Telepsychiatry Treatment Outcome Research Methodology

Monnier, Jeannine, PhD, Medical University of South Carolina; Frueh, B. Christopher, PhD, Medical University of South Carolina; Elhai, John, PhD, University of South Dakota; Grubaugh, Anouk, MS, Medical University of South Carolina; Knapp, Rebecca, PhD, Medical University of South Carolina

The use of videoconferencing technology to provide mental health services ("telepsychiatry") offers a potential solution to longstanding problems regarding work force shortages and access to care, especially in remote or rural areas. Empirical studies generally support the reliability of clinical assessments and consumer satisfaction with clinical services provided via telepsychiatry. Furthermore, many descriptive reports of telepsychiatry programs from around the world have been published in the past few years. However, data on treatment outcomes (i.e., randomized clinical trials) from telepsychiatry applications are virtually nonexistent, representing an important gap in the literature. An important methodological decision point in

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developing treatment outcome research is whether to take an efficacy or effectiveness approach to addressing the questions at hand. We review the relative strengths and limitations of each approach as applicable to the current state of the telepsychiatry literature, incorporate the example of an ongoing telepsychiatry treatment outcome study with combat veterans with posttraumatic stress disorder, and discuss implications for future telepsychiatry research.

T04-10 **clin res**

The PTSD Motivation Enhancement Group in a Randomized Control Trial

Murphy, Ronald, PhD, Dillard University; Thompson, Karin, PhD, New Orleans VA Medical Center

Recent findings indicate that veterans in PTSD treatment are frequently unaware or ambivalent about the need to change significant PTSD symptoms and related problems. The PTSD Motivation Enhancement (PME) Group, based on the Stages of Change and Motivational Interviewing approach, is a brief intervention designed to increase awareness of the need to change PTSD-related problems. The rationale for the group is that increased problem recognition will lead to better treatment adherence and post-treatment functioning because patients will perceive treatment as more relevant to them. Previous uncontrolled clinical trials of the PME Group have provided preliminary evidence for its feasibility and effectiveness in modifying beliefs about the need to change PTSD-related problems. In preparation for a MIRECC-funded randomized control trial of the PME Group in a VA outpatient PTSD treatment program, the intervention has been modified based on new findings and clinical experience. The presenters will briefly review the rationale and structure of the PTSD ME Group, and then describe modifications made to the group that aim to increase its effectiveness and ease of implementation. A strategy for assessing the impact of the group, derived from the clinical trial, will also be reviewed.

T04-11 **clin res**

Parental Coping with the Death of a Child and the Marital Relationship

Owada, Setsuko, Kobe Shoin Women's University, Department of Psychology

It is generally conceded that the death of a child has devastating effects on individual, marital, and family functioning. There are various explanations to account for the marital disruption. This study focused on the difference in parental coping, and examined the relationship between parental coping strategies, marital relationship, and psychological distress in Japan. One hundred bereaved parents who had lost their child by homicide completed the Coping Scale, the Dyadic Adjustment Scale, the General Health Questionnaire, and the Impact of Event Scale. Main results were as follows: 1) Five coping strategies were found by factor analysis, i.e., "intra-family communication", "seeking support", "positive acceptance", "avoidance of painful feelings" and "denial of loss of a child". 2) "Seeking support" was more frequently used by mothers than fathers. 3) Parents who frequently used "intra-family communication" showed the highest scores of marital relationship. 4) Regression analyses indicated that, among fathers, marital relationship significantly predicted lower psychological distress, while restraint coping strategies (avoidance, denial) predicted psychological distress. On the other hand, among mothers, only marital relationship significantly predicted lower psychological distress. Implications of these findings on the possibilities of support for bereaved parents will be discussed.

T04-12 **clin res**

Risk Factors for Partner Violence Among Male Combat Veterans

Pless, Anica, VA Boston Healthcare System, National Center for PTSD; Taft, Casey, PhD, VA Boston Healthcare System, National Center for PTSD; Koenen, Karestan, PhD, VA Boston Healthcare System, National Center for PTSD; King, Daniel, PhD, VA Boston Healthcare System, National Center for PTSD; King, Lynda, PhD, VA Boston Healthcare System, National Center for PTSD

An accumulating literature indicates greater partner violence among veterans with PTSD compared to veterans without the disorder. We sought to identify potential war zone-related (combat exposure, atrocities exposure, perceived threat) and family-related (marital adjustment, family adaptability, family cohesion) risk factors for partner violence perpetration among a subsample (n = 109) of men who participated in a national study of Vietnam veterans. Risk factors were compared among three groups: PTSD-positive partner-violent veterans, PTSD-negative partner-violent veterans, and PTSD-positive non-partner-violent veterans. Results indicate PTSD-positive partner-violent veterans were highest on every risk factor of interest. All differences between the PTSD-positive partner-violent group and PTSD-negative partner-violent group were at least marginally significant, with effect sizes (Pearson r) ranging from .29 to .59. Differences between the two PTSD-positive groups (partner-violent versus non-partner-violent) reached statistical significance for marital adjustment (r = .35) and exposure to atrocities (r = .32). Findings suggest that war zone-related experiences and relationship problems serve as risk factors for partner violence perpetration among combat veterans with PTSD. Further, results suggest theoretical models for partner violence specific to combat veterans should be more fully developed and empirically validated.

T04-13 **clin res**

Reducing Treatment-Resistant Social Isolation: PTSD Growth Group

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

Male veterans who complete PTSD group treatment programs frequently remain largely isolated, fail to establish meaningful relationships outside the treatment setting, and eventually return to treatment. The PTSD Growth Group is a 12-session intervention over a 6-month period designed to iteratively (a) increase awareness of the need to actively change PTSD-related social isolation, (b) increase the veteran's hope in his ability to do so, and (c) coach and support active change. Stages of Change and Motivational Interviewing approaches are integrated with strategic goal-setting and problem-solving approaches based on Snyder's (1991) model of hope. We hypothesize that as the agency (goal-directed determination) and pathways (planning of ways to meet goals) components of hope increase, veterans move through the stages of change in a self-reinforcing process that results in increased social interaction, improved quality of life, and decreased dependence on treatment. Preliminary program evaluation data will be presented on the agency and pathways components of hope, social isolation, quality of life, and treatment utilization. Anecdotal examples of patient goal-setting, action plans, and relationship successes will be presented. Plans for further evaluation of this group treatment will also be discussed.

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T04-14

clin res

PTSD and Parenting Satisfaction: A Replication

Samper, Rita, National Center for PTSD, VA Boston Healthcare System; Taft, Casey, PhD, National Center for PTSD, VA Boston Healthcare Systems; King, Lynda, PhD, National Center for PTSD, VA Boston Healthcare System; King, Daniel, PhD, National Center for PTSD, VA Boston Healthcare System

Despite an accumulating body of evidence indicating family problems among veterans with PTSD, little research has focused upon veteran's relationships with their children. Recently, among a convenience sample of Vietnam veterans, Ruscio and colleagues (2002) documented a robust association between avoidance/emotional numbing symptoms and lower parental relationship quality, even when controlling for a number of potential confounding factors. The current study similarly examined the associations between the three PTSD symptom clusters (reexperiencing, avoidance/numbing, and hyperarousal) and parenting satisfaction. We extended the Ruscio et al. (2002) study by: (a) using a sample ($n = 250$) derived from a large, nationally-representative study of Vietnam veterans (Kulka et al., 1990); and (b) controlling for intimate partner violence. Consistent with results from Ruscio et al. (2002), we found the avoidance/numbing PTSD symptom cluster to be the strongest negative predictor of veteran self-reported parenting satisfaction. In fact, this cluster was the only significant predictor of parenting satisfaction, both at the bivariate level ($r = -.30$) and when controlling for depression, alcohol abuse/dependence, and intimate partner violence (partial $r = -.27$). Taken together, the available evidence suggests that emotional numbing symptoms exert a particularly deleterious impact on the relationships between combat veterans and their children.

T04-15

clin res

Efficacy of Relational Treatment for Traumatized Children and Families

Sprang, Ginny, PhD, University of Kentucky; Kaak, Otto, MD, University of Kentucky

This study examines the efficacy of a relational intervention with foster/adoptive parents and children (age 0-5) who have been exposed to trauma and who are experiencing attachment related problems. Driven by a comprehensive biopsychosocial assessment, this intervention is designed to 1) help parents reinterpret behavioral cues in children who fail to elicit nurturance; 2) decrease caregiver discomfort in providing nurturance; and 3) address problems with behavioral, emotional and neuroendocrine dysregulation. Forty parent-child dyads families from the Comprehensive Assessment and Training Services (CATS) program were randomly assigned into one of three treatment groups, using a phased experimental design with multiple measures. Quantitative and qualitative measures were used to determine the impact of the intervention on variables representing family functioning, caregiver stress, and the nature and quality of the attachment relationship. Findings suggest group equivalency on demographic variables and levels of distress that exceed national norms for families without attachment-disordered children. ANOVA and MANCOVA interaction effects and main effects for outcome measures (Parenting Stress Index, Child Abuse Potential Inventory, Family Adaptability and Cohesion Scale-III, Parent-Child Reunion Inventory, the Crowell and Working Model) indicate significant differences in family and relational functioning between groups. Based on the findings, clinical and research implications for targeted subgroups are drawn.

T04-16

clin res

Peritraumatic Dissociation and Psychiatric Distress

Taylor, Wendy, University of Michigan; Pole, Nnamdi, PhD, University of Michigan

Dissociation at the time of a traumatic event (peritraumatic dissociation) is one of the most robust predictors of PTSD symptoms in the extant literature (see Ozer et. al 2003 for review). However, the role of peritraumatic dissociation on other psychiatric syndromes has not been as extensively explored. The purpose of this study was to assess the relationship between peritraumatic dissociation and psychiatric symptomatology in a non-clinical population using the Trauma History Questionnaire-Revised, Peritraumatic Dissociative Experiences Questionnaire, and the Dissociative Experiences Questionnaire-C, along with various measures of psychiatric symptomatology (SCL-90, PCL, CES-D). We found that increased peritraumatic dissociation was correlated with increased PTSD symptoms. Furthermore, even after controlling for PTSD symptoms, peritraumatic dissociation was found to be significantly correlated with all symptom subscales of the SCL-90. Trait dissociation was also significantly correlated with all subscales of the SCL-90 after controlling for peritraumatic dissociation and PTSD symptoms. These findings demonstrate the importance of exploring the relationship between peritraumatic dissociation and psychiatric syndromes other than PTSD.

T04-17

clin res

Memory Intrusions Among Individuals with and Without PTSD

Wajdik, Chandra, University of Washington; Zoellner, Lori, PhD, University of Washington

Individuals with PTSD experience intrusive recollections of the traumatic event long after it occurred. These symptoms cannot be attributed solely to the etiologic trauma since the majority of trauma survivors do not suffer from subsequent PTSD (e.g., Kessler, 1995). Cognitive processing studies suggest that individuals with PTSD may process information, particularly trauma-relevant information, differently than those who do not have PTSD (e.g., Foa et al., 1991). Source monitoring, the ability to avoid blending memories from multiple sources, is a cognitive processing task that may provide insight into retrieval processes. Indeed, elevated source monitoring errors have been detected in trauma survivors with and without PTSD relative to no-trauma controls (Zoellner et al., 2000). In the present study, our main hypothesis is that rates of source monitoring errors will be elevated in individuals with PTSD relative to control groups. Participants complete a modified DRM-based paradigm (Deese, 1959; Roediger & McDermott, 1995), with pre-list prime (negative, neutral) and list emotional valence (negative, neutral, positive) as within-subjects factors. Data will be presented comparing source monitoring error rates in female assault survivors with PTSD, without PTSD, and no-trauma controls. Results of this study may provide insights about how memory retrieval processes relate to PTSD.

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clin res

Acceptance and Commitment Therapy: Treatment for PTSD

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

The concept of emotional avoidance offers organization to the functional analysis of trauma-related problems and lends coherence to understanding sequelae of trauma. Many individuals who have been diagnosed with PTSD are struggling with traumatic memories, painful feelings and unwanted thoughts, often taking great efforts to avoid these private experiences. Avoidance of private internal experience commonly seems to become the goal of many trauma survivors and powerfully impacts individuals diagnosed with PTSD. One therapeutic alternative to experiential avoidance is acceptance. Acceptance can create a new context from which the trauma survivor may view the world and self. If efforts to control private experience are relinquished as a means to mental health, then efforts to take healthy action, while still acknowledging private experience without effort to control, can lead to valued and life enhancing changes. Acceptance and Commitment Therapy (ACT) is one structured intervention that applies acceptance techniques to internal experience while encouraging behavior change that is consistent with individual values. In this pilot investigation we adapted the structured ACT protocol to be applied to groups of patients diagnosed with PTSD. We will present the basic theory and application of ACT. In addition, we will present preliminary assessment results of this intervention.

T04-19

clin res

Exposure Enhancement Group

Zayfert, Claudia, PhD, Dartmouth Medical School; Becker, Carolyn, PhD, Trinity University; DeViva, Jason, PhD, Dartmouth Medical School; Gillock, Karen, PhD, Dartmouth Medical School

Since the efficacy of exposure therapy (ET) for civilian PTSD has been adequately demonstrated, research has turned to whether it can be effectively employed in real world settings. The effectiveness of an intervention is influenced by a variety of factors that ultimately determine whether the intervention is implemented and whether it achieves the desired benefits. Barriers to effectiveness occur at the level of the therapist's decision to utilize the intervention and at the level of the patient's decision to embark on the intervention, adhere to its tasks, and persevere with them for the duration. We will present data that shows that ET can be effective for PTSD in a real world behavior therapy clinic but that effectiveness is markedly diminished by patient drop-out, broadly defined. Thus, the key to enhancing effectiveness may be to develop deliberate strategies to reduce drop-out. One such strategy that we developed, the Exposure Enhancement Group (EEG), complements individual PTSD therapy and aims to increase engagement with ET. Preliminary data shows that EEG is associated with increased adherence to exposure. We will present data here to show that inclusion of EEG with ET for PTSD is also associated with effective outcome.

T05-01

commun

Predictors of Relationship Stability Among Court-Mandated Women

Rhatigan, Deborah, PhD, VA Boston Healthcare System and Boston University Medical Center; Moore, Todd, PhD, Brown University Center for Alcohol and Addiction Studies; Stuart, Gregory, PhD, Brown Medical Center and Butler Hospital; Street, Amy, PhD, VA Boston Healthcare System and Boston University School of Medicine

Nationally representative samples suggest that intimate partner violence involves a considerable amount of bi-directional violence between men and women (see Archer, 2000, for review); however, little is known about its effects on relationship stability. The present study attempted to answer this question by applying an empirically-validated theoretical model of relationship decision-making (i.e., Rusbult's Investment Model, 1980) to 60 women court-mandated for batterers' intervention. Participants completed the Revised Conflict Tactics Scale, Psychiatric Diagnostic Screening Questionnaire, Investment Model Scale, and one-item assessing behavioral intentions to leave relationships. Descriptive data showed that court-mandated women reported comparable levels of physical and psychological abuse perpetration as they did victimization; however, only their victimization scores predicted relationship outcomes. That is, women's physical abuse victimization, after controlling for perpetration, predicted their relationship satisfaction and commitment. Women's scores on psychological abuse victimization demonstrated similar associations with satisfaction, but were unrelated to commitment. Hierarchical analyses showed that women's satisfaction scores fully mediated the association between physical abuse victimization and commitment. Investment model factors and women's commitment demonstrated expected associations with stay/leave intentions; however, depression and PTSD scores did not add significantly to the prediction of stay/leave above and beyond other factors. Research directions and clinical implications will be discussed.

T06-01

culture

Satisfaction with Life of Refugees and Immigrants

Bowen, Neal, PhD, Central Washington University; Rude, Stephanie, PhD, The University of Texas at Austin; Ainslie, Ricardo, PhD, The University of Texas at Austin

The relationship between satisfaction with life, acculturation attitudes and distress generated by trauma was explored in a regression study of a community sample of refugees and immigrants living in Central Texas. Participants came from 9 different countries, with the immigrant group (N = 36) coming from Mexico and the refugees (N = 35) predominantly from Cuba and Vietnam. Most participants were female and married, with an age range of 18 to 73. The Satisfaction With Life Scale was used, while the Los Angeles Symptom Checklist provided a measure of distress generated by trauma. Acculturation attitudes were examined with the Stephenson Multigroup Acculturation Scale, which provides orthogonal measures of orientation towards the ethnic group of origin and towards the dominant, Anglo society in the United States. There were no significant differences between the refugee and immigrant samples on these measures. Distress related to trauma was a significant negative predictor of SWL for refugees ($b = -.63, p = .0003$), but not for the immigrant sample. Similarly, orientation towards the dominant society was a significant positive predictor of SWL for refugees ($b = .41, p = .009$) but not for immigrants. Implications for the organization of social services to immigrants are discussed.

Thursday, October 30

T06-02

culture

Concepts of Development: Pakistan Development Plans and Rural Poor

Hassan, Bushra, MA, *Premier-Kufpec Pakistan B.V.*; Stamm, B. Hudnall, PhD, *Institute of Rural Health, Idaho State University*

Prolonged poverty is a known risk factor for traumatic stress and can in and of itself present life-threatening conditions. This poster reports on a qualitative study of poverty with respect to development planning in Pakistan. The research question for the study asked if the concept of development varied between the poor people in rural areas (RP) and the concepts of the official five year plans (5P). The methodology used focus groups with 54 poor people living in rural communities and policy analyses of the plans. The data showed that a variety of differences exist in how development is perceived by the two. The RP group perceived development negatively while it was considered positive by the 5P; RP viewed development experientially while 5P focused on facts and figures, ignoring psychosocial variables. Taken together, the factors explored may explain why those in the poor rural societies feel dependent, powerless, and isolated, creating social and political alienation from cities, planners, and the government. The two groups of society can be integrated through empowerment, decentralization of development plans, understanding importance of community and values, and enlivening facts and figures with stories to create an experiential embodiment to bridge the gap in society.

T06-03

culture

Service Utilization and Traumatic Bereavement

Marotta, Sylvia, PhD, *The George Washington University*; Erickson, Chris, PhD, *The George Washington University*

This archival exploratory study of traumatically bereaved individuals tests a model of factors that predict the use of grief counseling services in a racially and ethnically diverse community setting. The purposes of the study were twofold: a) to characterize a sample of more than 800 bereaved individuals who identified bodies at an urban morgue in terms of race/ethnicity, socioeconomic status, coping processes, and stressors; b) to test a structural model of service utilization to determine the effects of socioeconomic status on service utilization via a social support pathway. The study examined the extent to which the model was supported across different ethnic groups. A descriptive pre-implementation phase of the project was presented at the ISTSS annual meeting in 2001, under the title, "Reaching across the clinical/research interface: A dialogue about issues." The data will be analyzed with Lisrel. The data collection phase ended in February, and data are still being cleaned; no results are currently available. Conclusions will be provided for researchers, clinicians, and policymakers interested in developing service delivery models that are helpful to individuals who must integrate the experience of unexplained and unpredictable losses in urban settings.

T06-04

culture

Hunger: The Silent Epidemic Among Resettled Refugees and Asylum Seekers

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

After realizing that a patient had not taken medication due to the lack of food, patients seen through the International Mental Health Program at the Boston Center for Refugee Health and Human Rights were systematically queried about food security and housing issues (n=109). One fifth reported having to move from place to place due to the lack of permanent housing. Twenty eight percent described their current neighborhood as somewhat safe, somewhat unsafe, or unsafe. Two or fewer meals were eaten the previous day by 71% of the population. Level of food insecurity in the US approximated pre-departure conditions. Almost half reported having gone to bed hungry once in a while or quite often in the previous two weeks. More than half (51.4%) reported eating less currently in the United States than in the country of origin. These results raise the importance of systematically screening for food insecurity among refugees, asylum seekers, and aslees and making appropriate referrals. Also, medication compliance and therapeutic effect can also be influenced by the availability of food in the home, and should therefore be monitored.

T06-05

culture

Assessment of Ethnographically Diverse Veterans of the Iraqi War

Whealin, Julia, PhD, *Veterans Affairs National Center for PTSD*; Liu, Hsin-Tsin, PhD, *private practice*; Ruzek, Josef, PhD, *Veterans Affairs National Center for PTSD*; Gusman, Fred, MSW, *Veterans Affairs National Center for PTSD*

Culture influences the types of threat perceived to be traumatic and how one interprets the meaning of the trauma and copes with its impact. This poster addresses trauma assessment issues for ethnographically diverse servicemen and women who have participated in the Iraqi War. In addition to war-related trauma, Veterans of diverse background are subject to various stressors related to their ethnicity (Loo, 2001). Minorities serving during the Iraqi War may experience direct racism and prejudice through offensive remarks, crude jokes, and veiled or overt threats. Those who appear as if they are of Arab background may experience added racial prejudice/stigmatization. In addition to racism and prejudice, they may fear harm due to being mistaken for an Iraqi soldier or sympathizer, as has occurred in previous wars (Loo, 1994). Also, those Americans actually of Arab descent and who have strong cultural ties to their "motherland" may feel conflict between their pride of being American and pride related to their heritage. Such individuals may have been subject to pejorative statements about Arabs and Islam as well as devaluation of the significance of loss of life among the enemy. Assessment procedures that address ethnocultural differences in trauma experience(s) and expression will be itemized.

T07-01

practice

Military Sexual Trauma: Overview of Issues

Armstrong, Mary, EdD, *University of Houston*

The fragmenting nature of sexual trauma on the core being of an individual is captured in phrases used to describe the effects, such as "rupture in the fabric of the self", "broken connections", "splintered reflections", and "shattered assumptions". Sexually traumatic behaviors are those intended to humiliate, control, degrade, retaliate, or dehumanize the victim. Military Sexual Trauma (MST) remains a pervasive problem in all branches of the military. Estimates from Defense Department data (1996) indicated that from 4% to 9% of women in four branches of the military reported experiences of

rape or attempted rape that year, representing as many as 10,000 sexual assaults or attempted assaults each year. One to two percent of males in the military are estimated to receive treatment for sexual trauma but data are difficult to obtain. While the prevalence is high, the military setting presents barriers for individuals who seek treatment for MST. Trust and betrayal affect self, career, and organizational issues. Lack of confidentiality, fear of repercussions related to work, promotions, or perceptions, and the rigid hierarchy of power and command complicate reporting and help seeking. This presentation will focus on conditions to encourage support, safety, and integration of trauma in this significant population.

T07-02 practice

Stuffed Animals, Pets, and Dissociation

DeMarni Cromer, Lisa, MS, University of Oregon; Freyd, Jennifer, PhD, University of Oregon; Arakaki, Hilary, University of Oregon

Emotional attachment to pets is empirically related to dissociation (Brown and Katcher 1997, 2001). What about stuffed animals? In a sample of college students (N=300), we found that high dissociators compared to low dissociators more frequently use stuffed animals as friends ($p < .05$), as someone to listen to ($p < .002$), and as a comfort when angry ($p < .05$). In a follow-up study (N=620) we examined the relationship between trauma history, dissociation, stuff animals attachment, pet attachment and pets' impacts on participants' lives. We will discuss various pathways that may relate trauma, dissociation, and attachment to pets and stuff animals.

T07-03 practice

Treatment Issues with Male Survivors of Sexual Trauma

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

Research suggests that at least 9-10% of American men have experienced some form of sexual trauma in their lifetime (Boney-McCoy & Finkelhor, 1996). For decades, many male survivors of trauma remained silent about their abuse histories. Society is slowly beginning to consider these experiences as courageous stories of survival. Although many strides have been made in opening the doors for survivors to share their experiences of abuse, men continue to remain reluctant to speak out and seek treatment. Male survivors of sexual abuse often experience detrimental psychological after-effects including: depression, substance abuse, suicidal thoughts, recurring or intrusive thoughts and dreams, avoidance, and relationship problems. Although common threads exist between the experiences of male and female survivors, many individuals present with dilemmas specific to their gender. Men often encounter unique struggles including concerns regarding manliness, questions regarding their sexual orientation and disruptions in power schemas (McCann & Pearlman, 1990). The current presentation will focus on the impact of sexual trauma on male survivors. Both individual and group treatment approaches will be discussed which highlight issues of gender sensitivity. In addition, case studies will be presented in order to explore the transition from fragmentation to integration, including cases of military sexual trauma.

T07-04 practice

Psychologic Distress in a Private Medical Practice Following 9/11

Horowitz, Mark, MD, Beth Israel Medical Center

According to a variety of surveys conducted after the terrorist attacks on New York and Washington, DC on September 11, 2001, the prevalence of psychologic distress and symptoms of PTSD approached 20%. Populations with a high degree of exposure to the events of that day, particularly those residing near the disaster

sites, were more likely than those with a low degree of exposure to have symptoms of distress and PTSD. Between six and seven months after September 11, 2001, we administered the PTSD Checklist, civilian version, to patients attending a private practice of Family Medicine (n=233) located one-quarter mile from the site of the World Trade Centers (WTC), many of whom observed the events of that day first hand and knew victims of the attacks on the WTC. We report a prevalence of probable PTSD of 20% and 5% one and six months after the attacks, respectively. Factors associated with symptoms of PTSD included proximity to the attacks and female sex.

T07-05 practice

Childhood Abuse and PTSD in Patients with Alcohol Disorders

Johnson, Dawn, PhD, Center for the Treatment and Study of Traumatic Stress, Summa Health System, St. Thomas Hospital; Zlotnick, Caron, PhD, Brown University Department of Psychiatry and Human Behavior; Stout, Robert, PhD, Decision Sciences Institute; Zywiak, William, PhD, Decision Sciences Institute; Schneider, Robert, EdD, Harvard, Vanguard Medical Associates

There is accumulating evidence to suggest that childhood abuse is a risk factor for alcohol disorders. Given the high rates of PTSD among patients with substance use disorders, and that risk for PTSD is significantly increased in those with histories of childhood abuse, it is important to understand the interface between child abuse and PTSD in patients with alcohol disorders. In a sample of 336 patients with alcohol abuse or dependence (245male), this study aimed to examine whether participants with histories of child sexual abuse (CSA) and/or physical abuse (CPA) have a greater severity of alcohol problems and psychosocial morbidity than those without such histories. Additionally, the mediating role of PTSD on CSA and CPA was explored. PTSD strongly related to both CSA and CPA. CSA also significantly related to younger age of onset of alcohol disorder and greater socio-familial difficulties, psychiatric status, and Axis I comorbidity. Significant relationships were also found for CPA and more severe psychiatric status and drinking consequences and greater Axis I comorbidity. Preliminary analyses suggest that PTSD may mediate the relationship between age of onset of alcohol disorder and CSA and that between psychiatric status and CPA. Clinical implications will be discussed.

T07-06 practice

Cognitive Therapy for PTSD: Case Analysis with a Rural Woman Client

Lynn, Ginger, MEd, The University of Missouri, Columbia

Research concerning the mental health status of women in rural America has shown that traumatic events such as child abuse, rape, and domestic violence are prevalent among rural and frontier women. Unfortunately, rural women often face greater obstacles in obtaining needed legal and mental health services than do their urban counterparts. In addition, most treatment outcome research has been conducted in urban and sub-urban communities, with the result that many issues unique to rural women have not been examined in extant treatment protocols. This study describes the successful treatment of a rural woman with a history of child sexual abuse and adult domestic violence and who presented with a diagnosis of PTSD. Treatment consisted of 16 sessions of cognitive-behavioral therapy, with a focus on cognitive re-structuring, anxiety management training and safety planning. The client's symptoms were assessed pre-treatment, immediately post-treatment, and at three-months post-treatment. Issues central to working with a rural woman victim of violence are described, including geographic isolation, the role of extended family/social networks, and traditional gender-role norms.

Thursday, October 30

T07-07

practice

Trauma Symptoms in Locomotive Engineers After Trespasser Deaths*Sherry, Patrick, PhD, University of Denver; Philbrick, Karen, PhD, University of Denver*

A significant number of fatalities are caused by collisions between locomotives and trespassers or vehicles crossing railroad tracks. In many cases locomotive engineers have had several incidents of this sort of the course of their career. Questions about the extent to which symptoms of psychological trauma occur in the railroad employee population remain unanswered. The present study attempted to determine what percentage of the population of railroad employees experienced psychological post traumatic symptoms following railroad grade-crossing or trespasser accidents. A sample of 151 locomotive engineers completed the PCL and a history and demographics questionnaire. Results of the survey indicate that 30.9% of respondents reported being involved in one or more fatalities in over the course of their job tenure. A total of 8% of the sample reported symptom severity levels of 3.0 or above on the PCL. In addition, 54.2% reported high levels of intrusive thoughts, 17.3% report flashbacks, 16.3% reported emotional numbing, and 22.8% reported trouble sleeping. The results suggest the need for further examination of the possibility that members of this occupational group may face a higher degree of exposure to workplace trauma than those in other occupations.

T07-08

practice

Day Treatment Group Psychotherapy in Dutch Veterans with Complex PTSD*Voncken, Karla, MSc, Central Military Hospital, Utrecht, The Netherlands; Meijer, Miranda, MSc, Central Military Hospital, Utrecht, The Netherlands; Unck, Ferdly, MD, PhD, Central Military Hospital, Utrecht, The Netherlands; Vermetten, Eric, MD, PhD, University Medical Centre, Utrecht, The Netherlands*

From 1978 approx 70,000 Dutch veterans have participated in United Nations peacekeeping missions. Most known is the deployment to former Yugoslavia (25,000 deployed). For the Dutch situation, it has become known that veterans with PTSD prefer treatment in centralized Defense related setting. Therefore the Dutch Military Hospital has developed a Day Treatment program for veterans with complex PTSD. An average patient and doctors delay of 9 years complicates treatment. Veterans admit themselves with multilayer problems in a wide range of areas, requiring intensive and long term treatment. Main ingredient of treatment is acknowledgement, safety and personal growth in exposure-based group psychotherapy. Other ingredients are non-verbal therapy (drama, psychomotor therapy), and case management. Veterans participate in this setting one full day a week for a period of approx 18 months. Participating patients can recognize their own symptoms in those of others and learn to tone down their impulsive behavior, inadequate coping and contextualize their personal experience. Spouses and family members are invited to participate at some time points. The therapists' role is to recognize, acknowledge, structure, and coach the person's troubles, problems and pain. Veterans that finished the program improved on multiple domains; some are capable to be successfully deployed again.

T07-09

practice

A Group Model for Treating Military Sexual Trauma in Female Veterans*Wills, Sharon, PhD, Central Texas VHCS, Austin Outpatient PTSD Clinic*

This discussion will present a Cognitive-Processing model for Group treatment of Women who have suffered sexual assault while serving in the military. This model has been adapted for use with women veterans in a group setting from Cognitive Processing Therapy for

Rape Victims – A Treatment Manual by Patricia A. Resick and Monica K. Schnicke, and also utilizes material from McCann & Pearlman, Wills & Goodwin, and Freyd. This model lends itself to 20 weekly 90-minute sessions that aim to repair and rebuild the foundations of psychological development that are fragmented and disrupted by trauma. To minimize the risk of vicarious traumatization, and unproductive exacerbation of the intensity of the group material, all exposure to the details of individual traumatic events is done through writing, which only the group facilitators read. Rule-outs for this group include current suicidality, recent inpatient psychiatric hospitalization for other than medication stabilization, uncontrolled psychosis, uncontrolled dissociative disorders, gross current instability in personal circumstances, cognitive impairment, inability to commit to attendance rules, lack of sobriety, and gross deficits in ego resources. Theoretical foundations of the model will also be discussed.

T08-01

disaster

The Effects of Past Traumas on PTSD Symptomatology Related to 9-11-01*Bennett, Shannon, Boston Department of Veteran Affairs Medical Center and Boston University; Cohen Silver, Roxanne, PhD, University of California, Irvine; Holman, E. Alison, FNP, PhD, University of California, Irvine; Maguen, Shira, Boston Department of Veteran Affairs Medical Center; Litz, Brett, PhD, Boston Department of Veteran Affairs Medical Center and Boston University*

A national probability sample of over 2,000 individuals completed a web-based survey approximately two weeks after the tragedies of 9/11/01 (Silver, et. al., 2002, JAMA, 288). A subset of these individuals completed a follow-up survey at one month, six months, and one year post-9/11. The results of this study (and other epidemiological studies of the effects of 9-11) have revealed steady distress in individuals who were only indirectly exposed to the tragic events of 9/11 (and afterward), via exposure to news media (often in real time). The purpose of this analysis is to examine whether past history of traumatic loss or past history of trauma differentially impacts the indirect mental health effect of the national trauma of 9-11. We will examine the effect of traumatic loss and trauma on PTSD symptomatology using a repeated measures ANOVA design. Traumatic loss and trauma history will be assessed using the Life Events Checklist (LEC). Measures of PTSD symptomatology will be standardized and indexed to 9-11. Limitations of this study will be discussed, as will implications and suggestions for future research.

T08-02

disaster

Innovative Strategies for Reprocessing Memories of Trauma Survivors*Berger, Rony, PsyD, Natal, The Israel Trauma Center for Victims of Terror and War; Larsen, Kenneth, DMin, PhD, New England Baptist Hospital; Lackie, Bruce, PhD, The Black Rock Center for Psychotrauma*

While Americans more recently woke up to the realities of terrorism after 9-11, Israel has been too familiar with this phenomenon for decades. This presentation will address important innovative strategies for identifying and therapeutically responding to only those individuals who are likely to develop PTSD following a catastrophic incident, while respecting those who are able to utilize their natural resources. You will become familiar with the approach used at Natal, the Israeli Center for Victims of War and Terror, and the Traumatic Memory Restructuring (TMR) model. You will also have the opportunity to become familiar with another innovative technique used specifically to centrally reprocess eidetic memories in those who go on to develop PTSD symptoms of recurrent nightmares and intrusive memories associated with catastrophic experiences.

Thursday, October 30

T08-03

disaster

Bombing Terrorism in Nairobi: Dissociation and Numbing over Two Years

Doughty, Debby, PhD, University of Oklahoma Health Sciences Center; Pfefferbaum, Betty, MD, JD, University of Oklahoma Health Sciences Center; North, Carol, MD, MPH, Washington University; Narayanan, Pushpa, MA, University of Oklahoma Health Sciences Center

In 1998, a terrorist bombing of the U.S. embassy in Nairobi killed or injured hundreds. The psychological impact of this disaster was of concern to the U.S. and health care providers in Nairobi. Many Kenyan citizens sought mental health treatment. In this study, we examined 129 Kenyans who sought mental health treatment following the bombing. Variables examined were gender, age, exposure, injuries, initial responses of fear and arousal, and dissociation at the time of the bombing. Other variables, measured two years after the bombing, were posttraumatic stress symptoms (PTSS), numbing symptoms, persistent fears about safety, and functional impairment. Multiple regression analyses revealed that gender, age, and exposure were not related to dissociation, while high levels of fear and arousal were highly related. Two years later, 90% of participants still did not feel safe, with older participants feeling the least safe. Initial fear and arousal, and dissociation were most predictive of PTSS two years later. Injury and dissociation at the time of the bombing, and the level of PTSS two years later were highly associated with numbing symptoms. Functional impairment two years later was most related to injury, initial dissociation, and current numbing.

T08-04

disaster

Urbanicity as a Protective Risk Factor in Disaster

Jones, Cynthia, MA, Columbia University Graduate Student; Bennett, Joan, Columbia University Student

All disasters have the potential to wreak catastrophic consequences on environments and the people in them. Norris and colleagues (2002) identified several risk factors for psychiatric disorders such as PTSD, depression, and generalized anxiety disorder. These include age, experience, marital status, location (developing or developed country) and a number of disaster related stressors such as injury and death. We would like to build on these findings by adding a measure of population density ("urbanicity" or "rurality") as an effect modifier of the disaster's impact on the individual. If local destruction leads to decreases in positive affect as suggested, then the overall effect in a rural community with fewer financial, social, and technological resources, should be greater than in an urban community. It is our argument that social organization and properties of rural communities make them more vulnerable to negative psychological affect following disaster. This is a comparative descriptive analysis of US disasters such as the Oklahoma City Bombing, the September 11th attacks on the World Trade Center, and the flood at Buffalo Creek.

T08-05

disaster

Prospective Assessment of Child and Parent Reactions to Trauma Research

Kassam-Adams, Nancy, PhD, Children's Hospital of Philadelphia; Newman, Elana, PhD, University of Tulsa

Traumatically injured children (age 5-17) and their parents were recruited in the acute medical setting for a prospective study of posttraumatic stress responses. In order to systematically assess participants' views of the research process, the Reactions to Research Participation Questionnaires for Children (RRPQ-C) and for Parents (RRPQ-P) were administered at 2 time points: to 320 children (and parents) completing a research interview within one month of injury (T1) and to 270 completing a follow-up interview six months later (T2). T1 appraisals did not predict retention to follow-up. Reactions

to study participation were largely consistent from T1 to T2. The majority of children and parents reported positive reactions to both interviews. A few children (6% T1; 8% T2) or parents (7% T1; 3% T2) reported feeling upset or sad; this upset was not associated with regret regarding participation. At T1 and T2, younger children were more likely to report feeling upset. At T1 only, children and parents with significant posttraumatic stress were more likely to report upset, and fewer young children reported autonomy in choosing whether to participate in the study. Implications for clinical research with recently traumatized children and parents in the acute medical setting will be discussed.

T08-06

disaster

Innovative Strategies for Reprocessing Memories of Trauma Survivors

Larsen, Kenneth, DMin, PhD, New England Baptist Hospital; Berger, Rony, PsyD, Natal, The Israel Trauma Center for Victims of Terror and War; Lackie, Bruce, PhD, The Black Rock Center for Psychotrauma

The second part of the presentation will focus on an innovative technique used with injured workers, including a survivor of a mass murder in the workplace. This topic is a compelling one because of the emerging necessity for, and relevance of, a time-effective approach to neutralize emotionally debilitating trauma in the lives of medical patients who need to get beyond such trauma history in order to more fully heal, rehabilitate, and return to function. Eidetic Memory Reprocessing (or the "Trauma Theatre") may give us added insight and understanding into how neurolinguistic procedures along with hypnotherapy can be used effectively in the treatment of the emotional and mental impact of both physiological and psychological trauma. The nature of eidetic "rewinding" seems to have a "neutralizing" effect on both affect assignment and cognitive memory coding. EMR serves to neutralize the distressing affect associated with trauma memory. Typical REM activities observed during both phases of this procedure suggest that reorganization of central processes is likely occurring at a fairly deep subcortical level. EMR is a safe method in which trauma memories can be absorbed and metabolized in the body and brain, leading the way for positive reconstruction of attitudes, values, feelings and self-attributions.

T08-07

disaster

Path Analysis of Stress Reactions After the WTC: Social Workers in NYC

Matthieu, Monica, PhD Candidate, Columbia University

The impact of traumatic disasters such as 9/11 and the resulting fragmentation of our nation weighs heavily on the psychological well-being of mental health workers; indeed they are often 'hidden victims' in disaster research. A purposive sample of all 1st year MSW interns at a major university in NYC completed self-report questionnaires four weeks post 9/11 (Hardiness Scale, Crisis State Assessment Scale, Impact of Events Scale). As theoretically predicted, statistically significant correlations were found between gender and psychological distress ($r = -0.21$; $P < 0.01$), hardiness and stress ($r = -0.24$; $P < 0.01$), and crisis state and stress ($r = 0.62$; $P < 0.01$). Path analysis revealed that hardiness and coping strategies operated primarily as intermediary variables between appraisal and acute stress reactions; appraisal emerged as the pivotal variable explaining stress. Using mediational models and multiple regression analyses, hardiness was revealed as a significant mediator between the magnitude of a crisis state and stress. Results add support to theoretical propositions linking personal and contextual resources to mental health-related outcomes and offer insights into specific factors that may affect the well-being of professionals that may respond to the needs of fragmented disaster-affected communities. Integration has to start with us, the helpers.

T08-08

disaster

One Year After 9/11: Prevalence and Predictors of Traumatic Reactions

Rowell, Dianna, University at Albany, State University of New York (SUNY); Kuhn, Eric, MA, University at Albany, SUNY; Gusmano, Rebecca, University at Albany, SUNY; Blanchard, Edward, PhD, University at Albany, SUNY

This study examined the prevalence and predictors of current traumatic reactions one year after the events of September 11, 2001 (9/11). In the fall of 2002, 491 university students in Albany, NY completed a survey prepared for this study assessing exposure to 9/11 and one-year anniversary media coverage, participation in reparative acts, and proximity and connection to New York. Current PTSD and depression were assessed with the PTSD Checklist (PCL) and Beck Depression Inventory (BDI), respectively. Finally, past traumas were assessed with the Life Events Checklist (LEC). The mean PCL score was 27.68 and the BDI average was 6.72. Thirty-nine respondents (7.9%) met criteria for probable PTSD. There were significant differences between those with and without probable PTSD on such variables as average BDI scores, number of victims known, perceived difficulty contacting social supports on 9/11, past depression, and memorial service attendance in 2001 and 2002. Significant predictors of PTSD symptom severity included past depression, past trauma, perceived difficulty contacting social supports, and memorial service attendance following 9/11. These findings suggest a significant portion of the population may be experiencing long-term psychological distress one year after 9/11. The implications of the findings and their relationship to previous research are discussed.

T08-09

disaster

Ethics of Research with Patients Hospitalized for Traumatic Injury

Ruzek, Josef, PhD, National Center for PTSD, VA Palo Alto Health Care System; Zatzick, Doug, MD, Univ of Washington School of Medicine

Research on acute traumatic stress reactions and longer-term adaptation of those receiving hospital treatment for physical injury is rapidly increasing. This presentation reviews issues surrounding the research recruitment of acute care trauma center populations and reports results of two empirical investigations of reactions to research participation among physically injured, hospitalized, motor vehicle accident and assault survivors. Immediately following a one-hour research interview, participants receiving health care treatment in two level 1 trauma centers responded to a subset of Reactions to Research Participation Questionnaire items designed to assess the experience of research participation. Results across the two samples were consistent. The majority of subjects endorsed positive experiences and global satisfaction with research participation. A minority of reported that the research questions made them think about things they did not want to think about, that they experienced unanticipated distress because of participation, and that they felt they could not refuse participation. However, over 95% of patients reported that the benefits of protocol participation outweighed the costs and that in retrospect they would again agree to participate. These results suggest that while a minority of recently injured accident and assault survivors may have difficulties with specific aspects of the research process, the majority is satisfied with their research participation experience.

T08-10

disaster

Afghanistan: Epidemiological Findings from a Mental Health Survey

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Over two decades of armed conflict have caused massive suffering and displacement of the Afghan population. We studied the prevalence of psychological traumatization and other mental health problems in Nangarhar province in eastern Afghanistan. Using a multi-stage cluster survey technique we selected a representative sample and interviewed 1012 persons (73% response rate, 46% male). Part of the interview consisted of the following instruments: Hopkins Symptom Checklist (HSCL-25), Harvard Trauma Questionnaire (HTQ) and some domains of the Symptom Checklist (SCL-90). Preliminary results reveal a PTSD prevalence rate of 12%. Reporting of separate PTSD symptoms, however, was substantially more frequent. Depression and anxiety as represented by mean scores of the HSCL-25 were moderately high (1.73 and 1.86, respectively). In our presentation we will address the survey's set-up, execution and results.

T09-01

train

ISTSS Trauma Training Survey

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The purpose of the Trauma Training Survey project was to identify training opportunities that are currently available in the field of trauma. To achieve this, training providers were surveyed regarding training opportunities offered by their institutions. Respondents were recruited through notices sent to all International Society for Traumatic Stress Studies (ISTSS) members and through an announcement posted on the ISTSS internet website. Email announcements were also sent to other organizations. Respondents completed the survey on-line through the ISTSS internet website. A total of 226 responses were received. After eliminating redundant responses, 187 responses remained. Responses included information regarding degrees offered, type of programs offered, program features, types of trauma being addressed, and trauma populations being served. Of the responding institutions, 108 offer graduate degrees, 79 offer internships or residencies, and 73 offer post-doctoral fellowships. The most commonly offered degrees included Ph.D. (n = 76), MA/MS (n = 46), M.D. (n = 26), LCSW (n = 10), Psy.D. (n = 8), and MSW (n = 7). More detailed summaries of the results will be presented for each level of training: graduate programs, internships/residencies, and post-doctoral opportunities.

Thursday, October 30

T10-01

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Ambiguity Tolerance and Posttraumatic Growth

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Purpose: Research on Posttraumatic Growth (PTG) suggests that personality traits such as optimism and openness to experience enhance growth in trauma survivors. Ambiguity Tolerance (AT) is a personality variable, which has been identified as a moderator between stressful life events and the subjective experience of stress. The purpose of this study was to examine the relationship between exposure to trauma, PTG, and AT. Method: 221 female students were divided into two groups, those exposed to traumatic events (n=138) and those not exposed (n=83). They completed the following questionnaires: Measure of Ambiguity Tolerance, Posttraumatic Growth Inventory, and Traumatic Events Questionnaire. Findings: Results showed a main effect of group (exposure to trauma) and AT on PTG, in that participants exposed to trauma had significantly higher PTG scores. In addition, lower AT was significantly associated with higher PTG. Conclusions: Results suggested that among female students, exposure to trauma was related to Posttraumatic Growth. In addition, the less tolerant of ambiguity a person was, the more she experienced PTG. It is suggested that low AT can be interpreted as a form of distress, and as such, results are in concert with earlier studies showing that a certain amount of distress enhances PTG.

T10-02

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The Role of Maltreatment and Emotion Dysregulation in Dissociation

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Although the relationship between childhood maltreatment and dissociation has been the topic of extensive study, the possible mechanisms underlying this relationship have received limited attention. Given the suggestion that dissociation may function to avoid emotions experienced as intolerable (e.g., Foa & Riggs, 1993), one such mechanism may be emotion dysregulation. That is, childhood maltreatment may increase risk for emotion dysregulation, and consequently, dissociation may function as an attempt to regulate these emotions. Moreover, given evidence that more intense emotions are more difficult to regulate and increase the risk for dysregulation, the interaction of childhood maltreatment and negative affect intensity could further increase the risk for emotion dysregulation and subsequent dissociation. This study examined whether emotion dysregulation mediates the relationship between childhood maltreatment, negative affect intensity, and their interaction, and dissociation. Two hundred and fifty-six female college students completed measures assessing childhood physical and sexual abuse, emotional neglect and overprotection, negative affect intensity, emotion dysregulation, and dissociation. Results indicate that whereas maltreatment and negative affect intensity significantly predicted dissociation, their interaction did not. As predicted, emotion dysregulation mediated the relationship between maltreatment and affect intensity and dissociation. Findings that dissociation may function to regulate emotions have important treatment implications.

T10-03

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Fragmentation and Integration in Children's Play Narratives of Trauma

Rafman, Sandra, PhD, McGill University Health Center, Montreal Children's Hospital and UQAM

Fragmentation in the moral as well as the relational and physical universe characterize children's experience of critical medical, social and political events. As play can reflect both fragmentation and integration, children's play narratives are media par excellence to explore the representations and transformations associated with disruptive events. We hypothesized that a) fragmented moral universe would be reflected in the representations of the children who had encountered such contexts, b) different critical experiences would present socio-moral dilemmas and c) the ability to address these dilemmas would distinguish clinical from non-clinical children. The play narratives of fifty children from community based, prevention and therapeutic settings were recorded and analyzed by two sets of experienced clinicians for dominant motifs. Children come from contexts of war, parental loss or sibling loss and critical illness or injury. Dilemmas related to good and evil, trust and betrayal, protection and aggression are prevalent in children's representations. Roles of perpetrator, victim and witness shift rapidly as moral ambiguities permeate fragmented scenes for war-bereaved children. The ability to assign non-fragmented and coherent socio-moral meanings to the experiences often distinguishes clinical from non-clinical outcomes. The role of the moral dimension in the evolution of play representations from fragmented to integrated narratives over the course of therapy will be illustrated.

T10-04

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Psychosocial Moderators of Physical Health and PTSD

Wolf, Erika, National Center for PTSD, VA Boston Healthcare System; Bedard, Michele, National Center for PTSD, VA Boston Healthcare System; Fisher, Lisa, PhD, National Center for PTSD, VA Boston Healthcare System; Niles, Barbara, PhD, National Center for PTSD, VA Boston Healthcare System

The association between physical health and PTSD has received much attention in the literature, however less is known about factors that might mediate or moderate this relationship. The present investigation examined the main effects and the interactions of self-reported physical health symptoms (breathing, heart, gastrointestinal problems, pain, and non-specific somatic sensations), depression, and social support as predictors of PTSD severity in a sample of 272 male veterans with symptoms of PTSD. PTSD severity was significantly correlated with each physical health symptom cluster, depression, and social support. However, multiple regression analyses indicate these variables are not uniquely associated with PTSD. Specifically, results indicate that pain is the only health variable uniquely associated with PTSD ($\beta = .12, p = .021$), as all other health variables are accounted for by depression. Social support (smallest $\beta = -.12, p = .059$), depression (smallest $\beta = .41, p < .001$), and the interaction of social support and depression (smallest $\beta = .16, p = .006$), significantly predicted PTSD. These results have important implications for the understanding of psychosocial moderators of PTSD and fit well with the evolving literature on the comorbidity of pain and PTSD. Treatment implications will be discussed.