

Concurrent Session 5
Friday, November 6
8:00 a.m. – 9:15 a.m.

Symposium

Current Findings on Barriers to VA Health Care Use

(Abstract #870)

Symposium (Prev El/Mil Emer) Peachtree B/C - 8th Floor

Dutra, Lissa, PhD¹; Vogt, Dawne, PhD⁴; Ouimette, Paige, PhD⁵; Whealin, Julia, PhD⁴; Southwick, Steven, MD³

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The number of veterans requiring health care services continues to far exceed the number who seek out and use the health care services available to meet their needs. This fact points to the need for clinicians and researchers to consider current barriers to VA health care use, as well as ways in which these barriers may be addressed. This symposium presents relevant findings from five studies investigating barriers to VA health care use, as well as suggestions for how these barriers may be reduced. The first presentation is on findings from a focus group study examining stigma-related barriers to VA use for OEF/OIF veterans. The second presentation will address gender differences associated with barriers to behavioral health care use for veterans with Posttraumatic Stress Disorder. The third presentation will focus on cultural barriers to VA use for culturally diverse veteran populations. Finally, the fourth presentation will present findings from two studies: one involving the evaluation of a program designed to address barriers to care for 911 infantry soldiers and the second addressing beliefs associated with mental health care use for Reservists and National Guard OEF/OIF veterans.

Stigma-Related Barriers to VA Health Care Use for OEF/OIF Veterans

(Abstract #1142)

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Although there is a nationwide health care system designed to meet veterans' health care needs, many veterans do not seek needed care. Yet, preventative and early intervention health care are crucial to preventing chronic health problems. Thus, it is important to identify factors that influence veterans' use of VA health care and, where possible, intervene to reduce potential barriers to care. The present focus group study examined stigma-related factors that may serve as barriers to VA health care use for OEF/OIF veterans. Forty veteran users and non-users of VA care were asked about stigma-related factors that influence their use of VA care. Overall, results supported a conceptualization

of stigma-related factors that includes concerns about social consequences (e.g., fear that others will think the veteran is "crazy" if s/he uses VA care), feeling that one does not "fit in" at VA (e.g., belief that that the VA is primarily intended for veterans who are older men with severe problems or disabilities), and discomfort with help-seeking (e.g., the desire to "tough it out" due to military training). Results highlight the usefulness of focus groups for obtaining qualitative information about stigma as it relates to VA health care use.

PTSD, Depression and Barriers to Care Among Male and Female Veterans

(Abstract #886)

Ouimette, Paige, PhD⁴; Tirone, Vanessa, BA⁶; Kimerling, Rachel, PhD²; Laffaye, Charlene, PhD³; Vogt, Dawne, PhD⁷; Greenbaum, Mark, MS, MA¹; Rosen, Craig, PhD⁵

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An important concern for the VA has been increasing accessibility of treatment for male and female veterans with Posttraumatic Stress Disorder (PTSD). This study examined reasons for not using health care among veterans with PTSD. A total of 490 VA patients with PTSD were asked about psychological symptoms and reasons for not using care. The latter was measured with three stigma-related factors (concerns about social consequences, not "fitting into" VA care, and discomfort with help-seeking) and two institutional factors (staff skill and sensitivity, and ease of use/availability of services). About half of the sample was male (53%), married (44%), between 20 and 68 years of age, and White. Initial regression analyses suggested that PTSD severity was uniquely associated with concerns about social consequences, discomfort with help-seeking, and greater perceptions that the VA is less accessible. Male gender was significantly associated with discomfort with help-seeking. Of note, depression was uniquely associated with greater concerns about social consequences and perceptions that the VA is less accessible. Future analyses will examine other barriers measures related to PTSD symptoms. The VA's mandate to provide behavioral health services in the primary care setting may decrease stigma and facilitate health care use among veterans with PTSD.

Barriers to Care Among Culturally Diverse U.S. Veterans

(Abstract #1120)

Whealin, Julia, PhD¹; Liu-Tom, Tina, PhD¹; Stotzer, Rebecca, PhD²; Vo, Hoa, PhD¹

¹National Center for PTSD Vaphics, Honolulu, Hawaii, USA

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In general, non-Caucasian individuals in the U.S. who suffer from mental disorders are less likely than Caucasians to receive mental health treatment. A recent report by the U.S. Department of Veterans Affairs indicated that non-Caucasian veterans who suffer from PTSD were less likely than Caucasians to receive VA outpatient treatment. Research on beliefs toward counseling suggests that cultural affiliation moderates attitudes

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about treatment seeking and use of mental health services. Additionally, research shows clients who perceive services as culturally-insensitivity and/or discriminatory are more likely to be suffer from health problems and less likely to return for services. This presentation will draw upon recent research evaluating barriers to care among culturally diverse U.S. veterans. Based upon research findings, suggestions will be provided regarding specific areas relevant to overcoming cultural barriers to care, including cultural knowledge, organizational flexibility, and culturally-appropriate interventions. Additionally, limitations of current research will be discussed.

Reducing Mental Health Barriers to Care for OEF/OIF Veterans

(Abstract #1121)

Southwick, Steven, MD³; Morrissey, Paul, MD¹; Johnson, Douglas, PhD⁴; Pietrzak, Robert, PhD, MPH²; Goldstein, Marc, PhD¹

¹United States Army, Cornwall, New York, USA

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⁴Central Connecticut State University, New Britain, Connecticut, USA

In this presentation, we will discuss barriers to receiving mental health care among symptomatic veterans of Operation Enduring Freedom and Iraqi Freedom (OEF/OIF). We report on two studies, one involving 911 infantry soldiers returning from deployment to Ft. Drum, and the other involving 272 predominantly Reserve/National Guard OEF/OIF veterans in Connecticut who completed a needs assessment study. The first study describes a comprehensive multi-faceted Post-Deployment Wellness Program that was developed at Ft. Drum in response to high levels of combat-related psychological symptoms, in combination with high levels of stigma and barriers to care, as well as limited health care utilization. The Wellness Program addressed organizational, clinician and patient barriers to care. The program resulted in a dramatic increase in mental health care utilization among veterans who screened positive for a probable mental disorder. In the second study, beliefs about psychotherapy and perceived social support predicted stigma and barriers to care. Potential educational interventions targeted toward modifying negative beliefs about psychotherapy and bolstering unit support will be discussed.

Disclosure, Reactions, and Support: Predictors and Consequences Following Sexual Violence

(Abstract #201)

Symposium (Soc Ethic, Clin Res) International C - 6th Floor

Ullman, Sarah, PhD⁴; Littleton, Heather, PhD²; Bryant-Davis, Thema, PhD³; Borja, Susan, MS¹

¹Oklahoma State University, Stillwater, Oklahoma, USA

²East Carolina University, Greenville, North Carolina, USA

³Pepperdine University, Valley Village, California, USA

⁴University of Illinois Chicago, Chicago, Illinois, USA

It is generally accepted that the existence of a strong support network promotes positive adjustment following traumatic events. Additionally, victims of trauma are often encouraged to disclose their experience to others to obtain support. However,

there may also be negative aspects of social support, and disclosure may not always be helpful to victims. For example, trauma victims, particularly victims of interpersonal violence, may receive unsupportive or harmful reactions when they disclose their experience. The presentations in this symposium explore the predictors and consequences of positive and negative support among victims of sexual violence. Issues explored in the presentations include the relationships among social support, self-blame, disclosure timing, positive and negative disclosure reactions, and post-assault functioning. In addition, the role of individual differences and contextual factors, including ethnicity/culture and personality, in moderating these relationships are explored. Results highlight the multi-faceted nature of social support as well as the complex role that social support and disclosure processes play in trauma recovery.

Surviving Sexual Assault: African American Women, Social Support, and Religious Coping

(Abstract #502)

Bryant-Davis, Thema, PhD¹; Ullman, Sarah, PhD⁴; Tsong, Yuying, PhD³; Gobin, Robyn, MS²

¹Pepperdine University, Valley Village, California, USA

²University of Oregon, Eugene, Oregon, USA

³Pepperdine University, Los Angeles, California, USA

⁴University of Illinois, Chicago, Illinois USA

In addition to numerous life stressors, African American women are at increased risk for sexual assault (Kilpatrick, et. al, 2007). Sexual assault can have devastating mental health consequences including but not limited to post traumatic stress disorder (PTSD) and depression. Religiosity and informal social support are two coping strategies often endorsed by African American women (Hage, 2006). The current study builds on these findings to specifically determine the potentially protective role of religious coping and social support for African American survivors of sexual assault. A sample of 495 African American female sexual assault survivors were surveyed about their sexual assault experiences, disclosure, religiosity, social reactions received following assault, and post-assault mental health indicators. The participants were women age 18 and older with unwanted sexual experiences since age 14 who were recruited for a 45-minute confidential mail survey. Two models were examined using structural equation modeling statistical analysis. Results indicated that social support directly contributed to lower levels of PTSD and depression. Conversely increased use of religious coping was associated with higher levels of PTSD and depression. Counseling, research, and policy implications are explored.

An Ecological Consideration of Disclosure Following Sexual Abuse

(Abstract #255)

Borja, Susan, MS

Oklahoma State University, Stillwater, Oklahoma, USA

Children and adults are often encouraged to disclose abusive situations quickly to prevent extended abuse without consideration of the context of the individual making the disclosure or the environment to which they would disclose. In Study 1, data collected among 125 adults who experienced child sexual abuse indicated that those who disclosed early reported worse functioning. However, this relationship was modified by the

family context. Those who perceived highly supportive families experienced similar adjustment, regardless of disclosure timing whereas those who perceived low support were most affected by early disclosure. Study 2 considered the importance of individual characteristics and support received with 35 sexual assault and 51 natural disaster survivors. Results indicate that neuroticism is significantly associated with symptoms of posttraumatic stress disorder, depression, and general distress. Social support had no impact alone but a differential impact on outcomes depending on the survivor's level of neuroticism. These results were consistent for both natural disaster and sexual assault survivors. Disclosure recommendations should consider primarily the individual and their specific traits and needs at the time. Resources may also be devoted to informing communities what is most likely to be helpful in terms of reactions.

The Impact of Support and Disclosure Reactions on Sexual Assault Victims

(Abstract #203)

Littleton, Heather, PhD

East Carolina University, Greenville, North Carolina, USA

Social support is regarded as a highly important predictor of posttrauma adjustment. However, little research has evaluated the relationships among different components of social support and their relationship to adjustment, including evaluating the helpful and harmful aspects of support. In addition, there is a dearth of research evaluating the impact of helpful and harmful aspects of support on victims' adjustment over time. The current study evaluated perceived support and negative disclosure reactions (e.g., being blamed, being stigmatized, having the severity of the assault minimized) as predictors of post assault adjustment in a sample of 262 college rape victims who had disclosed. Of these women, 74 completed a six month follow-up. While cross-sectional analyses supported that both support variables predicted adjustment, longitudinal analyses supported that perceived support and negative disclosure reactions may play unique roles in victims' adjustment over time. Specifically, perceived support significantly predicted depressive symptoms, whereas negative disclosure reactions predicted PTSD symptomatology assault-related coping, and trauma-related cognitions (e.g., self-blame, stigma concerns, negative cognitions about the world). Implications for future research examining the role of different aspects of support in posttrauma recovery are discussed.

Prospective Changes in Attributions of Self-Blame and Social Reactions to Women's Disclosures of ASA

(Abstract #209)

Ullman, Sarah, PhD; Najdowski, Cynthia, BA

University of Illinois Chicago, Chicago, Illinois, USA

Research on recovery from rape has yet to examine how social reactions to victims relate to self-blame following assault. The present longitudinal study examined relations between self-blame attributions and social reactions to disclosure in a community sample of adult sexual assault victims (N = 555), controlling for coping and PTSD symptoms. Cross-lagged panel analysis using structural equation modeling showed that neither characterological self-blame nor behavioral self-blame prospectively related to negative social reactions over the

1-year follow-up period. In contrast, characterological, but not behavioral, self-blame predicted fewer positive reactions over time. Although positive reactions did not reduce self-blame, negative reactions led to greater characterological, but not behavioral self-blame during the course of the study. Coping strategies did not predict self-blame, but did predict negative reactions, and PTSD symptoms predicted revictimization. Positive reactions predicted less revictimization, but neither type of self-blame predicted revictimization. Finally, revictimization predicted more behavioral self-blame and more negative reactions in response to disclosures of earlier assault. Implications for research, treatment, and intervention are discussed.

Including Intergenerational Transmission of Trauma and Resilience in DSM-V

(Abstract #136)

Symposium (Assess Dx, Practice)

International D - 6th Floor

Kudler, Harold, MD²; Sagi-Schwartz, Avi⁷; Yehuda, Rachel, PhD³; Danieli, Yael, PhD¹; Barel, Efrat; PhD⁵; Van Ijzendoorn, Marinus⁶; Bakermans-Kranenburg, Marian, PhD⁴

¹Group Project for Holocaust Survivors and their Children, New York, New York, USA

²Durham VA Medical Center, Durham, North Carolina, USA

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⁴Leiden University, Leiden, Netherlands

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Developmental Psychopathology, Leiden University, Leiden, Netherlands

⁷University of Haifa and The Max Stern Academic College of Emek Yezreel, Haifa, Israel

Traumatic experiences of prior generations may increase the risk and shape the expression of Posttraumatic Stress Disorder in many populations (e.g., descendants of Holocaust survivors, survivors of genocide or other massive human rights violations, war veterans, crime victims, and child abuse victims). Recognizing that examination of preceding generations' trauma exposure yields a more complete assessment of an individual's posttraumatic status and should be documented as a routine part of assessment, the ISTSS Special Interest Group on the Intergenerational Transmission of Trauma and Resilience resolved at the 2008 Annual Meeting to advocate for the inclusion of intergenerational issues in the *DSM-V* section on PTSD. This presentation, which has grown out of that ongoing process, provides an introduction to the broad scientific basis for that recommendation and will, in addition, include new research findings suggesting that resilience may also be transmitted. Implications for *DSM-V* and future directions for research and practice will be considered.

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Holocaust Survivors and Their Offspring: Vulnerability and Resilience

(Abstract # 213)

Sagi-Schwartz, Avi, PhD¹; Yehuda, Rachel, PhD⁴; Bakermans-Kranenburg, Marian, PhD²; Barel, Efrat, PhD³; Van Ijzendoorn, Marinus, PhD²

¹Center for Child Development, University of Haifa, Haifa, Israel

²Centre for Child and Family Studies Rommert Casimir Institute of Developmental Psychopathology, Leiden University, Leiden, Netherlands

³The Center for the Study of Child Development, Department of Psychology, University of Haifa and The Max Stern Academic College of Emek Yezreel, Haifa, Israel

⁴Mount Sinai School of Medicine, Bronx, New York, USA

We raise two questions in our presentation: 1) how do holocaust survivors still show marks of their traumatic experiences, even after six decades? 2) Was the trauma passed on to the next generations? We present three sets of meta-analyses with 1st -, 2nd -, and 3rd -generation to address these questions. For the 1st-generation, 71 samples with 12,746 participants were included. Overall, Holocaust survivors were found to adapt less well than their comparisons, with a higher prevalence of posttraumatic stress, depression and anxiety. However, they did not lag behind their comparisons in other domains (e.g. physical health, cognitive functioning), underscoring both vulnerability and resiliency in survivors. A meta-analysis of 32 samples involving 4,418 second-generation of Holocaust survivors and their comparisons, revealed secondary traumatization effects only in studies on clinical participants, who were stressed for other reasons, but not in a set of adequately designed nonclinical studies. Meta-analytic results of 13 non-clinical samples involving 1012 third-generation participants, showed no evidence for tertiary traumatization. Our findings suggest a remarkable resilience of profoundly traumatized survivors in their parental roles, although they themselves still suffer from the effects of the Holocaust. A bio-psychological stress-diathesis model is used to discuss the findings.

Intergenerational Responses to Trauma: Mediated by Epigenetic Mechanisms?

(Abstract #784)

Yehuda, Rachel, PhD

Mount Sinai School of Medicine; J.J. Peters VAMC, Bronx, New York, USA

For many years, the idea that offspring of trauma survivors could be affected by the experiences or symptoms of parents was discussed in the context of psychoanalytic models that were difficult to incorporate into less theoretical and more empirical and biological models of psychopathology as the field of psychiatry marched on in *DSM-III*, *DSM-IV*, and now, *DSM-V*. In recent years, there has been a resurgence of interest in more fully incorporating intergenerational effects. This stems from a renewed focus on gene x environment interactions, the centrality of early childhood environment, including maternal attachment, and developments in human and translational molecular biological studies that have provided clear mechanisms for such effects. This talk will examine data collected on 2nd generation Holocaust offspring demonstrating evidence of epigenetic transmission of PTSD risk and cortisol-related alterations. We expect to present pilot data from studies of cytosine methylation of the glucocorticoid receptor gene. The discussion will focus on how to incorporate these findings in formulations of the effects of trauma and how to determine which aspects of intergenerational

responses reflect PTSD vulnerability and which reflect resilience (these may observed in at-risk offspring not expressing psychopathology).

Participant Alert: It is potentially distressing to know that the consequences of extreme trauma can persist intergenerationally.

Multigenerational Legacies of Trauma: Future Directions

(Abstract #485)

Danieli, Yael, PhD

Group Project for Holocaust Survivors and Their Children, New York, New York, USA

This presentation will review the focus on multigenerational effects of trauma within the field of traumatology. It will describe its history and its multidimensional and multidisciplinary nature and analyze major questions, obstacles and challenges it has faced. It will emphasize the time dimension in trauma assessment and insist that an approach that examines preceding generations' trauma exposure yields the most complete assessment of an individual's posttraumatic status. Discussing issues reflected in the two preceding presentations, it will map the directions for clinical application, primarily diagnostic and therapeutic, and for research.

Cumulative Trauma in Childhood

(Abstract #256)

Symposium (Child, Assess Dx) International G - 6th Floor

Kisiel, Cassandra, PhD²; Ghosh Ippen, Chandra, PhD⁵; Burkman, Kristine, BA³; D'Andrea, Wendy, PhD⁴; Cloitre, Marylene, PhD¹

¹New York University Child Study Center, New York, New York, USA

²Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA

³Northwestern University, Chicago, Illinois, USA

⁴Trauma Center at JRI, Brookline, Massachusetts, USA

⁵University of California San Francisco, San Francisco General Hospital, San Francisco, California, USA

This symposium will address the effects of cumulative trauma on functioning at different development stages and the potential for increasing difficulties over time, based on three different studies. The impact of cumulative trauma will be described in early childhood, latency age, adolescence, adulthood, and in terms of intergenerational transmission. Presentations will address links between maternal and child cumulative trauma and functioning, and the relationship between complex trauma exposure and complexity of symptom patterns in childhood and adulthood. These studies lend support for the Developmental Trauma Disorder diagnosis as a mechanism for better classifying and understanding these complex response patterns across development.

Cumulative Trauma and Symptom Complexity: Examining the Role of Interpersonal and Childhood Traumas

(Abstract #917)

D'Andrea, Wendy, PhD²; Seng, Julia, PhD, CNM³; Ford, Julian, PhD¹

¹University of Connecticut Health Center, Farmington, Connecticut, USA

²Trauma Center at JRI, Brookline, Massachusetts, USA

³Institute for Research on Women & Gender, Ann Arbor, Michigan, USA

In order to examine the relationship between the developmental onset of cumulative trauma exposure to symptom complexity, 1600 women from a community health sample were surveyed on lifetime traumatic experiences and mental health. Women were recruited who met criteria for PTSD, who had trauma exposure but no PTSD, and who had no trauma exposure. Participants were surveyed via telephone as part of a larger study. Women who had childhood interpersonal trauma including emotional abuse had a greater number of symptoms than those with no trauma, than with childhood non-interpersonal trauma, and than adulthood-only trauma. Symptom complexity increased linearly with the number of types of exposure to childhood trauma. When controlling for exposure to adulthood trauma, childhood interpersonal trauma still significantly predicted symptom complexity. Amongst childhood interpersonal trauma survivors, symptoms of PTSD, depression, dissociation, somatization, and interpersonal sensitivity were frequently endorsed. Taken together, these data support the importance of examining diagnostic categories such as developmental trauma disorder as viable alternative conceptualizations to comorbidity when considering the outcomes of multiple interpersonal traumas in childhood.

Complex Trauma Exposure and Affect Dysregulation in the Development of Risk Behaviors Among Youth

(Abstract #1021)

Kisiel, Cassandra, PhD; Burkman, Kristine, BA; McClelland, Gary, PhD; Griffin, Gene, JD, PhD

Northwestern University Feinberg School of Medicine, Chicago, Illinois, USA

Youth in the child welfare system frequently have complex trauma histories and are at high risk for developing a range of trauma-related responses. Affect dysregulation is increasingly recognized as a core response among youth exposed to chronic, interpersonal trauma which can be associated with cumulative difficulties and risk behaviors over time. This study uses data from the Child and Adolescent Needs and Strengths (CANS), a comprehensive assessment strategy, across several programs within the Illinois Department of Children and Family Services (IDCFS). A sample of 2,070 youth (ages 0-18) will be followed at 6 months (N=1,513), 1 year (N=936), and 2 years (N=337) from entry into the child welfare system. Problems with affect dysregulation including numbing and anger control will be assessed in conjunction with a range of high risk behaviors and other mental health symptoms over time. Preliminary findings indicate that over 80% of youth experienced significant interpersonal trauma, including a range of violent and non-violent trauma experiences. Analyses will determine whether higher levels of affect dysregulation contribute to the development of high risk behaviors including self-harm, physical aggression, sexually reactive behaviors, and substance abuse. Implications for re-

victimization and support for Developmental Trauma Disorder will be discussed.

Links Between Maternal and Child Cumulative Risk and Functioning

(Abstract #829)

Ghosh Ippen, Chandra, PhD

University of California San Francisco, San Francisco General Hospital, San Francisco, California, USA

This study examines the relation between cumulative risk and functioning in a sample of 109 preschool-age child and their mothers referred to treatment following exposure to domestic violence. Two categories of child risk were examined: 1) risk related to impaired maternal functioning (C-MF) and 2) risk related to the child's direct experienced of trauma (C-T). Two categories of maternal risk were assessed: 1) Childhood cumulative risks (M-CCR) and 2) adult cumulative risks (M-ACR). For children, analyses showed that symptoms of PTSD, depression, number of DC: 0-3 diagnoses and total behavior problems were all significantly correlated with C-MF and C-T. Analyses suggest that C-MF may serve as a moderator between C-T and child functioning. For mothers, the data indicate that maternal functioning (PTSD, depression, and global functioning) is associated not only with M-CCR and M-ACR but with C-T. Moreover regression analyses showed that M-CCR and C-T contribute unique variance in the prediction of maternal PTSD. Exploratory analyses suggest that maternal resolution regarding her childhood trauma history may moderate the relationship between M-CCR and maternal PTSD and between M-CCR and mother's reports of child functioning. The link between maternal and child experiences of risk and functioning are discussed.

Advances in Evidence-Based Treatment for PTSD

(Abstract #326)

Symposium (Clin Res, Practice)

Vinings I & II - 6th Floor

Olff, Miranda, PhD²; Ter Heide, Jackie June, MA, MPhil³; Nijdam, Mirjam, MSc²; Guay, Stephane, PhD¹; Mooren, Trudy, PhD³; Kleber, Rolf, PhD⁴; Gersons, Berthold MD, PhD⁵; Marchand, Andre, PhD¹; Landry, Pierre, MD, PhD¹

¹University Du Quebec a Montreal, Montreal, Quebec, Canada

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⁴Utrecht University, Clinical and Health Psychology, Utrecht, Netherlands

⁵AMC Univ of Amsterdam, Centrum 45, Amsterdam, Netherlands

The efficacy of psychotherapeutic interventions in the treatment of PTSD has been sufficiently demonstrated. This symposium is focused on new evidence from randomized clinical trials that examine active treatments for PTSD in various populations, to further develop our knowledge about efficacious treatment strategies.

Friday: 8:00 a.m. - 9:15 a.m.



Preliminary Results of a Randomized Controlled Trial Assessing the Efficacy of Cognitive-Behavior Therapy Combined With D-Cycloserine for Treating PTSD

(Abstract #661)

Guay, Stephane, PhD¹; Marchand, Andre, PhD²; Landry, Pierre, MD, PhD, FRCPC³

¹University Du Quebec a Montreal, Montreal, Quebec, Canada

²University of Montreal, Montreal, Quebec, Canada

³Hôpital Louis-H. Lafontaine, University of Montreal, Montreal, Quebec, Canada

The use of D-cycloserine in combination with cognitive-behavioral therapy (CBT) has been found to facilitate the treatment of OCD, social anxiety and fear of heights. The purpose of this double-blind randomized controlled trial is to assess if the efficacy of CBT for post-traumatic stress disorder (PTSD) can be increased by combining it with D-cycloserine (CBT + D-cycloserine). Forty-eight civilian patients with PTSD aged between 18 and 65 years-old were recruited in the community and were randomly assigned to CBT + D-cycloserine or CBT + placebo. The Clinician-administered PTSD Symptom Scale (CAPS) was used to assess our primary outcomes, PTSD symptoms severity and diagnosis, before and after treatment. Secondary outcomes consisted of self-reported measures of anxiety and depression symptoms. Patients received 12 to 16 sessions of CBT that included psychoeducation, breathing retraining, imaginal exposure, in vivo exposure, and relapse prevention. From session 4, they received 50mg of D-cycloserine or a placebo 1 hour before each session of imaginal or in vivo exposure. Results of this study will be presented for both completers and intent-to-treat samples at post-treatment. Strengths and limitations as well as future directions for research will be discussed.

**“Evidence-Based” Versus “Good Practice”:
The Treatment of Traumatized Refugees
With EMDR**

(Abstract # 406)

Ter Heide, Jackie June, MA, MPhil¹; Mooren, Trudy, PhD¹, Kleber, Rolf, PhD²

¹Centrum '45, Oegstgeest, Netherlands

²Clinical and Health Psychology, Utrecht University, Utrecht, Netherlands

Despite the scientific evidence concerning the efficacy of EMDR in the treatment of PTSD, in clinical practice many clinicians are reluctant to apply EMDR to traumatized asylum seekers and refugees. Because they regard the traumatization of this population as too complex, and for fear of psychological decompensation, they tend to avoid confrontation with traumatic memories and stick to stabilization techniques. In a pilot study with 20 traumatized asylum seekers and refugees, we tested the hypothesis that, in accordance with treatment guidelines, EMDR would be more effective than stabilization in asylum seekers and refugees. Adult asylum seekers and refugees who applied for treatment at Centrum '45, a Dutch national centre for psychological treatment of victims of war and organized violence, were randomly allocated to either 11 sessions of EMDR or 11 sessions of stabilization. PTSD and comorbid symptomatology and quality of life were assessed at pre- and post-treatment and three-month follow-up. In this presentation, the results of this pilot RCT will be discussed. Significant differences favouring EMDR over stabilization were found. Despite several drawbacks,

including a high drop-out and limited clinical improvement, the study design seems feasible with this population.

EMDR Versus Brief Eclectic Psychotherapy in the Treatment of PTSD: A Randomized Clinical Trial

(Abstract #407)

Nijdam, Mirjam J, MSc¹; Olf, Miranda, PhD¹; Gersons, Berthold P.R., MD, PhD²

¹Center for Psychological Trauma, Amsterdam, Netherlands

²University of Amsterdam, Amsterdam, Netherlands

A large number of studies have demonstrated the efficacy of cognitive behavioural therapy (CBT) and Eye Movement Desensitization and Reprocessing therapy (EMDR) in the treatment of posttraumatic stress disorder (PTSD), and meta-analyses have shown similar effect sizes for both treatment conditions. However, less is known about the effectiveness of these treatments in routine clinical care. Therefore, we conducted a randomized clinical trial that compared EMDR (n = 70) to a form of CBT, Brief Eclectic Psychotherapy (BEP; n = 70). Treatment conditions resembled routine care as much as possible. Participants were outpatients who were referred to the Center for Psychological Trauma of the Academic Medical Center with a diagnosis of PTSD after various kinds of type I trauma. Primary outcome was PTSD symptomatology as measured by the Impact of Event Scale – Revised. Other measures that were applied to assess pre-post differences were the Structured Interview for PTSD, Structured Clinical Interview for DSM-IV Axis I disorders, MOS Short Form -36, and Posttraumatic Growth Inventory. Preliminary analyses indicate a significant decrease in PTSD symptomatology for both treatment conditions, with an earlier decrease of symptoms in EMDR compared to BEP. Results of the complete trial will be presented and clinical implications of the findings are discussed.

Mental and Physical Health in Iraq and Afghanistan Veterans: Integration of Care

(Abstract #1090)

Symposium (Mil Emer, Practice)

Augusta I - 7th Floor

Maguen, Shira^{1,2}; Cohen, Beth, MD, MAS^{1,2}; McCaslin, Shannon, PhD^{1,2}; Seal, Karen, MD MPH^{1,2}; Marmar, Charles, MD^{1,2}

¹San Francisco VA Medical Center, San Francisco, California, USA

²VA Medical Center/UCSF, San Francisco, California, USA

Given the high rates of mental health and associated medical problems and functional limitations, new models of care may best meet the needs of our returning Iraq and Afghanistan veterans. We will begin by highlighting unique risk factors for developing mental health problems, with a focus on gender differences. Next, we will examine how mental health disorders affect the prevalence of high-risk health behaviors and related medical conditions, including smoking, obesity, hypertension, high cholesterol, and diabetes. We will also explore the impact of PTSD and co-morbid conditions on functioning and the influence of a motivational enhancement intervention on these variables. Given the increasing prevalence of mental and physical health problems in this group, we will conclude by examining the benefits of an integrated model of primary care, mental health, and social services to improve the delivery and quality of care in our newly returning veterans.

Gender Differences in Iraq and Afghanistan Veterans Enrolled in VA Healthcare

(Abstract #286)

Maguen, Shira^{1,2}; Seal, Karen, MD, MPH^{1,2}; Bosch, Jeane, MPH^{1,2}; Ren, Li, MS²; Marmar, Charles, MD²

¹San Francisco VA Medical Center, San Francisco, California, USA

²University of California, San Francisco, San Francisco, California, USA

An unprecedented number of female veterans have served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF), yet little is known about specific characteristics and mental health conditions of female veterans. We investigated differences in sociodemographic, military-service and mental health characteristics between female and male OEF/OIF veterans. Using Department of Veterans Affairs (VA) administrative data, univariate descriptive statistics and multivariate logistic regression analyses were used to examine gender differences among 329,049 OEF/OIF veterans seeking VA healthcare from April 1, 2002 through March 31, 2008. Female veterans were more likely to receive depression, anxiety and eating disorder diagnoses, whereas male veterans were more likely to receive posttraumatic stress disorder (PTSD) and alcohol or substance use disorder diagnoses. Female and male veterans with proxies of higher combat exposure were more likely to receive PTSD diagnoses. Younger age and being married were associated with a lower prevalence of PTSD diagnoses in women. Identifying and appreciating gender differences in OEF and OIF male and female veterans seeking care at VA will allow for the provision of gender-sensitive prevention and treatment interventions.

The Association of Mental Health Diagnoses With Cardiovascular Risk Factors in Returning Veterans

(Abstract #260)

Cohen, Beth, MD, MAS^{1,2}; Ren, Li, MS¹; Bertenthal, Dan, MPH¹; Marmar, Charles, MD^{1,2}; Seal, Karen, MD MPH^{1,2}

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Studies of veterans from prior wars have found that those with PTSD are at increased risk of developing and dying from cardiovascular disease (CVD). Whether this is due to an increase in traditional CVD risk factors or to other pathways is unknown. In addition, CVD risk has not been examined in the newest generation of veterans. We analyzed data from all Iraq and Afghanistan veterans who were new users of VA healthcare from 10/15/2001 to 9/30/2008, (N=303,526, mean age 31). We used ICD-9 codes from in/outpatient visits to categorize veterans into those with and without mental health diagnoses (MH Dx) and to identify CVD risk factors (hypertension, smoking, dyslipidemia, diabetes, obesity). The prevalence of CVD risk factors was 2.2-3.9 times higher in veterans with MH Dx (all p<.0001). Adjustment for demographic and military factors had minimal impact on these associations. Further adjustment for healthcare utilization reduced effect sizes, but veterans with MH Dx still had significantly higher rates of all CVD risk factors (all p<.0001). Rates in veterans with PTSD were similar to those with other MH Dx. This highlights the need for aggressive prevention and treatment of CVD risk factors in returning veterans, particularly those with mental health conditions.

PTSD Symptoms and Functional Impairment: Impact of Motivational Enhancement

(Abstract #939)

McCaslin, Shannon, PhD^{1,2}; Metzler, Thomas, MA¹; Ren, Li, MS¹; Marmar, Charles, MD^{1,2}; Seal, Karen, MD, MPH^{1,2}

¹University of California, San Francisco, San Francisco, California, USA

²San Francisco VA Medical Center, San Carlos, California, USA

This study examined whether motivational interviewing (MI) leads to improvements in functional status both directly and through reduction in PTSD and co-morbid symptoms. OEF/OIF veterans (N = 181) were enrolled in a randomized controlled trial to examine the effectiveness of MI to enhance mental health treatment engagement. The functional status of patients with versus without PTSD was compared. PTSD positive participants reported significantly greater somatic symptoms, poorer perceived physical health, greater limitation in activities, and were less likely to have full-time employment. Among participants with PTSD, the majority (81%) endorsed 2 or more co-morbid mental disorders conditions. The type of co-morbidity was associated with lower functioning in specific areas (e.g., alcohol use was associated with perceived health; alcohol use and pain were associated with limitations in work; greater depression was associated with increased somatic symptoms). Changes in PTSD and functional status in the MI intervention versus control group were examined at two subsequent time points. Preliminary results demonstrate increased social functioning and a trend for PTSD symptom improvement in the MI group. The potential impact of motivational enhancement techniques on treatment engagement and subsequent impact on PTSD symptoms and related functional impairment will be discussed.

Integrated Co-Located Primary Care and Mental Health Services for Iraq and Afghanistan Veterans

(Abstract #263)

Seal, Karen, MD MPH^{1,2}; Cohen, Greg, MSW²; Shah, Rina, MD^{1,2}; Maguen, Shira^{1,2}; Lawhon, Dawn, PhD^{1,2}; Marmar, Charles, MD^{1,2}

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This study examined whether integrating and co-locating primary care and mental health (MH) services enhanced MH treatment utilization in Iraq and Afghanistan veterans seeking Department of Veterans Affairs (VA) healthcare. Nationwide, of 206,714 Iraq and Afghanistan veterans using VA healthcare for the first time, 22% have received new posttraumatic stress (PTSD) diagnoses, yet only 27% have attended a recommended number of VA MH treatment sessions in the first year of diagnosis. In contrast, Iraq and Afghanistan veterans with new PTSD diagnoses used twice the amount of VA medical (non-MH) services compared to veterans without MH diagnoses. To address barriers to MH care in Iraq and Afghanistan veterans, a clinic was established at a VA medical center to co-locate and integrate primary care and MH services. From 4/1/07 though 12/31/08, of 245 veterans seen in integrated, co-located primary care, 81% received same-day primary care and MH services, whereas of 34 veterans seen in usual primary care, only 27% received same-day MH services

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($p < 0.001$); 41% in usual primary care received MH services within 30 days of the first visit ($p < 0.001$). Integrating and co-locating primary care and MH services may overcome barriers to MH treatment in Iraq and Afghanistan veterans.

Panel Discussion

Resiliency in the Face of Trauma: How People Stand Tall Around the World

(Abstract #90)

Panel Discussion (Disaster, Cul Div) **Peachtree D/E - 8th Floor**

Bonanno, George, PhD¹; Galea, Sandro, MD, DrPH²; Hobfoll, Stevan, PhD³; Saroff, Ortal, PhD; Caspi, Yael, ScD⁴

¹Columbia University, New York, New York, USA

²Rush Medical College, Chicago, Illinois, USA

³University of Michigan, Ann Arbor, Michigan, USA

⁴Rambam University Hospital, Haifa, Israel

The study of trauma has focused on pathological responding, and indeed many people are deeply affected by trauma. The pathways to resiliency are much less well studied or understood and a focus on diagnosis alone only clouds the picture further. The dominant approaches to potentially traumatic events have focused either on pathology or average response, and have assumed a general homogeneity in distribution of responses across time. Further, our understanding on risk and resilience are mainly conceptualized in Western contexts and our understanding is more threadbare in economically challenged regions of the world and outside of Western cultures. Many individuals actually recover quickly from trauma exposure and some remain quite resilient throughout the trauma experience. We will argue that the available empirical and statistical evidence clearly shows heterogeneity in responses across time. We will outline the prototypical outcome trajectories that appear following most potentially traumatic events. This panel will address the issue of risk and resilience in a more balanced manner, and address the adaptability of our state of the art knowledge outside of Western and developed economies. We will present several unique data sets. These include work in Sub-Saharan Africa, Israel, Palestine, and in Hong Kong, as well as looking at data from studies in the U.S. and Europe.

Participant Alert: Pictures of mass casualty instances may be shown and are important to show context but may be upsetting.

Papers

Assessment Studies

International E - 6th Floor

Chair: Daniel Weiss, PhD

University of California San Francisco, San Francisco, California, USA

Personality Subtypes of Adults With Traumatic Childhood Separations From Attachment Figures

(Abstract #792)

(Clin Res, Assess Dx)

Malone, Johanna²; Westen, Drew, PhD¹

¹Emory University, Atlanta, Georgia, USA

²Michigan State University, East Lansing, Michigan, USA

Bowlby (1973) identified childhood traumatic separations from the parent as influencing developmental trajectories. Researchers studying children adopted from Romanian orphanages and the American foster care system have identified biological, psychological, and social correlates of attachment disruptions (see e.g., Dozier et al., 2005, O'Connor et al., 1999). In addition, traumatic separations are associated with a range of psychopathology including internalizing, externalizing, and dissociative symptomatology (Kobak et al., 2001; Vorria et al., 1998). Based on the previous heterogeneous findings, this study utilized a developmental psychopathology framework, and hypothesized that traumatic separations during childhood correspond to developmental pathways to distinct personality subtypes, representative of multifinality. Randomly selected psychologists and psychiatrists provided data on 203 adult patients with histories of traumatic separations. Using a q-sort measure of personality, this study: first, provided a comprehensive portrait of the personality characteristics of adults with histories of traumatic separations; second, used a statistical clustering procedure to identify five distinct personality subtypes: internalizing/avoidant, emotionally dysregulated, hostile/paranoid, psychopathic, and resilient; third, provided initial data to assess the validity of any taxonomic distinctions. The results of this study extend the current understanding of the relationship between of personality and histories of attachment disruptions, and have important clinical implications.

Symptom Severity Across the Anxiety Spectrum: Where Does Principal PTSD Fit?

(Abstract #458)
(Assess Dx, Res Meth)

McTeague, Lisa, PhD¹; Jean-Baptiste, Esther, A.A., BS¹; Lang, Peter, PhD²; Shumen, Joshua, BS²; Laplante, Marie-Claude, PhD¹

¹University of Florida, Gainesville, Florida, USA
²UF NIMH CSEA, Gainesville, Florida, USA

The goal of the current study was to characterize the broad-based symptom profile of PTSD in relation to the entire anxiety spectrum (including depression). Treatment-seeking individuals and controls (N=551) with diagnoses determined via administration of the ADIS-IV completed an extensive battery of questionnaires. The sample consisted of patients with principal diagnoses of PTSD (n=59), specific phobia (n=70), social phobia (n=80), panic disorder with (n=69) and without agoraphobia (n=37), GAD (n=42), OCD (n=38), depression (n=42), and demographically-matched non-exposed (n=50) and trauma-exposed control groups (n=50). Across symptom domains including fearfulness, anxiety sensitivity, trait anxiety, cognitive and somatic symptoms of depression, anhedonia, anger, life events, and illness intrusiveness, PTSD patients as a whole consistently endorsed the greatest symptom severity, often reliably exceeding nearly all other diagnoses. However, when PTSD patients were discriminated according to single versus multiple trauma exposure, the latter group remained at the extreme of the anxiety spectrum with GAD and depression, whereas PTSD secondary to a single trauma was associated with reliably less distress, often endorsing symptoms similar to panic and OCD, intermediate between the limited symptoms of phobias and the pronounced symptom severity of the cumulative trauma PTSD group.

The Impact of Event Scale-Revised: Status After a Dozen Years of Use

(Abstract #372)
Assess Dx, Res Meth)

Weiss, Daniel S., PhD

University of California San Francisco, San Francisco, California, USA

The Impact of Event Scale-Revised (IES-R) has been in the field for 12 years. This paper will present a summary of the extant research that has used the IES-R with attention to the contribution results from the studies have made to cross-national issues of diagnosis and nomenclature as well as the phenomenology of psychological responses to exposure to traumatic stressors. New synthetic findings will support this summary.

Modified Version of the PTSD Checklist, Specific Version (PCL-S-M) Links Symptoms to Specific Trauma

(Abstract #1038)
(Assess Dx, Res Meth)

Charvat, Mylea³; Weiss, Elizabeth, MA, MS²; Beutler, Larry, PhD¹

¹Pacific Graduate School of Psychology Redwood, California, USA
²Stanford University, Fairfield, California, USA
³WR IISC, VA Palo Alto HCS, Palo Alto, California, USA

The PTSD Checklist, Specific Version (PCL-S) has been established as a valid and reliable measure of symptoms and symptom severity tied to a specific event. However, for persons who have experienced multiple traumatic events, important clinical information may not be reported if the client focuses on only one specific traumatic exposure or mingles traumatic events and symptoms. Data were collected from 174 women in a nationwide survey via the internet, in which participants completed the Life Events Checklist (LEC) and a modified version of the PTSD Checklist-Specific (PLC-S-M) that asked participants to "write in" the event relevant to each individual symptom endorsed. Written event responses on the PLC-S-M were coded back to the 17 categories of traumatic events listed in the LEC. Traumatic events were coded for proximity (e.g., "happened to me," "witnessed it," or "learned about it"). Data will be presented on the relationship, if any, between traumatic exposure proximity and resulting PTSD symptoms. Additionally, data will be presented examining the patterns of PTSD symptomatology across the specific and multiple traumatic events endorsed. Data will be analyzed to determine the utility and effectiveness of the PCL-S-M. and the potential usefulness of the PCL-S-M in further research will be discussed.

Papers

Child Studies: I

International F – 6th Floor

Chair: Silje, Ormaugh, MA
NKVTS, Oslo, Norway

Rising Trajectory of Posttraumatic Stress Reactions Among War-Affected Children: Evidence From Rwanda

(Abstract #751)
(Civil Ref, Disaster)

Neugebauer, Richard, PhD, MPH¹; Fisher, Prudence W., PhD²; Turner, J. Blake, PhD²; Yamabe, Saori, MA³; Neria, Yuval, PhD^{1,2}; Gameroff, Marc, PhD^{2,3}; Mack, Renee, MA³

¹Division of Epidemiology, NYS Psychiatric Institute; G.H. Sergievsky Center, Faculty of Medicine, College of Physicians and Surgeons, Columbia University, New York, New York, USA
²Department of Psychiatry, Columbia University, NYS Psychiatric Institute, New York, New York, USA
³Division of Epidemiology, NYS Psychiatric Institute, New York, New York, USA

The secular trajectory of posttraumatic stress symptoms (PTSS) informs planning of post-disaster mental health programs; it may also illuminate factors associated with PTSS course. We test the common assumption that PTSS, when initially markedly

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elevated, declines monotonically thereafter, using data from the National Trauma Survey (NTS) conducted a year after the 1994 Rwandan genocide. The NTS (August-December, 1995) measured exposure to genocidal violence and *DSM-IV* Posttraumatic Stress Disorder (PTSD) symptoms among 942 Rwandan school children aged 8-19. Respondents meeting PTSD symptom criteria were classified as having "probable" PTSD. Analyses adjust for factors, other than elapsed time, e.g., degree of exposure, that contribute to symptom levels. Over 90% of respondents witnessed killings. The "probable PTSD" rate was significantly higher in children interviewed later in the study (61% in the survey's last three weeks vs. 52.7% in the first three weeks, $p < .005$). Possible artifacts, e.g., interviewers' increasing effectiveness in eliciting symptom reports, do not explain these results. These findings of rising symptom levels in the year after genocide should prompt caution among health systems providers when projecting declining need for trauma-related mental health services over time. Factors elevating these rates a year or more after massive violence warrant study.

Parent-Child Transmission of Trauma Stemming From the Khmer Rouge Genocide

(Abstract #804)

(Cul Div, Child)

Muong, Sophear, PhD; Field, Nigel, PhD

Pacific Graduate School of Psychology, Redwood City, California, USA

This study examined the psychological impact of trauma among Cambodian refugees who sought shelter in the United States from the Khmer Rouge genocide (KR) on their American born offspring. Since Cambodian refugees are known to have a high incidence of PTSD and other trauma-related disorders stemming from the KR regime - in which up to 25% of the Cambodian population died during the years 1975 to 1979 - it was expected that this would have a detrimental psychological effect on their offspring, in having grown up with traumatized parents. Specifically, this study sought to address the role of maladaptive parenting styles as a mechanism through which the effects of parents' trauma impacted negatively on their child's psychological adjustment. Thirty-two female Cambodian refugees and their child, aged 14 to 18, were interviewed separately. Measures obtained from the mother included her trauma exposure and trauma symptoms stemming from the KR regime. Measures on the child included the child's assessment of the mother's role-reversing and overprotective parenting styles as well as child symptom measures that included interpersonal problems, anxiety, and depression. As predicted, a significant positive relationship was found between the mother's PTSD symptoms and her child's interpersonal problems, anxiety, and depression. Furthermore, the mother's role-reversing parenting style was shown to mediate the relationship between her PTSD symptoms and the child's anxiety. The results are discussed in the context of the broader literature on second generation effects of trauma stemming from genocide.

Screening Children for Trauma: Is It Unethical or Is It Necessary?

(Abstract # 712)

(Clin Res, Child)

Ormhaug, Silje Morup, MA; Jensen, Tine, PhD

Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway

In order to provide adequate treatment to traumatized children, it is important that the therapist know about the child's traumatic experiences. This is not always the situation as traumas are not always mentioned in the referral. Is screening for trauma experiences thus necessary, or is this unethical and harmful? In an ongoing study in Norway, the effectiveness of a trauma focused treatment (TF-CBT) is explored. As part of this study more than 500 children referred to 5 mental health clinics have been screened for potentially traumatizing experiences. Approximately 1/3 of these children had experienced at least one traumatic incident. The children were then screened for PTSD-symptoms. Many had high scores of PTS, and in around 1/4 of the cases where children present with significant symptoms of PTS, their traumatic experience was not mentioned in their referral. Some had even been in long standing therapeutic relations earlier without telling about their traumas to the therapist. The majority of children and their parents report that they did not react negatively when asked about potentially traumatizing experiences. Some of the children and parents showed signs of distress, and some reported they had found it difficult to talk about, but none reported being re-traumatized.

Trauma in HIV Infected Youth: Traumatic Events and Trauma Symptomatology

(Abstract #718)

(Child, Res Meth)

Woods, Amanda, MA¹; Robbins-Broth, Michelle, PhD²; Snead, Kara, MA²; Cohen, Lindsey, PhD²; Henderson, Sheryl L., MD, PhD¹

¹*Emory University School of Medicine, Atlanta, Georgia, USA*

²*Georgia State University, Atlanta, Georgia, USA*

³*Georgia Gwinnett College, Lawrenceville, Georgia, USA*

Although medical advances have greatly reduced the rates of Human Immunodeficiency Virus (HIV) transmission from mother to child in this country, perinatal transmission has led to a generation of now HIV+ sexually active youth, in addition to the significant numbers of youth newly infected each year. Although both perinatally and behaviorally HIV-infected youth share a similar virus, there are often different social and psychological presentations. This study seeks to examine the nature of trauma presentations in HIV-infected youth. Preliminary data from 32 HIV-infected youth by perinatal ($n=23$) and behavioral ($n=9$) means are recruited from a large metropolitan infectious disease family clinic. Introductory analyses revealed that although there were no differences between groups on the number of traumatic experiences, compared to perinatally-infected youth, behaviorally-infected youth reported more trauma symptomatology, in general, as well as greater levels of anxiety [$F(1,30) = 20.14, p \leq .001$], depression [$F(1,29) = 23.05, p \leq .001$], anger [$F(1,29) = 20.88, p \leq .001$], post traumatic stress [$F(1,29) = 16.88, p \leq .001$], and dissociation [$F(1,29) = 8.42, p \leq .007$]. Understanding the nature of trauma in this population is important and understudied. A discussion of these findings and implications will be provided.

Case Study

Dexamethasone in Clinical Treatment of Acute Exacerbation of Chronic PTSD

(Abstract #677)

Case Presentation (Clin Res, Prev El) **International H - 6th Floor**

Driscoll, Helen, MD

Northcote, Victoria, Australia

Presentation of x2 clinical cases to illustrate the use of episodic pulse doses of dexamethasone in the treatment of acute exacerbation of chronic PTSD. Since 1999, over 50 patients have been prescribed dexamethasone as an adjunct to the longitudinal multi-modality treatment of complex PTSD and major depression, in private clinical practice in a suburban community setting.

**Concurrent Session 6
Friday, November 6
9:30 a.m. – 10:45 a.m.**

Featured Speaker

Dissociative Disorders and *DSM-V*

(Abstract #1131)

Featured Speaker (Assess Dx, Clin Res) **Peachtree B/C - 8th Floor**

Spiegel, David, MD

Stanford University School of Medicine, Palo Alto, California, USA

The extensive review and planning process for the *DSM-V* will include consideration of the reintegration and rearrangement of the dissociative disorders. This abstract represents current thinking on the part of those involved in the *DSM-V* and experts on trauma and dissociation. The organization of the nosology has in the past been purely descriptive and purposely a theoretical. There is reason, however, to consider a section of the manual devoted to responses to stressful and traumatic life events. Such a section could include categories ranging from the adjustment disorders through acute and post-traumatic stress disorders and the dissociative disorders. The role of dissociative symptoms in both acute stress disorder (ASD) and post-traumatic stress disorder (PTSD) is being re-examined. ASD is a strong predictor of PTSD, but many with the latter do not meet full criteria for the former. The need for identification and early intervention with those who are acutely symptomatic is being considered. There is discussion of combining what is now called dissociative fugue as a subtype of dissociative amnesia, since it involves loss of episodic memory and customary identity along with travel but is quite rare. Depersonalization disorder is a kind of somatosensory dissociation that occurs with a variety of comorbid psychiatric disorders and occurs in 1.5-2% of the population. There is considerable controversy about conversion disorder. Some favor following *ICD 10* and including it among the dissociative disorders, possibly with a new name such as dissociative sensorimotor disorder, noting common co-occurrence with other dissociative disorders, frequent traumatic antecedents as with pseudoepilepsy, and a common underlying dissociative mechanism. Others argue that there is equally high co-morbidity with other somatoform disorders, including preoccupation with medical symptoms and doctor shopping. They also note that early life abuse and trauma is related to many other psychiatric diagnoses, including PTSD and depression. Dissociative Identity Disorder may retain its new name and diagnostic structure, except that evidence of switching between identities or personality states may not be required, and amnesia for everyday activities, which is a common symptom among those with the disorder and otherwise rare, may be added as a diagnostic criterion. Evidence addressing these proposed changes in the nosology of dissociation will be reviewed.

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Symposium

Web-Based Interventions to Target Posttraumatic Stress Symptoms: An International Perspective

(Abstract #175)

Symposium (Prev El, Cul Div) **International C - 6th Floor**

Marsac, Meghan, PhD²; Cox, Catherine, MS¹; Mouthaan, Joanne, MSc⁵; Gomez, Karla, BA⁴; Brunet, Alain, PhD³

¹Herston, Brisbane, Queensland, Australia

²Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

³McGill University, Verdun, Quebec, Canada

⁴University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

⁵Academic Medical Center, Amsterdam, Netherlands

Because long-term distress, impairment, and costs can be substantial for individuals experiencing PTSS, effective methods of providing preventive and early intervention to affected individuals are essential. There is growing empirical support for the feasibility and efficacy of using the internet to deliver high quality self-help information and preventive interventions to patients. This symposium will describe the development of several web-based preventative and early intervention services for a broad range of trauma-exposed populations.

Development and Implementation of a Spanish Web-Based Intervention for Trauma Survivors in Mexico

(Abstract #189)

Gomez, Karla, BA; Benight, Charles, PhD; Erica, Kirkbride, BS, MS

University of Colorado at Colorado Springs, Colorado Springs, Colorado, USA

This presentation will discuss the development and implementation of a Spanish web-based intervention for trauma survivors in Mexico. My Trauma Recovery (Mi Recuperacion del Trauma) is an on-line intervention program developed from social cognitive theory to help empower individuals who have experienced a traumatic event. The web-based intervention program is funded by a NIMH study and it offers information on common reactions to trauma and how to cope with traumatic stress. It also provides individuals with information on trauma triggers, relaxation methods, social support, negative thinking patterns, and a self-assessment test that allows trauma survivors to track their progress in their recovery. My Trauma Recovery has been originally developed for English-speaking populations in the U.S. and is currently being translated to Spanish in order to help trauma survivors in Mexico. Currently, we are integrating feedback from residents in Juarez, MX. Focus groups will be held in the summer 09 to evaluate the website's cross cultural utility. The population in Juarez, MX is particularly important due to the increase in drug cartel related violence (1,800 murders) in the last year. Considerations for future web-based intervention programs in Spanish-speaking countries and limitations of using them within this population will also be discussed.

Online Prevention of PTSD: A RCT of a Web-Based Multimedia Early Intervention for Injury Patients

(Abstract #192)

Mouthaan, Joanne, MSc¹; Sijbrandij, Marit, PhD²; Olf, Miranda, PhD¹

¹Academic Medical Center, Amsterdam, Netherlands

²University of Utrecht, Utrecht, Netherlands

Studies have shown that cognitive behavioral techniques delivered in the first days and weeks after injury can prevent the development of chronic PTSD. Based on cognitive behavioural techniques, we have developed a brief interactive e-health intervention, named Trauma TIPS. Trauma TIPS is an internet-based program that contains interactive elements and visual and auditory materials. The early intervention aims to reduce acute psychological distress and long-term symptoms of PTSD in trauma victims. The following core and elective modules are included: psychoeducation, self-directed exposure exercises, cognitive restructuring and stress management. We conducted a RCT of the effectiveness of the multimedia intervention on the prevention of PTSD in 300 adult patients of two level 1 trauma centers in Amsterdam, the Netherlands. Participants were offered the intervention within the first month post-trauma. We measured acute anxiety and hyperarousal with online questionnaires immediately before and after the intervention. PTSD symptoms and other *DSM-IV* psychopathology were assessed using a clinical interview before the intervention and at 1 and 3 months post trauma. In this presentation we will discuss the results of the study.

The Development and Evaluation of Information-Provision Tools For Children and Their Parents

(Abstract #187)

Cox, Catherine, MS¹; Kenardy, Justin, PhD²

¹School of Psychology, University of Queensland, Queensland, Australia

²CONROD, School of Medicine, Herston, Queensland, Australia

This presentation will address issues arising from early intervention work with children and their parents following accidental injury that has been carried out at the Centre of National Research on Disability and Rehabilitation Medicine, Brisbane, Australia. Specifically, the discussion will follow the development and evaluation of both a brochure based and web based information provision intervention delivered to children and their parents. The results of both studies will be discussed as well as the challenges and lessons learned in developing and investigating the effectiveness of such a universal tool. Lastly, the advantages and disadvantages of moving towards an internet based intervention for children following accidental injury will be highlighted.

Initial Evaluation of a Web-Based PTSS Prevention Tool for Parents of Injured Children

(Abstract #178)

Marsac, Meghan, PhD¹; Kassam-Adams, Nancy, PhD¹; Kohser, Kristen, LMSW²; Winston, Flaura, MD¹

¹Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, USA

²Center for Injury Research & Prevention, Philadelphia, Pennsylvania, USA

A substantial number of youth are exposed to a potentially traumatic physical injuries requiring medical attention at some time point during their childhood. Gaps in awareness of injury-related traumatic stress (and resource limitations) often result in a failure to detect and address children's psychological reactions to injury. Our team developed a web-based, interactive traumatic stress prevention tool kit for parents (www.AfterTheInjury.org) which aims to present evidence-based information and tips in a format that is maximally accessible to a broad range of families. This presentation will review early findings regarding the effectiveness of the website to increase parental knowledge about normative vs. problematic child reactions to injury and to influence parental coping assistance. We will discuss implications of these findings for implementation of the web-based program as a universal intervention for injured children and their families, and for future research.

Intimate Relationships and Understanding Responses to Trauma

(Abstract #723)

Symposium (Clin Res/Practice) International D - 6th Floor

Meis, Laura, PhD¹; Monson, Candice, PhD³; Reddy, Madhavi, MA³; Tuval-Mashiach, Rivka, PhD⁴; Sayers, Steven, PhD⁵; Erbes, Christopher, PhD¹; Dekel, Rachel, PhD⁴; Fredman, Steffany, PhD²; Polusny, Melissa, PhD¹; Compton, Jill, PhD⁶; Stevens, Susan, PsyD⁷; Schnurr, Paula, PhD⁷; Resick, Patricia, PhD^{2,9}; Adair, Kathryn, BA¹; MacDonald, Helen, PhD²

¹Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

²National Center for PTSD/VA Boston Healthcare System, Boston, Massachusetts, USA

³Northern Illinois University, DeKalb, Illinois, USA

⁴Bar Ilan University, Efrat Israel

⁵Philadelphia VAMC, Philadelphia, Pennsylvania, USA

⁶Duke University, Durham, North Carolina, USA

⁷National Center for PTSD, White River Junction, Vermont, USA

⁸Ryerson University, Toronto, Ontario, Canada

⁹Boston University, Boston, Massachusetts, USA

Couple Functioning and PTSD Symptom Clusters in National Guard Veterans of the Iraq War

(Abstract #757)

Meis, Laura, PhD¹; Erbes, Christopher, PhD¹; Polusny, Melissa, PhD¹; Compton, Jill, PhD²

¹Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

²Duke University, Durham, North Carolina, USA

Numerous studies have demonstrated links between PTSD and relationship distress. Understanding the roles of specific symptoms or symptom clusters in explaining these associations is important to informing theory and targeting interventions. The present study builds upon previous literature by investigating unique associations between a four factor model of PTSD symptoms and relationship functioning among returning National Guard veterans of Operation Iraqi Freedom (OIF). Relationship functioning and PTSD symptoms were assessed in a sample of 312 married or partnered National Guard soldiers within six months of their return from combat duty in Iraq. Preliminary analyses using structural equation modeling of self report data demonstrated the latent variable dysphoria (which incorporated aspects of emotional numbing and arousal) had the strongest independent contribution for predicting relationship distress. Age, rank, education, and marital status were unrelated to relationship functioning. Exploratory analysis of gender differences (n = 33 female; n = 289 male) suggested a different pattern of relations between PTSD factors and relationship distress among female soldiers, with trauma specific avoidance more highly related to relationship distress. Clinical and research implications will be discussed.

Cognitive-Behavioral Conjoint Therapy for PTSD: Initial Results From a Community Sample

(Abstract #764)

Monson, Candice¹; Fredman, Steffany, PhD¹; Stevens, Susan, PsyD²; Resick, Patricia, PhD^{2,3}; Adair, Kathryn, MA²; MacDonald, Helen, PhD²

¹National Center for PTSD, White River Junction, Vermont, USA

²National Center for PTSD/VA Boston Healthcare System, Boston, Massachusetts, USA

³Boston University, Boston, Massachusetts, USA

Evidence-based individual psychological treatments for PTSD are efficacious for many but are still characterized by high dropout rates and partial treatment response. PTSD has been linked intimate relationship problems, and family functioning has been associated with the efficacy of individual evidence-based PTSD treatment. This presentation provides an overview of Cognitive-Behavioral Conjoint Therapy (CBCT) for PTSD; a therapy designed to simultaneously decrease PTSD symptoms, improve relationship functioning, and enhance the well-being of significant others. In addition, results from an uncontrolled trial of the therapy with seven community couples including a partner with PTSD will be presented. Statistically significant and large effect size improvements were found in clinician ratings, self-reports, and partner reports of the identified partners' PTSD symptoms. Partners also reported statistically significant and large effect size improvements in their relationship satisfaction; PTSD-identified partners reported non-significant improvements in their relationship satisfaction. A wait-list controlled trial in

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the community is underway and results available at the time of the presentation will be reviewed. Clinical considerations in incorporating intimate others in PTSD treatment will be discussed (e.g., trauma disclosure; dual traumatization; intimate aggression).

Coping With Simultaneous Dual Trauma: PTSD Resources and Well Being in Israeli Couples Following the Forced Relocation From the Gaza

(Abstract #771)

Tuval-Mashiach, Rivka, PhD, Dekel, Rachel, PhD
Bar Ilan University, Department of Psychology, Efrat, Israel

Purpose: The literature has scarcely examined the reactions of dual traumatized couples: Couples in which both partners have experienced trauma. The current study compared mental distress, loss of resources and help-seeking among couples who experienced forced relocation. Methods: 80 participants, consisting of 40 couples and matched 40 men and women who experienced forced relocation from the settlements around the Gaza Strip. Participants completed self-report questionnaires assessing PTSD, loss of resources and help seeking. Findings: Findings revealed that females reported higher levels of distress in both samples, while patterns of loss of resources and help seeking were different between the samples. Couples were more similar in the evaluations of loss of resources than the matched sample. Conclusions: The findings highlight the mutual associations between couples' reactions and add knowledge about coping of dual trauma couples. The implications for assessment and treatment in cases of simultaneous trauma will be discussed.

Experiential Avoidance and Communication Patterns in OIF Veteran Couple Functioning

(Abstract #777)

Reddy, Madhavi, MA²; Erbes, Christopher, PhD LP¹; Polusny, Melissa, PhD¹; Compton, Jill, PhD³

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²Northern Illinois Univ, DeKalb, Illinois, USA
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Experiential avoidance (EA) is characterized by behavioral efforts to alter the form or frequency of distressing internal events such as thoughts, memories, or feelings. It has been associated with a wide range of negative individual outcomes and theorized to be associated with maladaptive couple functioning. EA can lead to distance between partners and limited opportunities to participate in effective communication patterns. The present study explores associations between EA and communication patterns on couple satisfaction and psychological and physical aggression in a sample of 49 married or cohabitating male Operation Iraqi Freedom combat veterans. EA (Acceptance and Action Questionnaire) was significantly correlated with communication patterns, relationship satisfaction, and relationship conflict. Multiple linear regression examined the effects of EA, communication patterns, and their interaction on psychological aggression, physical aggression, and relationship satisfaction. Higher EA was associated with psychological aggression while positive communication patterns were related to relationship satisfaction. Several interaction terms trended towards significance ($p < .10$), suggesting that the relationship

between relationship patterns and relationship functioning depend upon levels of EA. Implications, limitations, and future directions are discussed.

Gender and PTSD in the DSM-V: The Role of Emotion

(Abstract #265)

Symposium (Assess Dx, Bio Med) International H - 6th Floor

Kimerling, Rachel, PhD²; Rasmusson, Ann, MD¹; Bovin, Michelle, MA²; Atkins, David, PhD¹; Kaysen, Debra, PhD⁴

¹National Center-PTSD, WHSD, Boston, Massachusetts, USA
²Palo Alto VA Health Care System, Menlo Park, California, USA
³Temple University, Brookline, Massachusetts, USA
⁴University of Washington, Seattle, Washington, USA

This symposium will present updates on the PTSD-related activities of the Gender and Anxiety Disorders Advisory Committee for DSM V. The recommendations related to PTSD include a) inclusion of gender-related information in sourcebook text; b) attention to behaviorally specific wording and other gender issues in assessing potentially traumatic events; and c) reexamination of PTSD criteria A2 and the role of peri-traumatic emotional responses. Presentations will describe the committee's process and include 2 presentations that summarize the literature critique produced by the committee and discuss how this information will be used to propose revised DSM criteria. The first presentation will focus on social and epidemiological research findings, and the second will focus on neurobiological research findings. These presentations will be followed by presentation of two new studies which further elucidate the issues identified by the committee. These presentations will focus specifically on the range of peri-traumatic emotional responses that predict PTSD over time, and on the cross-lagged longitudinal relationship of negative affect to PTSD symptoms over time. Discussion will be facilitated by the chair and panelists and will focus on implications for the revision of PTSD criteria, highlighting gender issues related to PTSD in both men and women.

Event-Level Associations Between PTSD and Mood in Emerging Adults

(Abstract #298)

Kaysen, Debra, PhD; Atkins, David, PhD; Rees, Michiko, BS; Lee, Christine, PhD

University of Washington, Seattle, Washington, USA

Although PTSD is categorized as an anxiety disorder in the DSM, it shows high levels of comorbidity and is associated with elevated depression, anger, and suicidality. Several explanations for this strong comorbidity have been proposed: (a) depression is a reaction to PTSD; (b) comorbidity reflects symptom overlap; or (c) PTSD and depression represent separate responses to trauma exposure. However, few studies have applied intensive longitudinal assessment to examine how PTSD and affect are associated on a daily basis. The present study examines the impact of PTSD symptoms on subsequent negative affect. Female college undergraduates with history of sexual victimization were assessed twice daily for 30 days (N = 38, with ongoing data collection), using PTSD Symptom Checklist and the PANAS. Lagged HLM analyses showed that days with higher PTSD symptoms were associated with higher negative affect later in the day. In addition, higher PTSD symptoms were associated

with greater within subject variability in negative affect. Results highlight the importance of longitudinal methodologies in elucidating the relationship between PTSD and mood. Findings suggest that PTSD may be associated with broader affective changes than just anxiety. Implications for categorizing PTSD as an anxiety disorder and implications for treatment will be discussed.

Gender Differences in Neurobiology With Relevance to DSM-V PTSD A2 Criteria and Overall PTSD Risk

(Abstract #536)

Rasmusson, Ann, MD³; Pineles, Suzanne, PhD³; Esses, Justin, MD¹; Nuzhat, Syeda, MD²; Veguilla, Erica, MD, MPH¹

¹Boston VA Healthcare Syst, Boston, Massachusetts, USA

²VA Boston Healthcare, Jamaica Plain, Massachusetts, USA

³National Center-PTSD, WHSD, Boston, Massachusetts, USA

Stress-induced changes in a number of neurobiological factors are associated with acute changes in mood state, brain function, and behavior. Many of these neurobiological factors are influenced by gender; in women, they are also influenced by menstrual cycle phase and reproductive status. Relevant neurobiological factors include: adrenal steroids such as dehydroepiandrosterone (DHEA) and its sulfated derivative, DHEAS, as well as cortisol; other neuroactive steroids such as allopregnanolone, which potently and positively modulates brain gamma amino butyric acid (GABA) receptor function; peptides such as neuropeptide Y; and classic neurotransmitters such as serotonin, norepinephrine, and GABA. Additionally, gonadal hormones such as estrogen, progesterone, and testosterone influence the neurophysiology of the other stress hormone systems and are, themselves, influenced by stress. This presentation will discuss the means by which such sex-related neurobiological factors may influence peritraumatic stress reactions, as well as the conditional risk for development and maintenance of chronic PTSD, which to date appears to be greater in women.

Overview of Gender and PTSD Diagnostic Criteria

(Abstract #306)

Kimerling, Rachel, PhD¹; Rasmusson, Ann, MD²

¹Palo Alto VA Health Care System, Menlo Park, California, USA

²National Center-PTSD, WHSD, Boston, Massachusetts, USA

Since the DSM-IVTR there has been accumulating evidence for gender disparities in the prevalence and course of PTSD. The DSM-V may be the first edition to include such information. This presentation will present results of the literature critique of gender and PTSD for the Gender and Anxiety Disorders Advisory Committee for DSM-V, focusing on social and epidemiological findings. Criteria for the review were: empirical evidence that the current diagnostic criteria are less applicable to women or men; evidence that a specifier is required; and gaps in the literature required to address these topics. To date, research suggests that men and women differ in the type and extent of trauma exposure, but methodological issues in the measurement and classification of potentially traumatic events may complicate interpretation of these results. Women also demonstrate an elevated risk for PTSD, and conditional risk following exposure. These gender differences are less consistent when PTSD criteria A2 (peri-

traumatic emotional reaction) is accounted for, and the specific focus on fear responses may limit the extent to which PTSD is diagnosed among men. As a result, reexamination of trauma exposure criteria is recommended.

Broadening A2: Using Peritraumatic Emotions to Predict PTSD

(Abstract #725)

Bovin, Michelle J., MA¹; Marx, Brian P.², PhD; Resick, Patricia A., PhD^{2,3}

¹Temple University, Brookline Massachusetts USA

²National Center for PTSD, Boston, Massachusetts, USA

³Boston University, Boston Massachusetts, USA

Since its inclusion in DSM-IV, PTSD Criterion A2 has been surrounded by considerable controversy. Some researchers believe that A2 should be removed from the PTSD diagnosis because A2 does not demonstrate strong positive predictive validity (Schnurr et al., 2002). Others believe that A2 should be expanded beyond fear, helplessness and horror to include other peritraumatic emotions because research has suggested that additional peritraumatic emotions are predictive of PTSD (Brewin et al., 2000). To determine how to broaden A2, research is needed to establish which peritraumatic emotions are most predictive of PTSD and whether peritraumatic emotions dictate both the symptoms manifested and the extent to which they are experienced. The current study examines the degree to which expanding A2 increases its ability to positively predict PTSD diagnosis and symptom severity. Self-reported peritraumatic emotions of 206 assault victims collected 2-4 weeks following trauma exposure were subjected to an exploratory factor analysis. Results revealed a 4-factor solution. After confirmation of this solution with a confirmatory factor analysis, the factors will be used to predict PTSD diagnosis and symptom severity three months after trauma exposure. Further, we will examine whether different peritraumatic emotions differentially predict PTSD symptom cluster status. Implications will be discussed.

Panel Discussion

What's New With Psychological First Aid?

(Abstract #356)

Panel Discussion (Disaster, Prev El) International E - 6th Floor

Brymer, Melissa, PhD, PsyD⁴; Allen, Brian, PhD³; Reyes, Gilbert, PhD²; Macy, Robert, PhD¹

¹CDR, Beverly Farms, Massachusetts, USA

²Fielding Graduate University, Santa Barbara, California, USA

³Sam Houston State University, Huntsville, Texas, USA

⁴UCLA, Torrance, California, USA

Psychological First Aid (PFA) has become the standard of practice in the immediate aftermath of mass casualty events, with recommendations issuing from the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings and the National Biodefense Science Board. Variations of PFA have been promoted for several decades, but the principles and practices of PFA were not fully specified or operationalized until 2005, when the National Center for Child Traumatic Stress (NCTSN) and the National Center for PTSD published a comprehensive PFA Field Operations Guide. This panel will describe recent developments

Friday: 9:30 a.m. - 10:45 a.m.

in regard to PFA, including adaptations developed for different stakeholders, efforts to enhance training, dissemination, and implementation, and progress toward evaluating the effectiveness of these efforts. To improve training effectiveness, NCTSN has developed a PFA Learning Community using a quality improvement methodology to address current barriers and enhance practice in the field. Panelists will review training initiative findings and highlight the new PFA on-line community, including a new e-learning course. Finally, recommendations will be provided on how participants can evaluate acute post-disaster interventions, improve PFA delivery, and develop standards across programs.

Papers

Diagnostic Criteria and Nosology

International F - 6th Floor

Chair: **Geert Smid, MD**

Centrum 45, Oegstgeest, Netherlands

Developmental Trauma in Chinese Children Exposed to Repeated Familial Physical or Sexual Abuse

(Abstract # 847)
(Child, Cul Div)

Ma, Ellen, MSocSc

Social Welfare Department, Hong Kong, China

The present study aims to explore the application of a conceptual and diagnostic framework Developmental Trauma, proposed by van der Kolk (2005) for victims impacted by repeated interpersonal trauma, in a group of Chinese children suffered from repeated familial physical and/or sexual abuse. Abused children were identified both from clinical and school settings and were compared with two comparison groups of children experienced with non-abuse trauma or no trauma on the proposed diagnostic dimensions: emotion dysregulation, behavioral disturbance, altered perception and attribution in self, altered perception in interpersonal relationships, and belief in future victimization. Children's attachment, post-traumatic stress (PTS) reactions, and self-esteem were also measured in examining their relationships with the variables. Results of multivariate analysis shows that abused children had: a) a lower level of attachment security and higher levels of avoidant and disorganized-indecision attachment coping; b) higher levels of emotional dysregulation and behavior problems; c) more negative attribution in self, negative perception in interpersonal relationships, and belief in future victimization; and d) poorer self-esteem than the two comparison groups, while these two groups shows no difference among these measures. Differences in behavior problems and self-esteem, except PTS reactions, between the abuse and non-abuse trauma groups disappeared when attachment security and emotion dysregulation were controlled. Differentiation of the concept of developmental trauma from typical PTS reactions in child victims of abuse is supported. The roles of attachment security, emotion dysregulation, and altered perceptions/attributions in child abuse trauma and their applications across culture would be discussed.

An Examination of the Criterion A: What Makes an Event Traumatic?

(Abstract #731)
(Assess Dx, Res Meth)

Boals, Adriel, PhD; Hathaway, Lisa, BA; Schuettler, Darnell, MA

University of North Texas, Denton, Texas, USA

In three separate studies, we examined the role of the *DSM-IV* Criterion A in predicting PTSD symptoms. In Study 1, we found that when predicting PTSD symptoms, A1 criterion had no effect when the A2 criterion was included in the model. This result questions whether an event has to be life-threatening to elicit PTSD symptoms. In Study 2, we found that although having a fear response to a stressful event was associated with elevated levels of PTSD symptoms, participants who experienced anger, disgust, and sadness reported PTSD symptoms of equivalent severity. In Study 3, we attempted to predict health outcomes by entering A1 and A2 criteria, the PCL (B, C, and D symptoms), and F criterion simultaneously. The A2 criterion and PCL were significant contributors when predicting widely used measures of stress, anxiety, depression, perceived stress, satisfaction with life, general mental health, and physical health symptoms. A1, F criterion, and all interactions were non-significant. A1 and F criteria were also non-significant when predicting posttraumatic growth. These results suggest that the life-threatening nature of the event does not matter, but an individual's emotional response to an event does. The results are discussed in terms of recommended revisions to the *DSM-V* Criterion A.

Effect of Traumatic Bereavement on Trauma-Exposed Survivors

(Abstract #934)

Kerstin Bergh, Johannesson, PsyD¹; Dyster-Aas, Johan, MD, PhD¹; Arnberg, Filip, PsyD¹; Michel, Per-Olof, MD, PhD¹; Lundin, Tom, PhD, MD¹; Hultman, Christina, PhD²

¹*Department of Neuroscience, Psychiatry, Uppsala University, Sweden*
²*Karolinska Institutet, Stockholm Sweden*

Mental health outcome was assessed in 159 bereaved relatives, 340 bereaved friends and in 3,020 non-bereaved Swedish survivors 14 months after the 2004 tsunami. Of the bereaved relatives, 45% reported posttraumatic stress reactions and 68% reported impaired general mental health. Having been caught or chased by the tsunami in combination with bereavement was associated with increased posttraumatic stress reactions. Complicated grief reactions among relatives were approximately as frequent as posttraumatic stress reactions. Highest levels of psychological distress were found among those who had lost children. Traumatic bereavement, in combination with exposure to life danger as a risk factor for mental health sequelae will be discussed.

Delayed Posttraumatic Stress Disorder: Systematic Review, Meta-Analysis, and Metaregression

(Abstract #476)

Smid, Geert, MD¹; Mooren, Trudy, PhD¹; Van der Mast, Roos, MD, PhD²; Gersens, Berthold, P.R, MD, PhD³; Kleber, Rolf, PhD⁴

¹Centrum 45, Oegstgeest, Netherlands

²Leiden University Medical Center, Leiden, Netherlands

³University of Amsterdam, Amsterdam, Netherlands

⁴Utrecht University, Utrecht, Netherlands

Prevalence estimates of delayed PTSD have varied widely in the literature. This study is the first to establish the prevalence of delayed PTSD in prospective studies and to evaluate associated factors through meta-analytic techniques. Studies were located by an electronic search using databases Embase, Medline, and PsycINFO. Search terms were posttraumatic stress disorder, delayed, prospective, longitudinal and follow-up. Results were limited to journal articles, published between 1980 and 4 April 2008. We included longitudinal, prospective studies following potentially traumatic event exposure assessing participants at one to six months post event and with a follow-up of at least twelve months post event, specifying rates of new onset and remission between assessments in study completers. Data were extracted concerning the study design, demographic features, and event-related characteristics, the number of PTSD cases at first assessment, the number of PTSD cases among study dropouts, and the number of new event-related PTSD cases at each subsequent assessment among study completers. Data of 24 studies were included. Four of these provided additional data on initial subthreshold PTSD and subsequent risk of delayed PTSD. The proportion of PTSD cases with delayed PTSD was 24.8% [95% CI: 22.6–27.2] after adjusting for differences in study methodology, demographic features, and event-related characteristics. Military combat exposure, Western cultural background, and lower cumulative PTSD incidence were associated with delayed PTSD. Participants with initial subthreshold PTSD were at increased risk of developing delayed PTSD. In conclusion, delayed PTSD was found among about a quarter of PTSD cases and represents exacerbations of prior symptoms.

Papers

PTSD Factor Structure

Augusta I - 7th Floor

Chair: Cherie Armour, BSc

University of Ulster, Coleraine, United Kingdom

Testing Alternative Models of PTSD and the Robustness of the Dysphoria Symptom Factor

(Abstract # 276)

(Assess Dx, Res Meth)

Armour, Cherie, BSc¹, Elklit, Ask, PhD², Shevlin, Mark, PhD³

¹*University of Ulster, Coleraine, United Kingdom*

²*University of Aarhus, Institute of Psychology, Aarhus, Denmark*

³*University of Ulster, Derry, United Kingdom*

The factor structure of Posttraumatic Stress disorder (PTSD) currently employed by the *DSM-IV* has very limited support. A four factor structure is however, widely supported. The dysphoria factor within this model is said to be less specific to PTSD and often produces high correlations with depression. The present study investigated the factor structure of PTSD and the robustness of the dysphoria factor within the dysphoria model. The sample consisted of 973 trauma victims. Five hundred participants received a diagnosis of PTSD / sub-clinical PTSD based on the Harvard Trauma Questionnaire (HTQ) or the Trauma Symptom Checklist (TSC-33). Each respondent received a score on the TSC depression sub-scale. Confirmatory Factor analysis was employed to assess factor models and regression was employed to statistically control for depression in the PTSD indicators. The dysphoria model provided superior fit to the data. The average attenuation in factor loadings was highest for dysphoria (M=-.26, SD=.11). The validity of the dysphoria factor is questioned given that the dysphoria symptoms appear to be highly associated with depression.

Diagnostic Alterations for PTSD: Results From Two Nationally Representative Samples

(Abstract #204)

(Assess Dx, Res Meth)

Elhai, Jon, PhD¹; Ford, Julian, PhD²; Ruggiero, Kenneth, PhD³; Frueh, Christopher, PhD⁴

¹*University of Toledo, Toledo, Ohio, USA*

²*University of Connecticut Health Center, Farmington, Connecticut, USA*

³*Medical University of South Carolina, Charleston, South Carolina, USA*

⁴*University of Hawaii, Hilo, Hawaii, USA*

Two alternative models of posttraumatic stress disorder (PTSD) appear to represent the disorder's latent structure better than the traditional *DSM-IV* three-factor PTSD model. The present study examines the impact of using these structural models for the diagnosis of lifetime posttraumatic stress disorder (PTSD) while retaining the *DSM-IV* PTSD's six-symptom diagnostic requirement. Data were gathered from large-scale, epidemiological datasets collected with adults (National Comorbidity Survey Replication) and adolescents (National Survey of Adolescents). Two alternative, empirically-supported four-factor models of PTSD were compared with the *DSM-IV*

Friday: 9:30 a.m. - 10:45 a.m.

three-factor PTSD diagnostic model. Results indicated that the diagnostic alterations resulted in substantially improved structural validity, downward adjustments of PTSD's lifetime prevalence (roughly 1 percentage point decreases in adults, 1-2.5 percentage point decreases in adolescents), and equivalent psychiatric comorbidity and sociodemographic associations. Implications for modifying PTSD diagnostic criteria in future editions of *DSM* are discussed.

Longitudinal Consistency and Factor Structure of the PTSD Symptom Scale Among Women

(Abstract #65)
(Assess Dx, Res Meth)

Mackintosh, Margaret-Anne, MA¹; Gatz, Margaret, PhD¹; McArdle, Jack, PhD¹; Hennigan, Karen, PhD¹; Rose, Tara, PhD²

¹University of Southern California, Los Angeles, California, USA
²School of Social Work, University of Southern California, Los Angeles, California, USA

With the increasing use of longitudinal research designs, establishing that a measure assesses constructs consistently across time, as well as performing well at each individual time period, has become increasingly important. We examined the longitudinal consistency and factor structure of the PTSD Symptom Scale – Self Report in a diverse sample of women with co-occurring substance abuse and mental health disorders and histories of interpersonal trauma. Data were from the Los Angeles site of the Women, Comorbid Disorders and Violence Study. Symptom reports from 370 women enrolled in residential treatment were collected at baseline and every three months for one year. Results indicated that five of the 17 items behaved inconsistently across time and needed to be dropped to maintain reliability and validity. Eight factor structures were tested. The best-fitting factor structure that could be modeled across time included two factors: 1) Re-experiencing/Arousal and 2) Numbing/Avoidance. The modified scale allows for clearer interpretations of changes across time, and establishes its psychometric properties in a new population. Findings also suggest that additional items measuring key constructs, such as avoidance, need to be developed.

Papers

Couples and Family Studies

Vinings I & II - 6th Floor

Chair: Keith Renshaw, PhD
George Mason University, Fairfax, Virginia, USA

Perceptions of Distress, Marital Satisfaction and Understanding in Spouses of Vietnam Veterans

(Abstract #487)
(Mil Emer, Res Meth)

Caska, Catherine, MS¹; Renshaw, Keith, PhD²

¹University of Utah, Salt Lake City, Utah, USA
²George Mason University, Fairfax, Virginia, USA

Spouses of combat veterans with posttraumatic stress disorder (PTSD) are at elevated risk for psychological distress (Evans et al., 2003), but little research has focused on aspects of the marital relationship associated with this risk. Recent research suggests that disagreement between spouses' perceptions (SP) and veterans' self-report (VSR) of veterans' functioning may play a role (Renshaw et al., 2008), but little has been done to extend these findings. This study examined spouses' psychological distress, marital satisfaction, and self-reported understanding of veterans' feelings, as well as levels of agreement between SP and VSR of PTSD symptom severity, in 465 veterans and their spouses from the National Vietnam Veterans' Readjustment Study. Greater perceived understanding of veterans' overall feelings and feelings specific to Vietnam were related to lower levels of spousal psychological and marital distress ($ps < .01$), but tests of moderation ($p = .01$) revealed less agreement between SP and VSR of veterans' symptoms at higher levels of general understanding (understanding of feelings specific to Vietnam was not a significant moderator of agreement). Spouses who report greater understanding of their partners appear to have less overall distress but also less accurate perceptions of the veterans' symptoms, suggesting they may overestimate their level of understanding.

Spouses' Perceptions and Veteran Self-Report of Anger and PTSD: Influence on Marital Satisfaction

(Abstract #1001)
(Mil Emer, Disaster)

Rodrigues, Camila, MS²; Renshaw, Keith, PhD¹

¹Department of Psychology, University of Utah, Salt Lake City, Utah, USA
²George Mason University, Fairfax, Virginia, USA

Spouses of combat veterans with PTSD have increased marital distress, and recent research has implicated PTSD-related anger as a potential factor in such distress (Galovski & Lyons, 2004). However, most studies have relied on veterans' self-report (VSR) of PTSD and anger. The current study explored whether anger mediated the relation between PTSD and spouses' marital distress using both VSR and spouses' perceptions (SP) of veterans' anger and PTSD. The sample consisted of 194 female spouses and 194 male veterans deployed to the Middle East during the OEF/OIF era. Anger, PTSD, and marital distress (as measured both by VSR and by SP) were all significantly related to each other ($ps < .05$). VSR of anger only marginally

and partially mediated the relation of VSR of PTSD with spouses' marital distress ($t[187] = -1.94, p < .10$), whereas SP of anger fully and significantly mediated the association between SP of PTSD and spouses' marital distress ($t[191] = -4.97, p < .001$). These results suggest that PTSD-related anger is particularly related to spouses' marital distress; moreover, SP of veterans' anger may be a more valuable source of information when evaluating spouses' own marital satisfaction. This latter finding is in line with research that indicates individuals' own reports of aggression and anger may be substantially different than reports of those around them.

Composition of Psychological Distress in Spouses of Combat Veterans With PTSD Symptoms

(Abstract #931)

(Mil Emer, Soc Ethic)

Renshaw, Keith, PhD

George Mason University, Fairfax, Virginia, USA

Spouses of combat veterans with PTSD have elevated psychological distress, referred to by a range of descriptors from caregiver burnout to secondary traumatic stress. However, most studies assess only general distress, with almost no data on the types and patterns of symptoms experienced. This study assessed symptoms of PTSD, depression, and general anxiety in 55 wives of OEF/OIF veterans with possible PTSD (i.e., PTSD Checklist [PCL] ≥ 35). [Note: All scores were higher than those of 57 wives of veterans without likely PTSD (PCL < 25).] Although all symptom measures were significantly correlated ($ps < .01$), principal components analysis with varimax rotation revealed two primary factors, one with PTSD and general anxiety items, and a second with mostly depression items and 3 PTSD avoidance items. A three-factor solution was explored, but several items cross-loaded onto multiple factors. Finally, frequency of endorsement of PTSD items was highest for nonspecific criteria (e.g., difficulty sleeping), although a small subset of wives did endorse PTSD-specific items (e.g., symptoms of intrusion). Results suggest that spouses of veterans with PTSD experience diffuse depression and anxiety, with high scores on PTSD measures likely reflecting these symptoms, and a fairly small subset of spouses experiencing true PTSD-like symptoms.

Predicting the Potential for Child Abuse Perpetration Among Victims of Domestic Violence

(Abstract #971)

(Practice, Soc Ethic)

Jacobs, Ingrid, PhD; Petretic, Patricia, PhD; Beike, Denise, PhD; Cavell, Timothy, PhD

University of Arkansas, Fayetteville, Arkansas, USA

In order to understand the impact of domestic violence on the potential for maternal child abuse, this study evaluated the importance of several variables associated with an ecological model. The sample consisted of 149 women who were recruited from the general community. Results support an ecological framework for understanding the relation between domestic violence and potential for child abuse. More specifically, the combination of ontogenic (trauma symptoms, maternal history of child abuse, maternal history of domestic violence), microsystem (current domestic violence), and exosystem (social support,

abusive relationship status) variables accounted for a significant amount of variance in potential for child abuse with either an abuse or combined abuse/non-abuse community sample. Also, maternal child abuse, trauma symptoms, and lack of social support uniquely predicted potential for child abuse. In contrast with existing research, trauma symptoms did not mediate the relation between physical abuse in the past year and potential for child abuse. Further, there was no significant difference in potential for child abuse among women who were currently in or currently out of an abusive relationship. Implications of this research to prevention, treatment, and policy are discussed.

Workshop

Psychodynamic Trauma Research: New Evidence and Directions for Clinically Relevant Research

(Abstract #132)

Workshop (Clin Res, Res Meth) International G - 6th Floor

Wittmann, Lutz, PhD¹; Ørner, Roderick, PhD²; Halpern, Janice, MD³; Krupnick, Janice, PhD⁴; Gardner, Sharon²; Buechi, Stefan, PD, MD⁴; Maunder, Robert, MD⁵; Schwartz, Brian, MD⁸; Gurevich, Maria, PhD⁶; Blank, Arthur, MD⁷

¹*University Hospital, Zurich, Switzerland*

²*Somerby Clinic, Lincoln, United Kingdom*

³*University of Toronto, Ontario, USA*

⁴*Georgetown University Medical Center, Washington, District of Columbia, USA*

⁵*Mount Sinai Hospital Toronto, Ontario, Canada*

⁶*Ryerson University, Toronto, Ontario, Canada*

⁷*Washington (DC) Center for Psychoanalysis, George Washington University*

⁸*Sunnybrook-Oster Center for Pre-Hospital Care, Etobicoke, Canada*

This first research workshop of the ISTSS Special Interest Group "Psychodynamic Research and Treatment" will seek to promote exchanges between psychodynamically oriented scientists and clinicians to establish a consensus about the current status of research based evidence. Priorities for future research, different methodological approaches, and the scope for strengthening links between research and clinical practice will be explored. Three recent psychodynamic research projects combining qualitative and quantitative approaches provide an introduction for a broader discussion of the current status of the psychodynamic research field. The first study traces changes in posttraumatic dreams as survivors progress through phases of psychodynamic trauma focused therapy from start to follow-up. The second presentation outlines how attachment theory furthers our understanding of the needs of emergency care providers under conditions of critical incident stress. Based on results from the third study, methodological possibilities of advancing from statistical means to meaningful clinical constructs will be applied onto the construct of posttraumatic growth. Finally, the empirical evidence about effectiveness of psychodynamic trauma treatment will be summarized. Options for the initiation of relevant research projects will be developed in interaction with the workshop participants.

**Concurrent Session 7
Friday, November 6
11:00 a.m. – 12:15 p.m.**

Symposium

**Recent Advances in PTSD Neuroimaging:
An Update of Current Work**

[Abstract #376]

Symposium (Bio Med, Res Meth) Peachtree B/C - 8th Floor

Lanius, Ruth, MD, PhD²; McFarlane, Alexander, MBABS(Hons) MD, FRANZCP³; Vermetten, Eric MD, PhD⁵; Bremner, J. Douglas, MD¹; Brewin, Chris, PhD⁴

¹Emory University School of Medicine, Atlanta, Georgia, USA

²University Hospital, London, Ontario, Canada

³University of Adelaide, Adelaide, Australia

⁴University College, London, United Kingdom

⁵Central Military Hospital, Utrecht, Netherlands

The field of neuroimaging in PTSD is continuously taking rapid advantage of the opportunities that are provided by technology and improvements in research designs. These range from sMRI to fMRI and PET and range from understanding of dissociative processing, pain perception, retrieval issues, structural imaging to source localisation work. In this symposium a review and update is provided of several of these studies, e.g. multimodal imaging combining data from ERP and fMRI, voxel based morphometry, and default network abnormalities in PTSD

**Comparison of PTSD and Depression Using
Voxel-Based Morphometry**

[Abstract # 431]

Brewin, Chris, PhD¹; Kroes, Marijn, CW² MSc; Whalley, Mathew, PhD³

¹University College, London, United Kingdom

²Donders Institute, Nijmegen, Netherlands

³Royal Holloway University, Egham, United Kingdom

Studies of PTSD have consistently identified structural changes in brain volume, for example gray matter reduction in the hippocampus, anterior cingulate cortex, and insula. PTSD, however, is commonly comorbid with depression, which is similarly associated with reduced volume of the hippocampus and anterior cingulate, as well as of other prefrontal and striatal areas. The present study used voxel-based morphometry employing the recently developed Dartel toolbox to investigate whether these two conditions are volumetrically similar across the whole brain, or whether there is evidence for structural differences that are quantitatively or qualitatively distinct. Structural analyses were conducted on matched groups of 28 PTSD patients, 31 depressed patients, and 31 healthy controls exposed to trauma. Analyses to be reported will include group comparisons as well as the relation of brain density to variation in continuous measures of anxiety and depression and in individual PTSD symptoms.

**Multimodal Imaging of Working Memory in
PTSD: Combining Data From ERP and FMRI**

(Abstract #566)

McFarlane, Alexander, MBBS(Hons)MDFRANZCP¹; Clark, Richard, PhD²; Moores, Kathryn, BA (Hons) PhD²

¹University of Adelaide, Adelaide, Australia

²Flinders University, Bedford Park, South Australia, Australia

Our group has had a long-standing interest in the abnormalities of recruitment of working memory updating the networks in the processing of trauma neutral information. This work has identified significant problems with target detection tasks as well as working memory updating. The temporal dynamics of this process have been highlighted using event related potentials and this has been shown to be an acquired abnormality in a cohort of Vietnam Era twin pairs. The neural networks involved have been identified using PET and FMRI, highlighting how the PTSD group failed to show differential activation during working memory updating and instead appeared to show abnormal recruitment of working memory updating regions during working memory maintenance tasks. The critical regions identified included the bilateral dorsal lateral prefrontal cortex and the inferior parietal lobe. In this presentation the relationship between the P300 abnormalities in posttraumatic stress disorder and the activations of these regions, providing insights into both the temporal dynamics of this abnormality as well as the regions underpinning PTSD patients' difficulty in engaging with their day-to-day environment.

**“Default Network” Abnormalities in PTSD:
A fMRI Investigation**

(Abstract #778)

Lanius, Ruth, MD, PhD¹; Bluhm, Robyn, PhD²; Williamson, Peter, MD, DPsy, FRCP(C)³; Osuch, Elizabeth, MD³; Stevens, Todd, PhD⁴; McFarlane, Alexander, MBBS (Hons), MD, FRANZCP⁷; Moores, Kathryn, BA (Hons), PhD⁵; Clark, Richard, PhD⁵; Shaw, Marnie, PhD⁶

¹University Hospital, London, Ontario, Canada

²Old Dominion University, Norfolk, Virginia, USA

³University of Western Ontario, London, Ontario, Canada

⁴University of California, Berkeley, California, USA

⁵Flinders University, Adelaide, South Australia, Australia

⁶Brain Research Institute, Florey Neurosciences, Melbourne, Australia

⁷University of Adelaide, Adelaide, Australia

Recent neuroimaging work in healthy controls has shown the existence of a “default network” of correlated brain regions active during rest. These regions include the posterior cingulate, anterior cingulate and medial prefrontal cortex, and lateral parietal areas. This study investigated (1) whether there are abnormalities in the default network in chronic PTSD related to early life trauma; (2) whether default network connectivity could predict PTSD symptomatology in an acutely traumatized sample; and (3) the pattern of default network connectivity during rest versus a working memory task in PTSD. In healthy controls, activity in the posterior cingulate seed region was found to positively correlate with other regions of the default network. This correlation was reduced or absent in the chronic PTSD group. Altered connectivity between the posterior cingulate and brain regions associated with the task positive network were observed in chronic PTSD during a working memory task. Results in the acutely traumatized sample suggest that resting state connectivity of the PCC with the right amygdala predicts future

PTSD symptoms. These results suggest that the integrity of the default network is compromised in PTSD and that the extent of the deficit reflects clinical measures of PTSD.

Comparison of PTSD and mTBI Neuroimaging Studies

(Abstract #860)

Vermetten, Eric, MD, PhD; Linn, Ciska, MD, PhD
Central Military Hospital, Utrecht, Netherlands

The key factor in a case of mTBI include an injury event – such as a blow to the head – which causes an alteration of consciousness. Such alteration can be losing consciousness, seeing stars or simply being temporarily disoriented. Later symptoms range from somatic (headache, dizziness, fatigue, for physical and mental, visual sensitivity to noise and light) cognitive (decreased concentration, memory problems) and neuropsychiatric (anxiety, depression, irritability, mood swings, sleep disturbances). While for TBI many studies have been conducted, the neuroimaging literature for mTBI is much more scarce. In this literature diffuse tensor imaging (DTI) appears as more sensitive than conventional imaging methods in detecting subtle, but clinically meaningful, changes following MTBI. MTBI primarily shows diffuse activation in frontal regions. MTBI lack of activation in the cerebellum suggests the dysfunction of working memory. PTSD and mTBI have overlaps in phenomenology, and maybe also in atophysiology. It is unclear how this relates to neuroimaging studies. Exploration of the effects of stress on various brain structures and white matter could be a promising strategy to better understand the pathophysiology of both disorders. This presentation provides a comparison of neuroimaging with various approaches such as DTI in PTSD and mTBI based on current studies.

Translational Research Meets Implementation Science: The VA MIRECC on Deployment Mental Health

(Abstract #501)

Symposium (Mil Emer, Clin Res) Peachtree D/E - 8th Floor

Fairbank, John, PhD¹; Straits-Troster, Kristy, PhD, ABPP^{2,3}; Schlenger, William, PhD³; Kudler, Harold, MD²

¹*Abt Associates, Inc., Durham, North Carolina, USA*
²*Duke University Medical Center, Durham, North Carolina, USA*
³*Durham VA Medical Center, Durham, North Carolina, USA*

The VISN 6 MIRECC is one of ten Department of Veterans Affairs (VA) Mental Illness Research, Education and Clinical Centers. Each is built around a specific theme: our focus is deployment mental health. The needs of new combat veterans and their families require a broad translational approach and the disciplined application of implementation science. This symposium provides a window on three interlocking MIRECC projects: (1) Data from the VA Environmental Epidemiology Service on 45,152 female and 325,971 male veterans of the wars in Afghanistan (Operation Enduring Freedom or OEF) and Iraq (Operation Iraqi Freedom or OIF) who have already sought VA healthcare will be analyzed for any gender-specific differences in their mental health findings; (2) A new multi-family group clinical intervention study for OEF/OIF survivors of traumatic brain injury and their families is underway to assess the feasibility and efficacy of this approach to improve coping and quality of life

among TBI-affected veterans and families; and (3) An overview of the MIRECC Deployment Mental Health Registry which has been designed to incorporate a broad array of psychometric, neuroimaging and genetic data including state of the art assessment of mental disorders, traumatic brain injury, and resilience. Each of these components offers an opportunity to test hypotheses generated in the other MIRECC components.

Gender-Specific Mental Health Findings Among OEF/OIF Veterans Seeking VA Care

(Abstract #512)

Kudler, Harold, MD
Durham VA Medical Ctr, Durham, North Carolina, USA

Twelve percent of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans are women. Enhanced knowledge about gender-specific differences in the mental health of OEF/OIF veterans has direct and significant implications for the United States Department of Veterans Affairs (VA). As the proportion of women serving in the military increases so does VA's female population. Over 45,000 OEF/OIF women veterans have already presented to VA for healthcare. Data from the Department of Veterans Affairs Environmental Epidemiology Service will be analyzed to test for gender-specific rates of PTSD, Major Depression, Substance Use Disorders and other mental health problems historically related to service in a combat area of operations. Male/female differences in age, rank, level of training, and types and duration of stress exposure will be factors of prime interest in the analysis. To the extent that women are at different levels of risk, new outreach, engagement, assessment and treatment strategies may be necessary in VA. Rational planning for the 21st veteran population must include study of its rapidly growing female component.

Adaptation of Multi-Family Group Treatment for Veterans With TBI and Their Families

(Abstract #586)

Straits-Troster, Kristy, PhD¹; Perlick, Debbie, PhD²; Kline, Anna, PhD²; Strauss, Jennifer, PhD¹; Norell, Diane, MSW, OTR/L, CPRP³

¹*Durham VA Medical Center, Durham, North Carolina, USA*
²*Veterans Administration, Lyons, New Jersey, USA*
³*Washington Institute for Mental Health Research and Training, Washington State University-Spokane, Spokane Washington, USA*

Over 320,000 recent combat veterans are estimated to have traumatic brain injury (TBI), and more than half of these also report symptoms of depression or posttraumatic stress disorder (RAND, 2008). The long-term effects of TBI are still poorly understood, but family life and social reintegration are known to be impacted. The Multi-Family Group (MFG) treatment model has been shown to be effective for families dealing with schizophrenia and more recently, civilian TBI. A new multi-site study underway in Durham, NC, Orange, NJ and the Bronx, NY (coordinating site) has adapted the MFG model to provide TBI education, enhance problem-solving skills and reduce distress and social isolation among veterans injured during military deployment and their family members. Following 2-3 meetings with a clinician, enrolled veterans and a family member will participate in a psychoeducational workshop with several other families. Structured biweekly support group meetings are provided for

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9 months. Assessments at baseline, 3-month intervals and 3-6 months post treatment will be conducted and help determine the feasibility and preliminary efficacy of MFG for veterans with TBI and their families.

Translational Research Meets Implementation Science: The VA MIRECC on Deployment Mental Health

(Abstract #589)

Schlenger, William, PhD³; Fairbank, John, PhD¹; Green, Kimberly, MSHS²

¹*Duke University Medical Ctr, Durham, North Carolina, USA*

²*Dept of Veterans Affairs, Durham, North Carolina, USA*

³*Abt Associates, Inc., Durham, North Carolina, USA*

Implementing a Registry of OEF/OIF Veterans The Mid-Atlantic MIRECC has created and implemented a registry of military veterans who have served in the conflicts in Iraq and Afghanistan. In this presentation we will begin by describing the aims of the registry and an overview of the characteristics of participants, who now number more than 1,000. Participants have been recruited via multiple pathways and at multiple VA Medical Centers (Durham and Salisbury, NC, and Richmond, Hampton, and Salem, VA) across the Mid-Atlantic VISN. Assessments include: (1) a battery of self-report measures that include: combat and other related exposures; health and mental health outcomes, focused on PTSD, TBI, and their frequent comorbidities; and potential moderators of the exposure-outcome relationships (e.g., sociodemographic characteristics, social support); (2) a semi-structured clinical diagnostic interview (SCID); and (3) a blood draw that supports genetic and other biomarkers. We will then describe selected outcome findings from the registry, focused on the prevalence of and risk factors for PTSD and TBI.

Trauma Sequelae in Women Exposed to Interpersonal Violence and Abuse

(Abstract #277)

Symposium (Practice, Assess Dx) International C - 6th Floor

Leahy, Kerry, PhD²; Basu, Archana, MA¹; Mourad, Mariam, MA¹; Huth-Bocks, Alissa, PhD³

¹*Michigan State University, East Lansing Michigan, USA*

²*University of Michigan Psychological Clinic, Ann Arbor, Michigan, USA*

³*Eastern Michigan University, Ypsilanti, Michigan, USA*

Interpersonal abuse is associated with varied sequelae including mental health, neuroendocrine, and physical health problems. Multiple risk and protective factors moderate outcomes in women experiencing interpersonal victimization. The first study explores the role of childhood abuse on adult intimate partner violence (IPV) and the effects of both types of abuse on trauma symptomatology during pregnancy. The second study examines the role of social support, adult representations of childhood attachment, and child maltreatment history as mechanisms for the development of complex PTSD in the context of prolonged IPV. The next study examines differences in cortisol outcomes across typical trauma sequelae, PTSD with- and without comorbid mood problems, and the implications for subtypes within trauma symptomatology. The final study examines characteristics of the traumatic event, survivor's personality, and environmental stressors as mediators of psychological and physical health

symptoms in women exposed to interpersonal (IPT) and non-personal traumatic events. This group of studies highlights the heterogeneous nature of the sequelae of interpersonal abuse and indicates the importance of comprehensive assessment of multiple domains of survivors' symptomatology. This diversity of trauma reactions implies treatment should be tailored to unique subgroups of survivors.

Consequences of Childhood Abuse and Intimate Partner Violence Among Pregnant Women

(Abstract #1011)

Huth-Bocks, Alissa, PhD; Gallagher, Erin, MS; Krause, Kylee, BA; Ahlf-Dunn, Sarah, BA

Eastern Michigan University, Ypsilanti, Michigan, USA

Pregnancy may be a vulnerable time for women with histories of past and/or present interpersonal victimization, as pregnant women experience significant psychological and physiological changes. This study examines the influence of childhood abuse and neglect and psychological, physical, and sexual partner violence on trauma symptoms among pregnant women. A primarily low-income, community sample of 120 women participated in an extensive interview during their last trimester of pregnancy. Women completed questionnaires about interpersonal violence, such as the Childhood Trauma Questionnaire and the Conflict Tactics Scale-2, and post-traumatic stress symptoms. Results revealed higher rates of various types of interpersonal violence among this pregnant sample than is typically reported from general population studies. Findings indicated significant associations between childhood maltreatment and adult intimate partner violence, as well as between both forms of violence and trauma symptoms. Emotional abuse and emotional neglect from childhood and experiences of psychological aggression from a current partner showed the strongest associations with trauma symptoms out of all forms of violence. Results highlight the need to closely assess pregnant women for trauma histories including emotional/psychological abuse in order to intervene early on behalf of the mother and infant.

An Examination of the Effects of Traumatic Events on Psychological and Physical Health Symptoms

(Abstract #488)

Mourad, Mariam, MA; Levendosky, Alytia, PhD; Carolán, Marsha, PhD; Davidson, William, PhD

Michigan State University, East Lansing, Michigan, USA

Previous trauma research has focused on the psychological effects of trauma on survivors; recent literature has noted a marked effect on the survivor's physical health functioning as well. The current study sought to examine the characteristics of a traumatic event survivor associated to the presence of psychological and physical health symptoms including the survivor's personality and environmental stressors. Differences in the type of event endorsed, interpersonal (IPT) or non-personal (NPT) traumatic event, was also examined. Data were collected from 1806 female survivors of traumatic events. Survivor personality, environmental stressors and psychological functioning mediated the presence of physical health symptoms

for survivors of IPT but not for NPT. Results suggest that the development of health problems in the survivor of an IPT is based on her perceptions of the world and her stressors after the traumatic event. In comparison, the experience of an NPT may not alter the survivor's perceptions to the same degree. The current study provides information as to the physical health repercussions of IPT and its relationship to psychological symptoms. These findings imply a need for clinicians to assess for physical health, in addition to psychological functioning, as an indicator of the impact of the IPT on the survivor.

Cortisol Outcomes Across Diagnostic Groups in Women Exposed to Intimate Partner Violence (IPV)

(Abstract # 332)

Basu, Archana, MA; Alytia Levendosky, PhD; Lonstein, Joseph, PhD

Michigan State University, East Lansing, Michigan, USA

The most typical trauma sequelae include PTSD, with or without comorbid major depressive disorder (MDD). In addition, exposure to traumatic events is also associated with dysfunctions in the hypothalamic-pituitary-adrenal (HPA) axis. This study examines salivary cortisol as a measure of alterations in the HPA axis. It is possible that the differences in trauma outcomes represent different subtypes of trauma related psychopathology which is also reflected in the heterogeneous nature of cortisol outcomes. Differences in basal (average of 4 samplings through the day) and challenged (assessed through an experimental paradigm based on the Trier Social Stress Test) cortisol outcomes in pre-menopausal women with recent exposure to IPV will be presented. Approximately 90 women across 3 diagnostic groups – PTSD, PTSD with comorbid MDD, and a matched control comparison group without a prior history of interpersonal trauma and no life time diagnosis of mood disorders will be compared. It is expected that the 3 groups will differ significantly in cortisol levels. Specifically, the PTSD group will have lower levels of cortisol, and the PTSD and MDD comorbid group will have higher levels of cortisol, relative to the control group. Implications for treatment outcome research will be discussed.

Protective and Vulnerability Factors That Affect Complex PTSD in Women Exposed to Domestic Violence

(Abstract #425)

Leahy, Kerry, PhD²; Levendosky, Alytia, PhD¹; Bogat, G. Anne, PhD¹; Von Eye, Alexander, PhD¹

¹*Michigan State University, East Lansing, Michigan, USA*

²*University of Michigan Psychological Clinic, Ann Arbor, Michigan, USA*

Complex posttraumatic stress disorder (CP) was defined specifically to capture the psychological consequences of prolonged interpersonal trauma, including domestic violence (DV). However, the theory does not explain the mechanisms underlying risk for repeated harm or specify how factors apart from abuse may directly affect CP symptoms. The current study examines proposed protective and vulnerability factors, i.e. social support, adult representations of childhood attachment, and child maltreatment history, which may explain the mechanisms through which DV may lead to CP symptoms. This study included 164 women assessed over 6 years with yearly data collection of DV and social support. Findings indicated that child maltreatment

history moderated the DV-CP symptoms link, but childhood attachment did not. Longitudinal analyses indicated that the number of supporters in their social support network decreased over time. However, their emotional support increased over time, which was correlated with a decrease in DV. These findings directly contrast with those from abused women living in shelters who experience social isolation. They may reflect the population of community-dwelling women who frequently move out of abusive relationships, possibly due to better emotional support, or whose relationships become less violent over time.

Treatment Trajectories of Substance Abusing Women With Trauma: Limitations of PTSD Diagnosis

(Abstract #447)

Symposium (Clin Res, Assess Dx) International D - 6th Floor

Miele, Gloria, PhD⁴; Hien, Denise, PhD¹; Litt, Lisa, PhD²; Cohen, Lisa, PhD³; Campbell, Aimee, MSW²

¹*City University of New York, New York, New York, USA*

²*Columbia University, New York, New York, USA*

³*New York State Psychiatric Institute, New York, New York, USA*

⁴*St. Luke's Roosevelt Hospital, New York, New York, USA*

The vast majority of women in substance abuse treatment have a history of traumatic stress; however, their rates of PTSD are variable. Although these women may not meet full criteria for PTSD, they often have hallmark signs and symptoms of the disorder that cause significant impairment and distress. This symposium will address the clinical and diagnostic profiles of substance abusing women with trauma histories, highlighting varying symptom constellations and different ways to conceptualize diagnosis in this population. Two research papers will be presented based on data from a multi-site clinical trial conducted in NIDA's Clinical Trials Network (CTN). One paper will highlight differences in treatment outcomes for women who met full PTSD criteria and those who met a clinically significant but not full criteria trauma-related syndrome ("subthreshold" PTSD). Another paper will illustrate the mechanisms of action of treatment and the complex interplay between improvements in PTSD and substance use disorder symptoms over the course of treatment. Finally, case material related to treating women concurrently working on both issues of active substance abuse and PTSD symptoms will provide clinical illustrations of the research findings.

Full or Subthreshold PTSD Diagnosis in Women With Trauma and Addictions: Treatment Outcomes

(Abstract # 696)

Miele, Gloria, PhD²; Campbell, Aimee, MSW¹

¹*Columbia University, Astoria, New York, USA*

²*St. Luke's Roosevelt Hospital, New York, New York, USA*

In order to meet full criteria for Post-traumatic Stress Disorder, as defined by *DSM-IV*, a number of signs and symptoms of the disorder must all be present: a traumatic event (Criterion A); symptoms from the symptom clusters of reexperiencing (Criterion B), avoidance and numbing (Criterion C) and hyperarousal (Criterion D); duration of 1 month (Criterion E); and significant impairment or distress (Criterion F). Clinical experience indicates that many women who do not meet full

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criteria for the disorder still experience significant trauma-related symptoms. This presentation examines the differences in treatment outcome between women who met full criteria for PTSD and those who met "subthreshold" criteria, defined as meeting Criteria A, B, E and F and either C or D. Participants were 353 women randomized to 12 sessions of trauma-focused or health education group treatment. PTSD and SUD assessments were conducted during treatment and at 1-week, 3-, 6-, and 12-months post treatment. Nearly 20% (N=69) of women met subthreshold PTSD criteria. Differences in treatment outcomes (severity of trauma symptoms and levels of substance use) for women with full vs. subthreshold PTSD will be reported. Implications for treatment providers will be discussed.

Do Treatment Improvements in PTSD Severity Affect Women's Substance Use Outcomes?

(Abstract #842)

Miele, Gloria, PhD²; Cohen, Lisa, PhD¹

¹*NY State Psychiatric Inst, New York, New York, USA*

²*St Luke's Roosevelt Hospital, New York, New York, USA*

This presentation examines the temporal course of improvement in Posttraumatic Stress Disorder (PTSD) and substance use disorder (SUD) symptoms among women in outpatient substance abuse treatment. Participants were 353 women randomized to 12 sessions of trauma-focused or health education group treatment. PTSD and SUD assessments were conducted during treatment and at 1-week, 3-, 6-, and 12-months follow-up. A continuous Markov model was fit on participants' four defined responder categories (non-responder, SUD responder, PTSD responder or global responder [improved in both PTSD and SUD]) to investigate the temporal association between improvement in PTSD and SUD symptom severity during the study's treatment phase. A generalized linear model was applied to test this relationship over one year follow-up. Non-responders, SUD responders and global responders tended to maintain their original classification; those initially classified as PTSD responders were significantly more likely to transition to global responders over time, indicating maintained PTSD improvement and subsequent SUD improvement. Trauma-focused treatment was significantly more effective in achieving SUD improvement than the comparison group but only among those who were heavy substance users at baseline. Treatment implications and issues around self-medication will be discussed.

Case Examples of Diagnostic Issues and PTSD/SUD Symptoms for Women With Trauma and Addictions

(Abstract # 844)

Litt, Lisa, PhD¹; Miele, Gloria, PhD²

¹*Columbia University, New York, New York, USA*

²*St. Luke's Roosevelt Hospital, New York, New York, USA*

This presentation will provide clinical case material illustrating treatment approaches for women struggling with both issues of addiction and trauma, including those presenting with PTSD and those presenting with subthreshold PTSD or other traumatic stress related syndromes. Clinical material will be culled from the presenters' extensive collective experience providing evidence based treatments for this population in both the research setting

and in translating treatments to a niche clinical program for this population, the Women's Health Project Treatment and Research Center in New York City. The clinical material will reflect work with Seeking Safety, STAIR/NST and COPE and will connect and highlight the research findings presented in this symposium.

Cambodians' Responses to the Khmer Rouge Trials

(Abstract #959)

Symposium (Civil Ref, Disaster)

International E - 6th Floor

Sonis, Jeffrey, MD MPH¹; Pham, Phuong, Ph.D., MPH²; Stammel, Nadine, MA³

¹*University of North Carolina Chapel Hill, Chapel Hill, North Carolina, USA*

²*University of California, Berkeley, California, USA*

³*Center for Torture Victims, Berlin, Germany*

Between 1975 and 1979, Cambodians suffered one of the worst genocides of the 20th Century under the leadership of the Khmer Rouge. After years of impunity for the perpetrators, a special joint UN-Cambodian tribunal has been empanelled and trials of the senior Khmer Rouge leaders are getting under way. But what are Cambodians' attitudes toward the Khmer Rouge trials and what effect will the trials have on them? Will the trials fulfill Cambodians' quest for justice or will the trials exacerbate trauma-related mental health problems (or both)? In this symposium, the results of three recent large national studies in Cambodia addressing those questions are presented.

Cambodian Attitudes and Mental Health on the Eve of the Khmer Rouge Trials

(Abstract # 1014)

Sonis, Jeffrey, MD, MPH¹; Gibson, James, PhD²; Hean, Sokhom, PhD³; de Jong, J.T.V.M., MD, PhD⁴; Field, Nigel, PhD⁵

¹*University of North Carolina Chapel Hill, Chapel Hill, North Carolina, USA*

²*Washington University, St. Louis Missouri; Stellenbosch University, South Africa*

³*Center for Advanced Study, Phnom Penh, Cambodia*

⁴*Vrije Universiteit, Amsterdam, the Netherlands; Boston University, Boston, Massachusetts, USA*

⁵*Pacific Graduate School of Psychology, Redwood City, California, USA*

The purpose of this study was to assess Cambodians' mental health and attitudes toward the joint U.N.-Cambodian trials of the Khmer Rouge, on the eve of the trials. In January/February 2009, as a baseline for a longitudinal study, we conducted a national study in Cambodia (N = 1,800), using a complex, multi-stage sample. We assessed PTSD using the World Health Organization Composite International Diagnostic Interview and depression using the Hopkins Symptom Checklist, Cambodian version. We also measured perceived justice for Khmer Rouge era atrocities, hopes and fears for the trials, perceived legitimacy of the trials, desire for revenge and feelings of safety. In this presentation, we report findings from this recent national survey and compare results to our previous national study of Cambodian mental health and attitudes toward the Khmer Rouge trials (N = 1,017), conducted in 2007.

Cambodians' Responses to the Khmer Rouge Trials

(Abstract #1070)

Vinck, Patrick, PhD

University of California, Berkeley, California, USA

The years of the Khmer Rouge regime, from 1975 to 1979, mark one of the most horrific times in modern history. Nearly one quarter of the Cambodian population—a least 1.7 million people—perished as a result of the oppressive policies imposed by Khmer Rouge leader Pol Pot and his supporters. Professionals and educated persons, especially teachers, doctors, police, and former government officials—viewed by the Khmer Rouge as objects of Western decadence—were especially singled out for persecution. Developed as a hybrid court within the Cambodian Court System, the Extraordinary Chambers in the Courts of Cambodia (ECCC), is the latest in a series of tribunals. In September 2008 we conducted a population-based survey of 1,000 adult Cambodians to capture their opinions and attitudes about justice and accountability. In this presentation we will examine the relationship between exposure to trauma and how that affect their attitudes towards justice, accountability, and the ECCC.

Mental Health and Readiness to Reconcile in the Context of the Khmer Rouge Trials in Cambodia

(Abstract # 1099)

Stammel, Nadine, MA¹; Neuner, Frank, PhD²; Knaevelsrud, Christine, PhD³

¹*BZFO Center for Torture Victims, Berlin, Germany*

²*University of Bielefeld, Bielefeld, Germany*

³*Treatment Center for Torture Victims, Berlin, Germany*

During the Khmer Rouge reign of terror in Cambodia nearly one quarter of the population was brutally killed. Almost thirty years after its end the Khmer Rouge Tribunal was set. For the first time in the history of international criminal justice victims are allowed to participate actively in the court proceedings as civil parties. In a cross-sectional design 850 direct victims of the Khmer Rouge regime were interviewed throughout Cambodia in structured face-to-face interviews assessing traumatic experiences, PTSD (PCL-C), depression and anxiety (HSCL-25), readiness to reconcile (RRI) and attitudes towards the Tribunal. Aim of this study was to compare civil party applicants to victims who do not participate in the Tribunal. The two groups did not differ regarding sex, age, education, religiousness as well as levels of depression and anxiety. But T-tests revealed that civil party applicants (n=196) experienced significantly more traumatic experiences and had significantly higher levels of PTSD compared to non-civil party applicants (n=654). Likewise civil party applicants were significantly less ready to reconcile. The results indicate that active participation in the Tribunal may be due to more traumatic experiences and PTSD. In addition it is associated with lower levels of readiness to reconcile.

Impact of Specific PTSD Symptoms in the Development and Maintenance of Child PTSD

(Abstract #1122)

Symposium (Child, Prev EL)

International F - 6th Floor

Ostrowski, Sarah, PhD²; Briggs-King, Ernestine¹; Lekwauwa, Ruby, B.Sc.²; Fairbank, John, PhD¹

¹*Duke University Medical Center/CCFH, Durham, North Carolina, USA*

²*Duke University National Center for Child Trauma Stress, Durham, North Carolina, USA*

Posttraumatic stress disorder (PTSD) in children represents a serious public health concern and can have severe, long-lasting consequences on children throughout their development. Prior research demonstrates different and oftentimes contradictory patterns of PTSD symptom development following a traumatic event. Although some studies have examined the extent to which PTSD symptoms predict subsequent total symptoms or diagnosis, few examine the impact of specific PTSD symptoms on child post-traumatic adjustment. Given the debate concerning diagnostic criteria in children, it is important to examine individual PTSD symptom clusters as each symptom cluster may confer differential risks towards child post-traumatic adjustment. Similarly, different symptom clusters have different treatment and clinical implications. The focus of this symposium is to examine specific PTSD symptom clusters, particularly hyperarousal, in child post-traumatic adjustment. The differential impact of specific PTSD symptom clusters will be examined in both acute and chronic PTSD patients to further examine proximal versus distal properties of PTSD symptom clusters in childhood PTSD.

Longitudinal Development of Child PTSD Symptoms in Pediatric Injury Victims

(Abstract # 1124)

Ostrowski, Sarah A., PhD¹; Ciesla, Jeffrey A., PhD²; Lee, Timothy J., MD³; Christopher, Norman C., MD³; Delahanty, Douglas L., PhD²

¹*Duke University National Center for Child Traumatic Stress. Durham, North Carolina, USA*

²*Kent State University, Kent, Ohio, USA*

³*Akron Children's Hospital, Akron, Ohio, USA*

Following injuries requiring admission to an Emergency Department (ED), children often report significant levels of posttraumatic stress disorder (PTSD) symptoms. Although studies have identified predictors of PTSD at varying times post-trauma, few have longitudinally examined mechanisms through which PTSD symptoms (PTSS) develop over time. Furthermore, the majority of these studies have been conducted in adults. One hundred and eighteen child ED patients aged 8-18 years were interviewed in-hospital and at 2- and 6-weeks post-trauma to assess the development and maintenance of child PTSS. At each time point, child depressive and PTSD symptomatology were measured. Structural equation modeling was used to examine the development and interaction of post-traumatic stress symptoms over time. Results revealed that child in-hospital levels of hyperarousal predicted child 2-week PTSS; however, child in-hospital levels of avoidance marginally predicted child overall PTSS at 6-weeks post-trauma. Further, re-experiencing at 2-weeks post-trauma predicted 6-week re-experiencing and 6-week avoidance symptoms. The results of the current study

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shed light on the dynamic development of PTSS and suggest the possibility of targeting specific symptoms for intervention at differing times post-trauma.

Hyperarousal Symptoms and PTSD Development in Children: An Examination of Traumatic Experiences and Co-morbid Sleep Disorders

(Abstract # 1123)

Briggs-King, Ernestine¹; Murray, Laura, PhD³; Ostrowski, Sarah, PhD²; Pynoos, Robert, MD, MPH⁴; Steinberg, Alan, MD⁴; Fairbank, John, PhD¹

¹Duke University Medical Center/CCFH, Durham, North Carolina, USA
²Duke University National Center for Child Trauma and Stress, Durham, North Carolina, USA
³Johns Hopkins University School of Public Health, Baltimore, Maryland, USA
⁴UCLA School of Medicine, Los Angeles, California, USA

Traumatized children may experience a range of PTSD symptoms following a traumatic event. Children frequently report symptoms of hyperarousal and disturbances of physiological self-regulation such as sleep. Data from the National Child Traumatic Stress Network (NCTSN) was examined to further elucidate factors that may impact hyperarousal symptoms. Results revealed that, at baseline, significant differences were found between those children who experienced a single traumatic event (n=1378) and those children who experienced multiple traumatic events (n=4274) on all 3 symptom clusters and overall PTSD as assessed by the UCLA PTSD-RI (p < .001). However, at follow-up, significant differences were only found for hyperarousal (p < .001) and overall PTSD (p < .05). In addition, further examination of those children with (n=997) and without sleep disorder (n=6165) revealed significant differences in rates of PTSD, with those children with clinically evaluated sleep disorders endorsing higher rates of PTSD at baseline and follow-up (p < .001). Moreover, after controlling for number of traumas experienced, the presence of a sleep disorder at baseline significantly predicted overall PTSD symptoms 6-8 months post-baseline (ΔR2= .02, p=.02). These preliminary results warrant further examination of hyperarousal symptoms and factors that may impact the development of PTSD.

An Examination of PTSD and Substance Use in a Sample of Adolescents Presenting for Trauma Treatment

(Abstract # 364)

Ostrowski, Sarah, PhD

Duke University National Center for Child Trauma and Stress Studies, Durham, North Carolina, USA

The relationship between substance use and trauma exposure in adolescents is well documented. In this work we examined the relationship between problematic substance use and the cluster symptoms of PTSD in a sample of adolescents presenting for trauma treatment. Participants were adolescents ages 13-18 enrolled in a larger quality improvement initiative, National Child Traumatic Stress Network. Demographics, traumatic experiences, alcohol and substance use, and PTSD symptoms were used. Alcohol and substance use information was derived from clinical evaluation data. PTSD severity was obtained via the UCLA Post Traumatic Stress Disorder—Reaction Index, a semi-structured interview that assesses exposure to traumatic events

and DSM-IV PTSD diagnostic criteria. PTSD cluster scores and an overall PTSD summary score were computed. Multiple linear regression models that included age, gender, and number of traumas were conducted. Alcohol and/or substance use problems were reported for 17% of the sample. Age, female gender, and number of traumas accounted for a significant amount of variability in hyperarousal symptoms (p<.001). A similar model was tested for overall PTSD scores that demonstrated a trend towards significance (p=.059). These findings highlight the importance of screening for alcohol or other substance use in patients with PTSD and high levels of hyperarousal.

Investigating the Mechanisms Linking Trauma, PTSD, and Psychopathology in Juvenile Delinquency

(Abstract #639)

Symposium (Child, Assess Dx) International H - 6th Floor

Kerig, Patricia, PhD

University of Utah, Salt Lake City, Utah, USA

Recent research reveals that adolescents in the juvenile justice system have been disproportionately exposed to trauma and consequently evidence rates of PTSD that are 2 to 8 times higher than those of community youth. In response, new models of the developmental psychopathology of delinquency propose that trauma is a catalyst that sets many youth on the pathway toward maladaptation. However, there remain many unanswered questions regarding the underlying mechanisms that account for these effects and whether they are consistent across the genders. This symposium brings together four papers investigating aspects of traumatic exposure, posttraumatic reactions, and psychopathology among delinquent youth. The first paper finds gender differences in the ways PTSD symptom clusters mediate the relationships among interpersonal and youth mental health problems. The second paper investigates gender and ethnic differences in the longitudinal relationships between PTSD and psychological problems among recidivist youth. The third paper focuses on self-blame as a mediator of the relationship between betrayal trauma and PTSD in male and female delinquents, and the fourth paper uses an experiential avoidance framework to understand better the reactions of adjudicated youth who have experienced betrayal trauma. Implications for clinical interventions are highlighted in each presentation.

Traumatic Experiences, PTSD Symptoms, and Mental Health Problems Among Delinquent Youth

(Abstract # 799)

Vanderzee, Karin, MA¹; Kerig, Patricia, PhD²; Ward, Rose Marie, PhD¹

¹Miami University, Oxford, Ohio, USA
²University of Utah, Salt Lake City, Utah, USA

Interrelationships among trauma exposure, PTSD symptoms, and mental health problems were investigated in a sample of adjudicated adolescents (337 boys, 161 girls). Youth completed measures of trauma exposure (interpersonal vs. non-interpersonal), PTSD symptoms (reexperiencing, avoidance, arousal, associated symptoms), and mental health problems (anxiety/depression, suicidality, anger/irritability, somatic complaints, substance abuse). Girls scored higher than boys



on measures of trauma exposure, PTSD symptoms, and most mental health problems. Results of path models supported the hypothesis that PTSD symptoms mediated the relationship between interpersonal traumas and mental health problems, with different patterns of results for boys and girls. For all youth, avoidance mediated the relationship between trauma and internalizing symptoms. However, for boys only, noninterpersonal traumas were related to PTSD symptoms of reexperiencing and arousal, which in turn were related to anger/irritability. Further, for boys only, arousal was related to substance abuse. These results are consistent with recent thinking in the developmental psychopathology of juvenile delinquency, in which trauma is given a central role. Clinical implications of these data are discussed, including the need to tailor treatment to respond to specific clusters of PTSD symptoms in adjudicated boys and girls.

Betrayal Trauma and PTSD Among Juvenile Delinquents: The Moderating Role of Self-Blame

(Abstract # 817)

Sink, Holli, MA; Becker, Stephen, MA

Miami University, Oxford, Ohio, USA

Betrayal trauma (BT; Freyd, 1996) has been shown to be related to the development of PTSD among youth who are victimized by caregivers (e.g., Ullman, 2007). Further, cognitive appraisals related to BT, such as self-blame, are known to affect victims' adjustment following victimization. However, research has shown mixed findings regarding the impact of appraisals of self-blame on the severity of PTSD symptoms (e.g., Kletter et al., 2009; Leskela et al., 2002). Janoff-Bulman (1979) posits that some types of self-blame may be adaptive in that they promote the perception that one has some control over preventing future events from occurring. The current study explored the relationship between BT exposure, self-blame, and PTSD symptoms among juvenile delinquents, a population with a high prevalence of exposure to interpersonal traumatic experiences involving betrayal, such as child abuse. Data were collected from 289 youth in a juvenile detention center; 139 experienced betrayal trauma. Multiple regression analyses indicated that, for males, self-blame moderated the relationship between BT exposure and PTSD Criterion D, hyperarousal symptoms. Specifically, high levels of BT were associated with high hyperarousal symptoms; however at high levels of BT, high self-blame was associated with lower hyperarousal symptoms, consistent with Janoff-Bulman's model.

Betrayal Trauma Among Juvenile Offenders: Contrasting Frameworks of PTSD and Experiential Avoidance

(Abstract # 820)

Zerubavel, Noga, MA; Cuellar, Raven, BS; Bendikas, Emily, BA

Miami University, Oxford, Ohio, USA

Betrayal trauma theory (BT; Freyd, 1996) proposes that in situations where abuse is perpetrated by someone in whom a child must trust for survival, escape is impossible. In BT, blocking awareness of pain (e.g., dissociation) is adaptive in that it preserves attachment bonds. A useful framework can be drawn from experiential avoidance (EA) literature, which theorizes that some people manage distress by using disengagement strategies

(Hayes et al., 1996). Hayes suggests a functional framework (e.g., EA) provides a more informative model than syndromal classification (e.g., PTSD). The present study compared these frameworks in youth exposed to BT. We investigated the impact of BT on PTSD symptoms and use of EA strategies in a sample of 475 youth in detention. 322 youth experienced trauma; 139 experienced BT. T-tests indicated that BT was related to PTSD criterion scores. An EA scale ($\alpha = .80$) was created by summing standardized scores on measures of emotional (e.g., numbing), cognitive (e.g., suicidality), and behavioral avoidance (e.g., substance abuse) and was found to be significantly associated with BT. Correlational analyses compared the utility of the EA construct and PTSD diagnosis as frameworks for understanding BT. Whereas the relationship between BT and PTSD was not significant, BT and EA were significantly correlated. Implications for treatment will be discussed.

PTSD and Youth Offenders: A Closer Look at the Relationship Between Mental Health and Recidivism

(Abstract # 968)

Ezechukwu, Rebecca, BA; Lim, Ji-Young, PhD; Cuellar, Raven, BS

Miami University, Oxford, Ohio, USA

Many youth enter the juvenile justice system with serious mental health problems. Research suggests that the experience of being incarcerated may exacerbate these problems and disrupt delinquent youths' psychosocial development, thereby diminishing opportunities to facilitate healthy functioning and a successful transition into adulthood (Steinberg et al., 2004). The current study examined the relationship between PTSD, repeated entry to the juvenile justice system, and mental health functioning for a sample of 588 incarcerated youth (170 females and 418 males). Specific questions included whether repeated admissions to detention were associated with declines in mental health functioning, and whether those declines were moderated by gender or the presence of PTSD. Results of hierarchical linear modeling indicated that over multiple admissions to juvenile detention, females' scores in the domains of anger-irritability and somatic complaints increased more dramatically compared to those of males. Males who met criteria for PTSD at baseline showed the most dramatic increase in alcohol/drug scores and anger-irritability scores over multiple admissions to detention compared to other groups. Concerns regarding mental health assessment instruments used in juvenile justice systems as well as implications for treatment will be discussed.

Friday: 11:00 a.m. - 12:15 p.m.

Symposium

What Role Do Evidenced Based Treatments Play in Improving Quality of Life?

(Abstract #1089)

Symposium (Clin Res, Practice) **Vinings I & II - 6th Floor**

Chard, Kathleen, PhD¹; Schnurr, Paula, PhD²

¹Cincinnati VAMC, Ft. Thomas, Kentucky, USA

²VA Medical & Regional Office, White River Junction, Vermont, USA

This symposium will discuss the positive impact of evidence-based treatments on symptoms related to PTSD. Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) have been shown to reduce a variety of symptoms such as PTSD, Depression, Anger and Guilt in nine to twelve sessions. Less research has focused on the impact of CPT and PE on variables associated with well-being, such as hope, life satisfaction, and belief in a future. These three papers will discuss treatment outcome data with assault survivors and veterans with a focus on various well-being measures. Suggestions will be offered for improving treatment based on these findings. A discussion will follow highlighting the importance of positive psychology variables in both treatment outcome studies and clinical care settings.

Examining Change in Cognitions for Cognitive Processing Therapy (CPT)

(Abstract # 1092)

Erbes, Christopher, PhD, LP

Minneapolis VA Medical Center, Minneapolis, Minnesota, USA

Several randomized clinical trials have shown CPT to be efficacious for the treatment of Posttraumatic Stress Disorder (PTSD) in civilian and veteran populations. However, subsequent effectiveness studies have yet to examine whether posttraumatic cognitions change over time in a positive direction during the course of CPT. As CPT targets post-trauma cognitions, we expect to find changes in these cognitions concurrent with, or subsequent to, improvement in PTSD. The purpose of this evaluation was to examine change in posttraumatic cognitions over the course of 13 sessions of CPT utilizing Foa's Posttraumatic Cognitions Inventory (PTCI) as a process measure in a clinical sample of 44 male outpatient veterans with PTSD. Initial findings from a repeated measures ANOVA show significant reductions in the total score for the PTCI ($F(1,43) = 20.93, p < .001, \eta^2 = .33$). Each component subscale also showed significant ($p < .05$) decreases with sizes of $\eta^2 = .33$, for Negative Cognitions about Self, $\eta^2 = .25$ for Negative Cognitions about the World, and $\eta^2 = .27$ for Self-Blame. Change in total PTCI scores correlated with change in PTSD Checklist scores ($r = .58, p < .001$). Further analyses incorporating additional CPT cohorts will be reported and lagged effects between mid-treatment PTCI scores and PTSD symptoms will be examined.

Changes in Social Satisfaction and Healthy Coping in Women Treated With Prolonged Exposure for Assault-Related PTSD

(Abstract # 1105)

Hembree, Elizabeth, PhD; Foa, Edna, PhD

University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania, USA

Foa, Hembree, Cahill, Rauch, Feeny, Yadin (2005) randomly assigned 171 female assault survivors with chronic PTSD to Prolonged Exposure (PE) alone, PE plus cognitive restructuring (PE/CR), or to wait-list. Therapy was conducted at an expert clinic, the Center for the Treatment and Study of Anxiety, and at two community clinics. Patients received 9-12 sessions of treatment. Both treatments reduced PTSD and depression relative to waitlist; the addition of CR did not enhance treatment outcome beyond that obtained by exposure alone. These findings are consistent with those of many other studies that found that exposure-based treatments ameliorate PTSD and other outcomes in other domains. Foa et al. (2005) reported that in addition to experiencing decreases in PTSD and depression, women who completed treatment showed improvement on a global index of social functioning. In this paper, we will expand on that finding by reporting on the impact of prolonged exposure therapy on other aspects of positive outcome: social adjustment and satisfaction, quality of social support, and healthy coping behaviors.

The Impact of Hope on the Treatment of PTSD and Depression in Veterans

(Abstract # 1107)

Chard, Kathleen, PhD

Cincinnati VAMC, Ft Thomas, Kentucky, USA

This paper will present findings examining how a key QOL indicator (hope) is associated with symptom presentation before, during and after therapy. 165 Veterans with a diagnosis of PTSD received group and individual based Cognitive Processing Therapy (CPT) in a 7-week residential treatment program. All veterans were administered the Clinician Administered PTSD Scale, the PTSD Checklist, the Beck Depression Inventory, and the Hope Scale at pre-treatment, 4 weeks into treatment, and post-treatment. Results from a three-panel path analysis revealed important relationships between hope and psychological adjustment (i.e., reduction in PTSD and depression severity). As expected, pre-treatment Hope negatively associated with pre-treatment PTSD and depression severity. However as PTSD and depression improved, levels of hope increased, both at mid-point and treatment completion. These results suggest that levels of hope before and during treatment may be an important prognostic indicator of post-treatment response for individuals in trauma-focused PTSD treatment. The presentation will discuss these findings and offer suggestions for improving treatment of individuals with PTSD.

Friday: 11:00 a.m. - 12:15 p.m.

Papers

Longitudinal Research

Augusta I - 7th Floor

Chair: Ben Dickstein, MA

Boston VA Medical Center, Boston, Massachusetts, USA

Patterns of Change Over Time in PTSD Symptomatology in Multiply Traumatized Arab Immigrant Women

(Abstract #1068)
(Assess Dx, Civil Ref)

Norris, Anne, BA; Aroian, Karen, BA

University of Central Florida, Orlando, Florida, USA

This study investigated symptoms of PTSD and depression in a sample of Arab Muslim immigrant women (n=431) who completed Arabic language versions of the POMS, CES-D, PDS, social support and stress measures, and measures of immigration and demographic characteristics during interviews in their homes at 3 time points over a three year period. Descriptive analyses of data across study time points indicate that some individuals consistently report symptoms and functioning levels consistent with a *DSM* diagnosis of PTSD (chronic, n = 43) whereas others either (a) develop symptoms and functioning issues consistent with a *DSM* diagnosis of PTSD (developed, n = 15) or (b) improve to the extent that their symptoms and functioning are no longer consistent with diagnostic criteria (improved, n = 38). Experiences in a refugee camp increase the likelihood of being in the chronic or developed PTSD groups ($p < .001$), but immigration related stressors do not ($p > .23$). This paper discusses how chronic, developed, and improved levels of symptoms and functioning relate to patterns in the number and severity of re-experiencing, avoidance, and arousal symptoms as well as patterns in the severity of depressive symptoms. Implications for PTSD diagnostic criteria and work with multiply traumatized immigrants are discussed.

Predicting Future Onset of PTSD Using ASD Versus PTSD Diagnoses in a Major Burn Population

(Abstract #964)
(Assess Dx, Res Meth)

McKibben, Jodi, PhD²; Mason, Shawn, PhD¹; Gould, Neda, PhD¹; Klick, Brendan, ScM²; Fauerbach, James, PhD¹

¹*John Hopkins University School of Medicine, Baltimore, Maryland, USA*

²*Center for the Study of Traumatic Stress, USUHS, Bethesda, Maryland, USA*

Introduction: This longitudinal study examines the question of whether an ASD diagnosis is a better predictor of chronic PTSD than a PTSD diagnosis made at the same time. Methods: A total of 178 hospitalized adult patients with major burns based on American Burn Association criteria participated. They completed the Stanford Acute Stress Reaction Questionnaire (SASRQ) at discharge and the Davidson Trauma Scale (DTS) at 1, 6, 12, and 24 months post-discharge. Results: Logistic regression analyses and GEEs were used to compare the ability of ASD and modified PTSD diagnostic cutoffs (SASRQ) to predict future PTSD (DTS) in the presence of sociodemographic, burn injury, and psychological

health factors. Both diagnostic cutoffs predicted future PTSD, but were not significantly different at 1 month (ORs=4.6 and 5.2), 6 months (ORs=4.8 and 7.8), and 12 months (ORs=4.2 and 4.5). The GEE models revealed a decreased likelihood of PTSD given a positive ASD score at later versus earlier time points (OR=0.61) with no change in likelihood given a positive PTSD score. Conclusions: While the dissociative symptoms specific to ASD may be essential components of the disorder, they may not be critical in the prediction of future PTSD. This has important implications for early assessment of traumatic stress reactions and associated interventions aimed at prevention of PTSD.

Shattered Assumptions?

A Prospective Study: The Impact of Trauma on Global Beliefs

(Abstract #765)
(Res Meth, Clin Res)

Mills, Mary Alice, MA; Park, Crystal, PhD; Edmondson, Donald, MA

University of Connecticut, Storrs, Connecticut, USA

Empirical support for Janoff-Bulman's (1992) theory that trauma disrupts worldviews has been sparse and equivocal. The present study tests the "shattered assumptions" theory of trauma utilizing a prospective design. Participants were 768 first year college students (66% female, mean age = 18), assessed twice over a 10 month interval with regard to trauma exposure, global beliefs, and adjustment. Approximately 60% of respondents reported at least one lifetime trauma at baseline, and 24% experienced a trauma between baseline and follow-up. Path analysis tested a model in which new traumas predict change in global beliefs and adjustment outcomes. In the model ($X^2=4.54$, $df=4$, $p=0.34$; CFI=0.99; RMSEA=0.1), increase in personal mastery was associated with change in adjustment, while increases in belief in luck was associated with decreases in PTSD symptoms between baseline and follow-up. However, new traumas were not associated with changes in global beliefs or adjustment. Models were also stratified by baseline trauma exposure. The model for respondents with baseline trauma ($X^2=3.62$, $df=5$, $p=0.61$; CFI=1; RMSEA=0) showed that new traumas were associated with an increase in anxiety, stress, and PTSD symptoms between baseline and follow-up. Changes in global beliefs were associated with changes in adjustment outcomes, but these belief changes were not related to new trauma exposure. In those without baseline trauma ($X^2=8.85$, $df=6$, $p=0.18$, CFI=0.98, RMSEA=0.04), new traumas were not associated with changes in global beliefs or outcomes. This study provides little support for the shattered assumptions theory of PTSD.

PTSD as a Prospective Mediator of Sexual Revictimization Within Three- and Four-Factor PTSD Models

(Abstract #791)
(Clin Res, Assess Dx)

Varkovitzky, Ruth, MA; Kumpula, Mandy, MA; Bardeen, Joseph, MA; Orcutt, Holly, PhD

Northern Illinois University, DeKalb, Illinois, USA

Theory and research suggest that posttraumatic stress disorder (PTSD) mediates the relationship between childhood sexual abuse (CSA) and adult sexual assault (ASA). Recent research suggests that of the three PTSD symptom clusters

Friday: 11:00 a.m. - 12:15 p.m.

(reexperiencing, avoidance, and hyperarousal), only hyperarousal mediates the relationship between CSA and ASA; however, these findings were based on a cross-sectional investigation. The present study explores the mediational role of PTSD symptoms in a prospective sample within four models of PTSD symptom clustering. Three waves of data were collected from 740 undergraduate females, 65 of whom reported prospective ASA. Four mediation models were proposed. The following served as the mediator in each model: total PTSD symptoms, three PTSD symptom clusters, four PTSD clusters (with dysphoria), and four PTSD clusters (with numbing). Analyses were conducted using structural equation modeling with ML estimation. Consistent with previous research, CSA was predictive of prospective ASA. In the first model, PTSD was a significant partial mediator of the relation between CSA and ASA. In the second and third models, CSA predicted the PTSD symptom clusters, but none of the clusters independently predicted ASA. In the fourth model, CSA predicted the four symptom clusters (including numbing), while only the hyperarousal cluster predicted ASA.

Examining Variability in the Natural Course of PTSD Symptoms: Predictors of Symptom Trajectory

(Abstract #104)
(Mil Emer, Res Meth)

Dickstein, Ben, MA¹; Suvak, Michael, MA³; Stein, Nathan, PhD²; Adler, Amy, PhD⁴; Litz, Brett, PhD²

¹*Boston University, Brookline, Massachusetts, USA*
²*Boston VA Medical Center, Boston, Massachusetts, USA*
³*National Center for PTSD, Boston, Massachusetts, USA*
⁴*USAMRU-E, APO, Armed Forces Europe, USA*

Relatively little is known about the natural course of PTSD symptomatology. Although researchers have theorized about the disorder’s prototypical symptom patterns (Bonanno, 2004), there is little prospective, longitudinal evidence supporting these models. Using a sample of 638 U.S. soldiers deployed on a NATO-led peacekeeping mission to Kosovo, we examined unconditional and conditional trajectories of PTSD symptomatology. Data were collected from participants at four time points, ranging from predeployment to 9-months postdeployment. Latent class growth analysis suggested that four symptom trajectories best fit these data. Borrowing from Bonanno’s model, we have termed these classes: resilience, recovery, delayed, and unrealized expectations. Variables found to significantly predict latent class included: previous traumatic events, potentially traumatic events, peacekeeping daily hassles, depression symptom severity, alcohol use, aggressive behavior, stress reactivity, and military rank. Our findings provide empirical support for previously proposed models of adaptation to trauma. Additionally, they add to the literature examining predictors of PTSD onset and course type. Characteristics associated with latent class assignment will be discussed. Disclaimer: The views expressed in this presentation are those of the author and do not represent the official policy or position of the U.S. Army Medical command or the Department of Defense

Workshop

Integrating Research-Based Strategies for Couples Work in PTSD Treatment Programs

(Abstract #410)

Workshop (Practice, Prev EI) **International G - 6th Floor**

O’Brien, Robert, PhD¹; Wills, Sharon, PhD²

¹*Dept of Veterans Affairs, Sunset Valley, Texas, USA*
²*U.S. Department of Veteran Affairs, Austin, Texas, USA*

The bi-directional link between PTSD and the marital relationship has been well-established. We know that PTSD can have a very dramatic and negative impact on the quality of the marital relationship. Clinical observations include marked increase in marital distress, reduction in marital satisfaction, increased risk for separation or divorce, and an increased risk for domestic violence among couples where one or both partners is diagnosed with PTSD secondary to combat trauma. We also know that the presence of a stable and even minimally satisfactory marital relationship can improve the clinical condition of the partner with PTSD. The Gottman model provides a research-based understanding of how marital relationships function. This model also provides an research-based way to understand what might be going right or wrong in a relationship where one or both partners suffers from combat related PTSD. Using the model based on John Gottman’s extensive research, Participants in this workshop will be able to improve their understanding of the effects of PTSD on relationships, and learn specific techniques for intervening in relationships to not only improve the relationship, but also to improve the long term stability of the PTSD process itself.

Friday: 11:00 a.m. – 12:15 p.m.

Concurrent Session 8
Friday, November 6
2:00 p.m. – 3:15 p.m.

Featured Speaker

Cognitive Processing Therapy

(Abstract #1134)

Featured Speaker (Clin Res, Practice) Peachtree B/C - 8th Floor

Chard, Kathleen, PhD

Cincinnati VAMC, Ft. Thomas, Kentucky, USA

Studies suggest that approximately 18% of returning Veterans and 7% of civilians will experience PTSD in their life time. Individuals diagnosed with PTSD often report difficulty experiencing emotions such as love and happiness, instead they may describe feeling numb or angry. Due to the traumatic event circumstances many individuals do not have the opportunity to feel the natural emotions (e.g. fear) associated with the trauma and instead they must process the event later which may lead to a biased recounting of the events, e.g., hindsight bias. Research has shown that individuals with a diagnosis of PTSD commonly report cognitive distortions in the area of shame, blame and/or guilt, which can lead to “manufactured” emotions such as anger, guilt, or helplessness. Cognitive behavioral therapies, specifically Cognitive Processing Therapy (CPT), have been found to be an effective way to treat the symptoms of PTSD by allowing clients to feel the natural emotions and challenge the problematic thoughts that are leading to their painful emotions. CPT typically consists of three phases with the initial phase focusing on the meaning of the event and the connection between thoughts and feelings. The optional second phase involves a retelling of the traumatic event with a focus on identifying extreme or exaggerated thoughts that developed from the event, e.g. “stuck points”. During the third phase the therapist and patient collaboratively examine the individuals stuck points using a series of worksheets designed to provide a more balance view of the event(s). Several randomized controlled trials support the use of CPT for the treatment of PTSD from a variety of traumatic events, including combat, rape, assault and childhood sexual abuse. In addition, CPT is one of two therapies currently being disseminated for use throughout the Department of Veteran’s Affairs. In this presentation, participants will be introduced to several of the basic techniques utilized in CPT, including Socratic Dialogue, A-B-C sheets and Challenging Questions. A live role-play will demonstrate introducing the patient to these techniques and helping him challenge his disruptive cognitions regarding his experiences in Iraq.

Participant Alert: Participants may find the role-playing and description of trauma details distressing.

Symposium

Criterion A: Should It Stay or Should It Go?

(Abstract #99)

Symposium (Assess Dx, Clin Res) Peachtree D/E - 8th Floor

O’Donnell, Meaghan, PhD²; Long, Mary¹; Brewin, Chris, PhD⁴; Weathers, Frank, PhD³

¹*Auburn University, Auburn, Alabama, USA*

²*Australian Centre Posttraumatic Mental Health, Melbourne, Victoria, Australia*

³*Michael E. DeBakey VAMC, Houston, Texas, USA*

⁴*University College, London, United Kingdom*

The DSM diagnosis of PTSD has always required that a person experience a traumatic event. Criterion A defines what constitutes a traumatic event. This symposium presents three studies which provide empirical evidence that questions the gatekeeper role of Criterion A1 and A2. Discussion will address implications for DSM-V.

Should A2 Be a Diagnostic Requirement For PTSD in DSM-V?

(Abstract # 100)

O’Donnell, Meaghan, PhD²; Creamer, Mark, PhD¹; McFarlane, Alexander, MBBS(Hons) MD, FRANZCP³; Silove, Derrick, MD⁴; Bryant, Richard, PhD⁴

¹*ACPMH, East Melbourne, Victoria, Australia*

²*Australian Centre Posttraumatic Mental Health, Melbourne, Victoria, Australia*

³*University of Adelaide, Adelaide, Australia*

⁴*University of New South Wales, Sydney, New South Wales, Australia*

The requirement that a trauma survivor experience fear, helplessness or horror (Criterion A2) as a part of their posttraumatic stress disorder (PTSD) diagnosis was introduced into DSM-IV. We aimed to identify (i) how often A2 was associated with PTSD (B-F criteria) at 3 months; (ii) what was the peritraumatic emotional experience for those who met PTSD criteria but were A2 negative (iii) whether there was any quantitative differences in PTSD for those who met PTSD (criteria B-F) who were A2 positive relative to those who were A2 negative. In a multi-sited, longitudinal cohort study, 535 injury patients were asked about their peritraumatic emotional experience in the acute hospital setting. They were followed up 3 months later and their PTSD status assessed using a structured clinical interview. While the majority of those who developed PTSD (B-F criterion) at 3 months met A2 criteria, 23% did not. There was nothing to suggest the PTSD was quantitatively different between those who were A2 positive and those who were A2 negative. Those who developed PTSD (B-F criterion) but who did not meet A2 experienced A2 at a low intensity, or experienced other intense emotions, or were amnesic to their peritraumatic emotional experience. This study does not support the current definition of A2, and suggests that A2 should be removed as a diagnostic requirement.

Friday: 2:00 p.m. – 3:15 p.m.

Criterion A1 Controversy: Current Findings and Implications for DSM-V

(Abstract # 114)

Long, Mary³; Elhai, Jon, PhD ²; Schweinle, Amy, PhD⁴; Gray, Matt, PhD⁴; Grubaugh, Anouk, PhD¹; Frueh, Christopher, PhD⁵

¹University of South Carolina, Charleston, South Carolina, USA

²University of Toledo, Toledo, Ohio, USA

³Michael E. DeBakey VAMC, Houston, Texas, USA

⁴University of Wyoming, Laramie, Wyoming, USA

⁵University of Hawaii, Paho, Hawaii, USA

⁶University of South Dakota, Vermillion, South Dakota, USA

Criterion A1 currently represents an attempt to provide an objective definition of the traumatic event that is necessary for the validity of the PTSD diagnosis. Despite the ongoing controversy, there is little empirical research exploring whether events meeting the current *DSM-IV* PTSD Criterion A1 are better associated with the diagnosis or severity of PTSD than non-Criterion A1 stressful events. We compared PTSD diagnoses and symptoms frequency between the stressor types in a sample of 119 college students. Participants completed a PTSD self-report separately in relation to both Criterion A1 and non-Criterion A1 stressful events, using a mixed between-groups (administration order) and within-subjects(stressor type) design. Contrary to what was expected, analyses revealed that non-Criterion A1 events were associated with greater proportion of “probable” PTSD diagnoses and a greater PTSD symptom frequency than Criterion A1 events. Similar patterns of differences in PTSD scores between stressor types were also found across the three PTSD symptom criteria. Our findings challenge whether *DSM-IV*'s list of qualifying traumatic stressors is an accurate list of stressors most relevant for the PTSD diagnosis.

Criterion A2 After Military Trauma

(Abstract # 137)

Brewin, Chris, PhD

University College London, London, United Kingdom

Servicemen are specifically trained to respond to situations of extreme danger and are often exposed to them, suggesting that they may be less likely to experience fear, helplessness or horror at the time of a traumatic event (criterion A2) and hence fail to qualify for a *DSM-IV* diagnosis of PTSD. The absence of criterion A2, in veterans who nevertheless have all the other symptoms of PTSD including significant impairment, could have a substantial impact on prevalence studies and service planning. We conducted retrospective clinical interviews with 103 U.K. war veterans experiencing PTSD in relation to military trauma, during which we identified target traumas that were now seen as extremely distressing and were frequently reexperienced. In our sample, nearly one fifth fulfilled all criteria for a PTSD diagnosis except for A2. The presence or absence of criterion A2 was unrelated to the total number of symptoms at PTSD onset, to the timing of onset, or to the reporting of trauma exposure. Implications for service provision and for the *DSM-V* are discussed.

Examining the Link Between a Single Traumatic Event and PTSD in Children, Adolescents and Young Adults

(Abstract #94)

Symposium (Child, Cul Div)

International D - 6th Floor

Pynoos, Robert, MD MPH¹; Zatzick, Douglas, MD²; Jones, Russell, PhD³

¹UCLA School of Medicine, Los Angeles, California, USA

²University of Washington School of Medicine, Seattle, Washington, USA

³Virginia Tech University, Blacksburg, Virginia, USA

Reexamination of the role of a single trauma exposure among children, adolescents, and young adults can contribute important information to current discussions about PTSD for *DSM V*. This symposium will present data that highlight age-specific issues related to single incident trauma. Data will be presented from a laboratory study of the link between trauma exposure and disturbances in the acquisition of startle modulation among school age children with no prior trauma history; from an epidemiological study of the increased risk for adolescents following traumatic injury; and from a special population study of the relative contribution of traumatic loss to risk of PTSD among college students exposed to catastrophic violence on the Virginia Tech campus. These studies raise important questions about the identification of potential neurobiological markers, the interaction of exposure and injury, and the layered effect of personal loss associated with a single incident trauma. Implications of the findings in regard to screening, monitoring, and intervention will be discussed.

A Population-Based Study of Injury Exposure as a Predictor of PTSD & Co-Morbidities in Adolescents

(Abstract # 95)

Zatzick, Douglas, MD¹; Grossman, David, MD MPH²

¹University of Washington School of Medicine, Seattle, Washington, USA

²Group Health Cooperative, Seattle, Washington, USA

This population-based prospective cohort investigation was conducted in order to explore the hypothesis that adolescents exposed to a single traumatic injury would demonstrate elevations in the full spectrum of psychiatric disorders and psychotropic medication prescriptions when compared to unexposed, non-injured adolescents. Adolescents ages 10-19 were screened for injury visits in the index year of 2001 (N=20,507). Psychiatric diagnoses and psychotropic medication prescription were followed for three years after the injury (2002-2004). Regression analyses assessed for an independent association between injury and psychiatric diagnoses and medications while adjusting for relevant demographic and clinical characteristics. In adjusted regression analyses, injury in the index year was independently associated with a significantly increased odds of receiving a psychiatric diagnosis (Odds Ratio (OR) =1.23, 95% Confidence Interval (CI) =1.10, 1.38) and receiving a psychotropic medication prescription (OR =1.35, 95% CI =1.18, 1.54). A single traumatic injury is an independent, prospective predictor of an increased risk of adolescent psychiatric diagnosis and psychotropic medication prescription. Population-based surveillance procedures that incorporate injury screening have the potential to improve the quality of mental health care for youth in general medical settings.

Friday: 2:00 p.m. - 3:15 p.m.

**The Virginia Tech Shootings:
The Impact of Exposure and Loss**

(Abstract # 1000)

Jones, Russell, PhD

Virginia Tech University, Blacksburg, Virginia, USA

On April 16, 2007, a student at VT, Seung Hui Cho, shot 49 VT students and faculty in two separate incidents on the VT campus in Blacksburg, VA. These attacks killed 32 people and wounded 17. Shortly following the shootings the prevalence of mental health disorders was obtained through surveys carried out in July and August 2007. Major findings were 15.4% of Virginia Tech students had PTSD, 4.7% experienced serious mental illness (SMI), and 14.3% had mild/moderate mental illness (MMI). Female students were about twice as likely to experience any of these mental disorders as male students were. Most of those who had PTSD also had SMI or MMI, and most of those with SMI had PTSD. However, over half of those with MMI did not have PTSD. These patterns are similar for female and male students. Exposure to the events of April 16th was widespread among VT students. Indeed, many students were aware of the incidents as they unfolded (76.7% were aware of the first incident, and 98.4% were aware of the second incident). Findings indicate that many students were close to (9.1%), were a friend or acquaintance of (63.7%), or had a distant or indirect relationship with (79.1%) a person who was killed in one or both of the incidents. Fewer students reported knowing someone who was injured (6.0% close, 29.1% friend or acquaintance, 44.8% distant or indirect).

Sensorimotor Gating (Prepulse Inhibition of Startle) in Children Exposed to a Single Traumatic Event

(Abstract # 296)

Pynoos, Robert, MD, MPH ; Ornitz, Edward, MD

UCLA School of Medicine, Los Angeles, California, USA

Objective: This study evaluated sensorimotor gating in school-age children who experienced a single trauma. Sensorimotor gating was measured as prepulse inhibition (PPI) of startle. This study was designed to investigate whether attenuation in the maturation of PPI occurred, and the extent to which it is correlated with PTSD symptom severity. Study Design: Twenty-five school age children who experienced a single traumatic event were compared to sixteen school age children with no history of trauma. Prepulses and startle stimuli were presented. Differences between scores on trials with and without a prepulse were analyzed using one-way analysis of variance, with diagnostic group as the classification factor. Result: All groups showed similar startle amplitude and habituation. PPI differed among all three groups: the greatest PPI occurred in the control group (53% PPI); the least PPI (31% PPI) in the PTSD group; the values for the traumatized (but not meeting PTSD criteria) group fell in between (42.1% PPI). Conclusion: Only a single traumatic episode may disrupt sensorimotor gating in school-aged children. School-age years may constitute a neurobiological window of vulnerability. Disturbances of startle modulation may serve as an important developmental marker of PTSD. Implications for revision of PTSD in DSM V will be discussed.

Virtual Reality Exposure Therapy for PTSD

(Abstract #439)

Symposium (Clin Res, Mil Emer)

International E - 6th Floor

Reger, Greg, PhD¹; Rothbaum, Barbara, PhD²; Difede, JoAnn, PhD³; Rizzo, Skip, PhD⁵; Marmar, Charles, MD⁴; Cukor, Judith, PhD⁷; Spitalnick, Josh, PhD⁶

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This symposium addresses on-going efforts to test the effectiveness of computer simulations to activate trauma memories during treatment and, based on accumulating evidence of effectiveness, to develop a training program for dissemination. Increasing evidence supports virtual reality as a promising tool for delivering exposure therapy to patients with PTSD and three presentations of this symposium will review the clinical outcomes of virtual reality exposure therapy (VRET) with both civilian and at-risk populations (e.g., Service members, firefighters, police officers). The first paper reviews the clinical outcomes of an open clinical trial to treat combat-related PTSD. The second discusses effectiveness of VRET in a military treatment facility. The third paper compares outcomes of civilian and at-risk populations and the fourth paper presents recent efforts to develop training and supervision models for VRET.

The Use of Virtual Reality Technology in the Treatment of PTSD in At-Risk Occupations

(Abstract # 1033)

Difede, JoAnn, PhD¹; Cukor, Judith, PhD²; Wyka, Katarzyna, MA²

¹*New York Presbyterian Hosp, New York, New York, USA*

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The recent Institute of Medicine (IOM) report suggested that exposure therapy is the most effective psychological treatment for PTSD. However, the preponderance of studies concern civilians. Few studies have examined the efficacy of exposure therapies for occupations at-risk for PTSD, such as firefighters, police officers, and military personnel. We will present a post-hoc analysis comparing the efficacy of virtual reality exposure therapy for the treatment of PTSD in occupations at-risk, compared to civilians. Data (n=14) from reservists deployed to OIF/OEF as well as firefighters and police officers deployed to the WTC attacks of September 11, 2001 will be presented and compared to a comparable data set of civilians (n=14). The overall mean baseline PTSD score across groups was 66.70 (SD= 21.60) as measured by the CAPS and there were no differences between the two groups (civilians M=65.84, SD=18.42 vs. occupations at-risk M=67.50, SD=24.87, t(25) =-.195, p=.847). There were no differences in outcome between the two groups (mean percent decrease in CAPS was 43% and 46% for civilians and occupations at-risk group, respectively). Both groups showed significant improvements following treatment compared to their own baseline (p<.001) and these gains were maintained at the six-month follow-up.

Friday: 2:00 p.m. - 3:15 p.m.

Training and Supervision Models for Teaching Virtual Reality Exposure Therapy for PTSD

(Abstract # 795)

Rothbaum, Barbara, PhD³; Difede, JoAnn, PhD⁴; Rizzo, Skip, PhD⁵; Reger, Greg, PhD¹; Cukor, Judith, PhD⁷; Spitalnick, Josh, PhD⁶; Holloway, Kevin, PhD²

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Most trauma victims show fear reactions following the trauma that decline over time. We believe this reflects the process of extinction and the development of PTSD represents a failure of extinction. Extinction training in humans is conducted as exposure therapy, which for PTSD usually involves imaginal exposure to the patient's traumatic memory and in vivo exposure. A growing body of literature supports the use of Virtual Reality Exposure Therapy (VRE) as a tool for exposure therapy within a comprehensive treatment program. The authors have conducted 6 training workshops for VRE for military and civilian therapists. A training model will be presented that requires training via a live workshop, a treatment manual, and ongoing supervision. Data from a recently completed open clinical trial with active duty military personnel treated with a Virtual Iraq with 42 patients entered into therapy and 20 completing indicates that therapy was effective with PCL scores decreasing from 57.5 (10.6) at pre-treatment to 28.9 (13.0) at post-treatment for the intent-to-treat sample, but the high dropout causes a tempering of results. Data will be presented on factors affecting patient retention/dropout related to therapist experience and setting and factors that may be inherent in an active duty military population.

Virtual Reality Exposure Therapy for the Treatment of OIF/OEF PTSD

(Abstract # 849)

Rizzo, Albert, PhD²; Rothbaum, Barbara, PhD¹; Difede, JoAnn, PhD²

¹Emory University School of Medicine, Atlanta, Georgia, USA

²New York Presbyterian Hosp, New York, New York, USA

War is perhaps one of the most stressful situations that a human being can experience. Such stressful experiences that are characteristic of combat environments have a high likelihood for producing significant numbers of returning soldiers at risk for developing PTSD. Among the many approaches that have been used to treat persons with PTSD, graduated exposure therapy involving the graded and repeated imaginal reliving of the traumatic event within the therapeutic setting appears to have the best-documented therapeutic efficacy. This treatment is believed to provide a low-threat context where the patient can therapeutically process the emotions that are relevant to the trauma and de-condition the avoidant learning cycle that maintains the disorder. This talk will detail the rationale and results from our clinical research using Virtual Reality as a tool to enhance the efficacy of exposure therapy with OIF/OEF military personnel using a Virtual Iraq scenario. We will provide an explanation of the added value for using VR to deliver exposure therapy, present data from our recent open-clinical trial, and

present a review of ongoing clinical trials with Virtual Iraq and now Virtual Afghanistan. We will then present our vision for the future use of VR technology in this area.

Effectiveness of Virtual Reality Exposure Therapy in a Military Mental Health Clinic

(Abstract # 638)

Reger, Greg, PhD¹; Holloway, Kevin, PhD²; Rizzo, Skip, PhD⁵; Rothbaum, Barbara, PhD³; Difede, JoAnn, PhD⁴

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⁵University of Southern California., Marina del Rey, California, USA

Research on the mental health impact of combat highlights the increased risk of posttraumatic stress disorder for previously deployed military Service members. Prolonged Exposure therapy is one of the most effective treatments for PTSD. A core component of this treatment approach is imaginal exposure. Virtual reality (VR) has been explored as a potential tool during exposure therapy in order to increase emotional engagement and enhance activation of the fear structure during exposure. This presentation will review preliminary clinical outcomes of VR exposure therapy (VRET) among active-duty Soldiers treated at a military mental health clinic. Treatment involved the use of a VR Iraq during exposure, which exposed the patient to a multisensory, customizable environment that represented aspects of the index trauma. Treatment completers (N=13) reported a significant post-treatment reduction in PTSD symptoms (M = 43.0; p < .0005) on the PTSD Checklist-Military Version (PCL-M) relative to the pre-VRET baseline (M = 59.8). Limitations include the small sample and uncontrolled, retrospective design, which highlights the need for a large, randomized clinical trial evaluating the effectiveness of VRET relative to existing evidence-based treatments.

Hippocampal Neuroplasticity in PTSD: Evidence From Brain Imaging

(Abstract #653)

Symposium (Bio Med, Res Meth)

Vinings I & II - 6th Floor

Bremner, J. Douglas, MD²; Yehuda, Rachel, PhD⁵; Wang, Zhen, MD⁷; Neylan, Thomas, MD¹; Marmar, Charles, MD¹; Buchsbaum, Monte⁶; Fani, Negar, MS⁴; Reed, Lai, MBA³; Dent, Mary, PhD³

¹University of California San Francisco, San Francisco, California, USA

²Emory University School of Medicine, Atlanta, Georgia, USA

³Emory University, Atlanta, Georgia, USA

⁴Georgia State University, Atlanta, Georgia, USA

⁵Mount Sinai School of Medicine; J.J. Peters VAMC, Bronx, New York, USA

⁶University of California, San Diego, California, USA

⁷Shanghai Mental Health Center, Shanghai Jiao Tong University, Shanghai, China

Neuroplasticity is a crucial concept in the field of PTSD psychobiology. It refers broadly to the adaptive capacity of the brain in response to experiential challenges. More specifically it pertains to the capacity for the growth of new neurons and/or neuronal connections. This symposium will present data from multiple brain imaging studies that examine hippocampal neuroplasticity in PTSD. The first presentation will present data on fMRI of fear learning/extinction (demonstrating altered function in amygdala, hippocampus, and anterior cingulate) in PTSD and controls, and hippocampal NAA response to paroxetine

within PTSD. The second will examine functional hippocampal responses to a hydrocortisone challenge in PTSD versus controls. The third presentation will present data showing for the first time in humans that PTSD is associated with selective volume loss of the dentate gyrus, which contains multipotent adult neural stem cells and is a key site for neurogenesis, and the CA3 region, which is a major target for glucocorticoids. Finally, data showing a strong relationship between decreased volume of the CA3/dentate subfield and sleep quality will be presented. The final discussion will focus on a research agenda to test whether the effects of PTSD on hippocampal function is reversible.

Neural Correlates of Learning in PTSD

(Abstract # 760)

Dent, Mary, PhD¹; Fani, Negar, MS²; Reed, Lai, MBA¹; Bremner, J. Douglas²

¹Emory University, Atlanta, Georgia, USA

²Georgia State University, Atlanta, Georgia, USA

Posttraumatic stress disorder (PTSD) is associated with considerable morbidity and loss of function. Current models of the pathophysiology of PTSD include alterations in learning, felt to be mediated by hippocampus, amygdala and medial prefrontal cortex. We have shown smaller volume of the hippocampus in PTSD, as well as increased volume with paroxetine, and more recently an increase in hippocampal N-acetyl-aspartate (NAA), a marker of neuronal integrity, in PTSD. Another functional magnetic resonance (fMRI) study showed a relative failure of amygdala and hippocampal activation during fear learning, and a relative failure of anterior cingulate activation during fear extinction, in PTSD relative to non-PTSD subjects. These findings are consistent with altered altered plasticity of the brain in PTSD.

Changes in Hippocampal Metabolism Following Hydrocortisone Administration in PTSD

(Abstract # 1150)

Yehuda, Rachel, PhD¹; Golier, Julia, MD¹; Harvey, Phillip, PhD³; Bushbaum, Harvey, PhD¹; Biere, Linda, MD²; Hazlett, Erin, PhD³

¹Mount Sinai School of Medicine; J.J. Peters VAMC, Bronx, New York, USA

²Bronx VA Medical Center, Bronx New York, USA

³Emory University, Atlanta, Georgia, USA

PET neuroimaging is ideally suited to examining the effects of cortisol on brain metabolism, since cortisol normally causes a decrease in cellular uptake of glucose. We exploited this methodology to examine effects of a 17.5 mg i.v. bolus of hydrocortisone compared to placebo in hippocampal metabolism (and that of other regions of interest including the amygdala and prefrontal cortex) in combat veterans with and without PTSD, in the context of a randomized, double-blind study, counterbalanced for order. Since cortisol also exerts effects on memory performance and other hormones, such as ACTH, we examined episodic and working memory, and ACTH levels on both test days. Results will be presented demonstrating that in a sample of older combat veterans (Vietnam, Korean and World war II veterans), the hydrocortisone had a significantly effect of decreasing glucose metabolic activity in veterans with, than without, PTSD. Corresponding improvements in memory performance in response to hydrocortisone were noted, and ACTH levels were significantly more suppressed in veterans with, then without, PTSD. Interestingly, in a younger veteran sample comprising of Gulf War veterans, hydrocortisone had more modest effects

in hippocampal tissue. In this cohort, episodic memory was worsened by hydrocortisone administration, though declarative memory was significantly improved.

MRI of Hippocampal Subfields in Posttraumatic Stress Disorder

(Abstract # 1149)

Wang, Zhen, MD¹; Mueller, Susanne G., MD²; Marmar, Charles, MD²; Weiner, Michael W., MD²; Neylan, Thomas, MD²; Schuff, Norbert, PhD²

¹Shanghai Mental Health Center, Shanghai Jiao Tong University, Shanghai, China

²University of California San Francisco, San Francisco, California, USA

The subfields of the hippocampus have specialized functions and have not been investigated in PTSD. In particular, the CA3/dentate subfield is the most active site for adult neurogenesis. The purpose of this study was to determine if PTSD is associated with structural alterations in specific subfields of the hippocampus. Volumes of hippocampal subfields in seventeen male veterans with combat trauma and positive for PTSD (41 }12 years) and nineteen age-matched male veterans negative for PTSD were measured using Tesla MRI. PTSD was associated with 11.3 } 1.5% (p = 0.006) smaller CA3/dentate gyrus subfield volumes, irrespective of age, whereas other subfields were spared. The volume of the CA3/dentate was most associated with disturbed sleep. The CA1 subfield showed a reduced volume as a function of greater age (p = 0.02). Total hippocampal volume was also reduced in PTSD by 6.5 } 0.6% but related to both PTSD (p = 0.05) and age (p = 0.03), consistent with the measurements in the subfields. The findings indicate for the first time in humans that PTSD is associated with selective volume loss of the CA3/dentate gyrus subfields, consistent with animal studies implying that chronic stress suppresses neurogenesis and dendritic branching in these structures.

The Psychological Impact of Trauma Across Cultures

(Abstract #391)

Symposium (Civil Ref, Cul Div) Augusta I - 7th Floor

Nickerson, Angela, BSC¹; Hinton, Devon, MD, PhD²; Tol, Wietse, PhD³; de Jong, J.T.V.M., MD, PhD⁴

¹University of New South Wales, Sydney, Australia,

²Harvard University, Boston, Massachusetts, USA

³HealthNet TPO, Kathmandu, Nepal

⁴UV, Netherlands/Boston University, Boston, Massachusetts, USA

While much of the research on the psychological effects of trauma has taken place in Western countries, the majority of individuals affected by trauma related to violence and persecution come from non-Western backgrounds. There exists a need to better understand the impact of these experiences on mental health across cultures. A recent debate in the field has been regarding the extent to which Western conceptualizations of traumatic stress encapsulate these experiences in other cultures. Emerging research has highlighted the importance of considering culturally-specific expressions of distress. These papers consider the psychological impact of trauma in Cambodian, Mandaean, Nepalese and Balante survivors of violence. Limitations of Western concepts in explaining the mental health effects of these experiences will be discussed. Local idioms of distress related to traumatic stress will also be examined, and the impact of other cultural factors on mental health explored.

Friday: 2:00 p.m. - 3:15 p.m.

Culturally Specific Complaints and PTSD in a Rural Cambodia Population

(Abstract # 803)

Hinton, Devon, MD, PhD

Harvard University, Boston, Massachusetts, USA

In this presentation, we report on the results of a survey in Cambodia using a culturally sensitive assessment tool. The instrument was used in Cambodia by a NGO, as part of a needs assessment and treatment-outcome monitoring program. The assessment instrument assesses for culturally salient idioms of distress, both somatic symptoms and cultural distress syndromes (e.g., neck soreness, orthostatic dizziness, khyal attacks). A measure of PTSD was also used. We will report on the frequency of culturally salient complaints and PTSD severity, and the relationship between the two, both at one point in time and across an intervention. The survey illustrates the importance of culturally sensitive assessment.

The Familial Influence of Loss and Trauma on Refugee Mental Health

(Abstract # 392)

Nickerson, Angela, BA(Hons); Bryant, Richard, PhD; Brooks, Robert, PhD; Silove, Derrick, MD; Steel, Zachary, PhD

University of New South Wales, Sydney, New South Wales, Australia

Refugees are typically exposed to multiple traumatic events and losses in the context of organized violence. The events that impel an individual to flee from persecution are often experienced by multiple members of the same family. These experiences, in the context of the breakdown of social institutions that facilitate coping, are likely to disrupt family and social networks. While the deleterious effects of loss and trauma on the mental health of the individual have been well-documented, there has been little study of the influence of these experiences on family functioning. The current study detailed the pathways from refugee experiences to mental health-related disability at both the individual and family levels in 315 Mandaean refugees residing in Sydney, Australia. Results indicated that loss and trauma have mental health consequences that extend beyond individual-level symptoms and functioning and resonate within the family context. The implications of these findings for models of grief and loss and populations affected by mass violence will be discussed.

Political Violence and Mental Health: A Systematic Multi-Disciplinary Review of Findings From Nepal

(Abstract # 396)

Tol, Wietse, PhD³; Kohrt, Brandon, MD, PhD¹; Jordans, Mark²; Thapa, Suraj, MD, PhD⁴; Pettigrew, Judith, PhD⁵; Upadhaya, Nawaraj, BSW, MA³; de Jong, J.T.V.M., MD, PhD⁶

¹Emory University, Atlanta, Georgia, USA

²HealthNet TPO, Amsterdam, Netherlands

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⁴Oslo University Hospital, Oslo, Norway

⁵University of Limerick, Limerick, Ireland

⁶VU University Amsterdam, Netherlands/Boston University, Boston Massachusetts, USA

Political violence, which mainly takes place in low- and middle-income countries, has been studied as an important risk factor for mental health. Scholars focusing on the relations

between political violence and mental health have typically been divided between psychiatric (biomedical) and psychosocial paradigms. Nepal is a low-income country with a history of political violence characteristic of post-Cold War trends. A Maoist armed insurgency between 1996 and 2006, rooted in unequally divided poverty, institutionalized ethnic/ caste and gender discrimination, and disappointment in state governance, resulted in 13,000 deaths and large-scale violation of human rights. This presentation addresses a review of the literature on the relations between political violence and mental health in Nepal. We systematically searched databases relevant to the medical and social sciences and identified 46 studies, ranging in methodology from ethnographic to psychiatric epidemiological studies. Although limited by an over-reliance on cross-sectional designs and non-representative sampling, this emerging body of research presents opportunities to provide more nuanced research and policy recommendations regarding the importance of Posttraumatic Stress Disorder symptoms, a focus on specific target groups, and the importance of socio-cultural context, as well as current gaps in the literature.

Healing Traumatic Stress in a West African Post-War Setting: Kiyang-Yang, a Post-War ‘Idiom of Distress’ Developing Into a Mass Dissociative Movement

(Abstract #391)

de Jong, J.T.V.M., MD, PhD; T. Reis Ria, BA

VU University Amsterdam, Netherlands/Boston University, Boston Massachusetts, USA

In the autumn of 1984 a wave of rumours about “mad” Balanta women spread across southern Guinea Bissau. It all started with a group of young women who were unable to conceive or whose children had died. They tried to find relief from a woman who received messages from the Balanta god Nhaalla, telling her to cure other people, pointing out medicinal herbs, and commanding her to put an end to witchcraft in the country. What started as a healing cult for individuals developed into a movement of young people, especially women, which shook Balanta society to its foundations and had national repercussions. Interpretations by the first author based on ethnographic field work focused on socio-political meanings and functions of this movement. It interpreted the movement as a collective coping strategy to deal with stressors originating in three different fields of social change: the precarious position of the Balanta as an ethnic group within the newly formed state of Guinea Bissau; the position of Balanta women in relation to gender hierarchies; and post-war intergenerational tensions. This socio-political analysis articulated with previous analyses of social movements in religious anthropology generally focusing on a collective level such as anti-witchcraft movements or collective possession. From a perspective of idioms of distress, we focus in this presentation on the meaning that the movement had as a coping strategy to deal with traumatic stress. We will show how the Balanta use their idiom of distress to cope with their individual post-war trauma while simultaneously coping with the collective traumatic stress induced by the war and the postcolonial period. Most studies that use idioms of distress as an analytic tool assume already existing idioms in which people can express their distress. In this lecture we will show how an individual expression of distress developed into widely accepted group idioms that simultaneously allowed the expression of collective distress of the whole ethnic group.

Papers

Molecular and Endocrine Studies

International F - 6th Floor

Chair: Bridgette Apfel

University of California, San Francisco, San Francisco, California, USA

Awake/Sleep Cortisol Levels Soon After Serious Injury in Patients With and Without Subsequent PTSD

[Abstract #616]

[Bio Med, Res Meth]

Kobayashi, Ihuri, MA¹; Martin, Berni, RN, MSN, CEN²; Fallon, William, MD, MBA²; Delahanty, Douglas, PhD¹

¹*Kent State University, Kent, Ohio, USA*

²*Summa Health System, Akron, Ohio, USA*

Low levels of cortisol soon after a trauma have been associated with the subsequent development of PTSD. The present study prospectively examined awake and sleep levels of urinary cortisol (µg/L) in 34 injury patients at 3 weeks post-injury and PTSD diagnostic status at 7 weeks post-injury. Present and past PTSD symptoms were assessed with the Clinician Administered PTSD Scale. Participants collected all urine they eliminated between 6 pm and 9 am in one of two urine containers: one for all urine eliminate while awake, and another for all urine eliminated once the participants went to bed and including the first morning void. A 2 [Cortisol: Awake and Sleep] x 2 [PTSD (n=9) vs. non-PTSD (n=25)] ANCOVA with cortisol as a repeated measure and gender as a covariate was performed. Results revealed a significant interaction between cortisol and PTSD (F=6.03, p=.02). The PTSD group had lower awake cortisol levels than the non-PTSD group, but no group difference was found for sleep cortisol. No effect of gender was found. Results did not change when prior trauma history or past PTSD symptom severity was included as covariates. Results suggest possible differential contribution of cortisol to the development of PTSD during sleep and awake.

Cortisol and MHPG Response to Video Challenge and the Development of PTSD Symptoms in Police Officers

[Abstract #619]

[Bio Med, Mil Emer]

Apfel, Brigitte, MD^{1,2}; Inslicht, Sabra S., PhD^{1,2}; McCaslin, Shannon, PhD^{1,2}; Metzler, Thomas, MA^{1,2}; Neylan, Thomas, MD^{1,2}; Marmar, Charles, MD^{1,2}

¹*University of California, San Francisco, San Francisco, California, USA*

²*San Francisco VA Medical Center, San Francisco, California, USA*

Alterations of the endocrine response to stress have been shown in Post-Traumatic Stress Disorder (PTSD). Few studies have examined whether this is a preexisting vulnerability factor or an acquired result of the trauma exposure. We sought to examine whether the response of the adrenergic system and cortisol to a pre-trauma challenge test predicts the development of PTSD symptoms. In a prospective cohort study, 219 urban police officers were assessed during academy training (baseline) and 24 months after start of active duty (follow-up). At baseline, participants observed a video consisting of real life police critical incidents. Salivary cortisol and 3-methoxy-4-hydroxy-

phenylglycol (MHPG) were measured before, immediately after and 20 minutes following the challenge. At the 24 month follow-up, PTSD symptoms to officers' worst critical incident were assessed. At baseline, the mean MHPG level increased during the video and remained elevated after 20 minutes, while the mean cortisol level decreased during the video and increased during the following 20 minutes. Both higher MHPG and higher cortisol levels 20 minutes after the video challenge (at baseline) were associated with higher levels of PTSD symptoms (at follow-up). Sustained elevated adrenergic activity in response to a stressful video challenge prospectively predicted the development of PTSD symptoms.

Sex-Specific Cannabinoid Receptor Regulation: Basal PKC Expression in Stressed vs. Nonstressed Rats

[Abstract #878]

[Bio Med, Res Meth]

Xing, Guoqiang, MD; Carlton, Janis, MD, PhD; Li, He, MD, PhD; Zhang, Lei, MD; Ursano, Robert, MD

Uniformed Services University of The Health Sciences, Bethesda, Maryland, USA

While good evidence exists for sex-related differences in traumatic stress related disorders, the understanding of underlying cellular mechanisms is limited. In earlier studies we found inhibitory regulation by protein kinase C (PKC) mediated phosphorylation of cannabinoid receptor subtype 1 was differentially induced in the cerebellum of male and female rats after repeated stress. Here we used Western blot with isoform-specific PKC antibodies to measure expression of PKC subtypes in the brains of male and female rats with or without 3-days inescapable tail shock. Basal levels of conventional PKCs, cPKCβ I and β II, as well as novel PKCs, nPKCδ and ε were significantly higher in female cerebellum and were differentially affected by stress. Stress resulted in significant increases of PKC β I, β II and δ in cerebellum of male rats, but not in female rats. These findings suggest that dimorphisms in PKC signal transduction in cerebellum may be involved in sex-related differences in response to traumatic stress. Further, the observation of sex-related differences at cell signaling levels in cerebellum may be correlated with mediation of stress responses including peritraumatic responses, substance abuse, acute stress reactions and initiation of PTSD.

Association of Biological Markers With Psychological Stress Symptoms in Traumatized Children

[Abstract # 1074]

[Assess Dx, Child]

Goldbeck, Lutz, PhD; Funk, Stefanie; Kirsch, Veronica; Zehr, Julia

University Clinic Ulm, Ulm, Germany

Although self reports are the diagnostic gold standard in traumatized children, biological markers might add important diagnostic and prognostic information. We analysed heart rate and salivary cortisol in two different samples of children aged 6-17 years: children after hospitalization due to an accidental trauma, and patients who were referred to a child trauma clinic due to PTSD. The aim of the study was to determine the correlation between intensity and severity of posttraumatic

Friday: 2:00 p.m. - 3:15 p.m.

stress symptoms and biological markers. Further, the predictive validity of heart rate and cortisol assessed within two weeks after the traumatic index event was determined in a sample of children after hospitalization due to a single accidental trauma. Two consecutive clinical samples (each $n > 30$) were assessed regarding their trauma history, posttraumatic stress symptoms, and impairment due to these symptoms, one from the surgical department and the other from a special clinic for traumatized children and adolescence. Additionally, heart rate during exposition to the trauma narrative, morning and evening salivary cortisol were assessed. First results indicated that the heart rate normalization after exposure to the trauma narrative was significantly reduced in children who developed a PTSD compared with children without a PTSD. The slope of morning vs. evening salivary cortisol levels was significantly less precipitous in children with a severe and chronic trauma history and associated posttraumatic stress symptoms, compared to children with a single trauma. In children after accidents, there was a low correlation of $r = .40$ between acute and posttraumatic stress symptoms. Detailed data about the correlation between biological markers and posttraumatic stress symptoms and the predictive validity of biological markers regarding the development of a PTSD are presented.

Sex Differences in Expression of GABA Receptor Subunit mRNA After Repeated Stress

(Abstract #888)
(Bio Med, Res Meth)

Xing, Guoqiang, PhD; Carlton, Janis, MD, PhD; Zhang, Lei, MD; Li, He, MD; Fullerton, Carol, PhD; Ursano, Robert, MD

Uniformed Services University of The Health Sciences, Bethesda, Maryland, USA

Sex Differences in Expression of GABA Receptor Subunit mRNA after Repeated Stress γ -Aminobutyric acid (GABA) is a major inhibitory neurotransmitter in the CNS that acts through the pharmacologically and molecularly distinct GABA-A and GABA-B receptor subtypes. GABA-A subunits are highly expressed in the cerebellum and may play an important role in both motor-related functions and stress-related psychological responses to stress including peritraumatic dissociation, selective attention, learning and memory. Using real-time PCR, we determined the mRNA expression of GABA-A receptor subunits in the cerebellum of male and female rats after 3-days exposure to repeated stress and in nonstressed controls. GABA-A receptor subunit mRNA did not change significantly in the cerebellum of male rats after repeated stress. In female rats GABA-A δ subtype mRNA decreased significantly whereas both GABA-A γ -2 and GABA-A γ -3 mRNA increased significantly after stress. Because the pentameric GABA-A receptors are formed by selection from 19 distinct subunits with differential responses to GABA neurotransmission, and because the GABA-A receptors with α -1, γ -2 and β subunits are the largest single group, our finding of changes in cerebellar GABA-A receptor subunit mRNA expression in females and not in males suggests a gender-specific cerebellar GABAergic response to stress.

Workshop

How to Write Well and Have Fun Doing It

(Abstract #341)

Workshop (Media Ed, Res Meth) **International G - 6th Floor**

Legerski, Joanna, MA³; Kendall-Tackitt, Kathleen, PhD¹; Gray, Matt, PhD²; LaBash, Heidi, BS⁴

¹*Texas Tech University, Amarillo, Texas, USA*

²*University of Wyoming, Laramie, Wyoming, USA*

³*University of Montana, Missoula, Montana, USA*

⁴*University of Nevada, Reno, Nevada, USA*

Three clinical researchers who have participated on editorial boards, present information regarding the process of writing well for successful publication. Professionals and students of ISTSS have continued to request training at annual meetings related to the process of writing for publication within the field of traumatic stress. This student sponsored workshop will address key components of achieving success in writing for publication. The workshop will approach the process of writing with regard to three key topics: 1.) Key features of successful writing and the seven deadly sins of academic writers 2.) How to avoid procrastination and maintain the writing process 3.) How to create writing groups and develop collaborations.

Case Presentation

A West African Refugee Case Study on Trauma and Feeding Disorder of Infancy or Early Childhood

(Abstract #618)

Case Presentation (Assess Dx, Civil Ref) **International H - 6th Floor**

Winkel, Rebecca, PhD, LMHC

New School for Social Research, New York, New York, USA

The author will present a case of 36 refugee children with Feeding Disorder of Infancy or Childhood. Despite the children's enrollment for six months in a United Nations Refugee Agency (UNHCR)/World Food Program (WFP) supplemental feeding program, they continue to have persistent, severe malnutrition, not due to a medical condition. The challenges of differential diagnosis will be discussed, along with findings that suggest dysfunctional child-caregiver interaction, poor attachment, and caregiver pathology as a result of trauma experienced during the Liberian wars. The presentation will include a model developed to address the urgent need to integrate psychosocial interventions into the daily child-caregiver supplemental feeding program routine. Capacity building and training of local staff were central to the intervention. The advantages and disadvantages of the diagnostic criteria of Feeding Disorder of Infancy or Early Childhood will be discussed as it applies to these cases, along with consideration of future subtypes and/or specifiers. Audience participation will be highly encouraged.

Concurrent Session 9
Friday, November 6
3:30 p.m. – 4:45 p.m.

Featured Speaker

The Neurobiology Angle: PTSD Risk, Comorbidity, and Treatment Response

Featured (Bio Med, Clin Res) Augusta II & III - 7th Floor

Rasmusson, Ann M., MD
Medical Director, PTSD Clinical Services, VA Boston Healthcare System, Boston, Massachusetts, USA

The past 25 years have been marked by substantial advances in our understanding of basic neurobiological processes relevant to PTSD, such as those that underlie fear conditioning and extinction. Concomitantly, efforts by clinician scientists have yielded PTSD-specific cognitive and exposure treatments with high degrees of efficacy for PTSD and PTSD-related conditions such as depression. Psychopharmacological treatments targeting PTSD have met with more limited success. *This talk will address neurobiological processes that may underlie the successes as well as limits of current interventions for PTSD.* Improving these treatments and reducing the risk for PTSD and its comorbid psychiatric and medical conditions should capitalize on our rapidly growing knowledge of interactive and *individually variable* genetic, epigenetic, neurobiological, and psychological processes that ultimately bear on arousal and information processing during extreme stress.

Media Presentation

Resilience to Trauma

(Abstract #825)

Media (Practice/Mil Emer) International H - 6th Floor

Williams, Wright, PhD
Michael E DeBakey VAMC, Houston, Texas, USA

“My job as a filmmaker is to put you in his skin.” — Steven Soderbergh. This is a Telly award-winning documentary film about nine former POW’s from WW II and their successful struggles with trauma and PTSD over their lifetimes. The men talk candidly about themselves, the traumas they have lived through, and the lives they have led. They carry viewers through an emotional roller coaster as they discuss how they have coped and dealt with the worst parts of life, and the worst parts of themselves. Although the traumas these men faced and their stories are gripping, their lives are—more often than not—rather normal. The effect is that these veterans—who are now living history—offer a message of hope and resilience to us all. The film was developed as an educational/therapy tool for combat veterans and people with PTSD. It was produced for veterans who doubt that they can recover from trauma. The hope of the film is that these veterans’ resilience will connect with future generations of returning warriors. These men participated in the planning and the direction of the film. They and their wives viewed the film, and enjoyed it, prior to its release.

Participant Alert: The film includes candid accounts of the traumatic experiences these men experienced in combat and as a Prisoner of War, and contains photo’s of actual combat scenes.

Symposium

Beyond PTSD Symptom Reduction: Social and Health-Related Benefits of Trauma Focused Treatment

(Abstract #288)

Symposium (Clin Res, Assess Dx) Peachtree B/C - 8th Floor

Lester, Kristin, PhD⁷; Marx, Brian, PhD⁷; Galovski, Tara, PhD.¹; Schuster, Jennifer, PhD.⁴; Nixon, Reginald, PhD³; Schnurr, Paula, PhD⁶; Rodriguez, Paola, MA⁷; Holowka, Darren, PhD⁴; Lunney, Carole, MA⁵; Weathers, Frank, PhD²; Sloan, Denise, PhD⁴; Keane, Terence, PhD⁷; Jimenez, Sherlyn, MFA, PhD⁴; Smith, Kamala, BA⁶; Klunk Gillis, Julie, PhD⁴; Resick, Patricia, PhD^{4,8}

¹University of Missouri-St Louis, Kirkwood, Missouri, USA

²Auburn University, Auburn, Alabama, USA

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⁷National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA

⁸Boston University, Boston, Massachusetts, USA

The effects of trauma-focused treatments have garnered significant attention within the trauma literature. Although the success of various treatments in reducing PTSD symptoms has been well documented within clinical research, less is known on additional potential treatment outcomes. Given that individuals with PTSD exhibit problems in multiple domains, such as psychosocial functioning and physical health, this area of study warrants greater attention. Thus, presenters in this symposium will discuss findings on secondary treatment outcomes with a focus on social and health benefits of trauma-focused treatments.

Development of a Functional Impairment Scale for Active Duty Service Members and Veterans

(Abstract # 349)

Marx, Brian, PhD³; Schnurr, Paula, PhD⁴; Rodriguez, Paola, MA¹; Holowka, Darren, PhD.¹; Lunney, Carole, MA⁵; Weathers, Frank, PhD²; Sloan, Denise, PhD³; Keane, Terence, PhD³

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⁴VA Medical & Regional Off, White River Junction, Vermont, USA

⁵Ohio State University, Columbus, Ohio

Our goal is to design and validate an inventory to assess multiple dimensions of functional impairment experienced by active duty service members and veterans. A series of focus groups and individual assessments using interviews and self-report questionnaires will be used to understand the multiple domains of functional impairment. Results from the focus groups revealed

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that the most frequently occurring functional impairments among veterans were in the following domains: intimate relationships, family, parenting, work, education, friendships/social life, and day-to-day activities. Utilizing this information, an inventory of 87-items was developed to assess each of these domains. The psychometric properties of this inventory are being tested. By creating and validating an inventory to assess functional impairment we hope to offer a useful tool for clinicians, researchers and military leaders. This measure will have enormous value in identifying individuals with significant levels of impairments across multiple domains and for promoting more efficient allocation of resources towards those who are in most need. This measure will also assist with mental health-related compensation and pension procedures and decisions by providing a means to more accurately assess mental health-related functional impairment.

Improvement in Secondary Outcomes Across Varying Doses of Cognitive Processing Therapy

(Abstract # 354)

Galovski, Tara, PhD

University of Missouri-St Louis, Kirkwood, Missouri, USA

The efficacy of Cognitive Processing Therapy (CPT; a 12 session, trauma-focused intervention) has been established in treating PTSD and depression. The success of this intervention has extended to larger domains of functioning including improvements in psychosocial domains (Galovski, et al., 2005) and secondary outcomes such as health-related concerns and sleep quality (Galovski et al., in press). Recent research has shown that PTSD sufferers improve at variable rates, with subsets requiring more or less than 12 sessions to meet good end state functioning. It is unknown whether substantial change in secondary outcomes can be achieved following varying lengths of treatment. This study investigates outcomes in health-related concerns and sleep quality in a sample of survivors of interpersonal violence suffering from PTSD. Preliminary data on 26 participants showed significant decreases in PTSD and depressive symptoms as well as health-related concerns (PILL) and a trend for improvement seen in sleep quality (PSQI). A sample of 45 completers is anticipated by November. The relationship between change in secondary outcomes and treatment length will be tested and results will be located and discussed in terms of the larger benefits and risks of variable lengths of treatment.

Cognitive Processing Therapy for Acute Stress Disorder: A Dissemination Study

(Abstract # 462)

Nixon, Reginald, PhD

Flinders University, Adelaide, South Australia, Australia

Preliminary findings on the effectiveness of an abbreviated format of CPT for recent sexual assault victims seeking treatment in a community rape crisis centre will be reported. This ongoing project is employing a randomized 2 (Treatment Condition) x 5 (Assessment Point) factorial design. That is, participants receive either (a) CPT, or (b) Treatment As Usual (TAU). Participants are assessed at pre- and post-treatment, and at 3-, 6-, and 12-month follow-up, although findings will be reported only up

to 3-month follow-up. Posttraumatic stress, as well as other anxiety and affective disorders are the dependent variables of interest. Data is also being collected on relevant secondary outcomes such as participants' use of medical services not related to traumatic-injury, and occupational functioning. At the time of writing 14 participants have been enrolled in the trial; a further 20 participants are projected to be enrolled by November. At this stage sample size precludes treatment condition comparisons, however, examination of within-group effect sizes for CPT indicates large (ES > 1.00) changes on PTSD and depression severity, social functioning improvement and health outcomes. Although preliminary, these findings are extremely promising, and suggest that CPT in the early weeks following a traumatic event has widespread benefits beyond simply treating posttraumatic stress.

Long-Term Functional Outcomes for Women in Cognitive Processing Therapy and Prolonged Exposure

(Abstract # 607)

Schuster, Jennifer, PhD¹; Lester, Kristin, PHD¹; Jimenez, Sherlyn, MFA, PhD.¹; Smith, Kamala, BA¹; Harrington, Ellen, PhD²; Klunk-Gillis, Julie, PhD¹; Resick, Patricia, PhD^{1,3}

¹*National Center for PTSD, VA Boston Healthcare System, Boston, Massachusetts, USA*

²*National Center for PTSD, Women's Health Sciences Div, Jamaica Plain, Massachusetts, USA*

³*Boston University, Boston, Massachusetts, USA*

Research suggests that individuals with PTSD exhibit significant deficits in areas of occupational, family, and social functioning. However, few studies examining the efficacy of PTSD treatments have explicitly examined functioning outcomes. Data for the present study were obtained from a large treatment study examining the effects of Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) on female victims of sexual assault. This study aims to assess improvements in functioning outcomes in individuals receiving CPT or PE. The Social Adjustment Inventory was used to measure social, vocational, and family functioning prior to treatment, post-treatment, and five years following treatment (N=170). Hierarchical linear modeling (HLM) revealed a statistically significant linear time effect, $t(159) = 18.72, p < .001$, indicating significant improvements in all areas of functioning across time. Treatment assignment (CPT vs. PE) did not predict changes in functional outcomes. However, improvement in PTSD symptoms was associated with better social functioning over time, $t(139) = 14.80, p < .001$. Social functioning improvements were sustained at five-year follow-up, suggesting the long-term positive effect of PTSD treatment on functional outcomes. Further analyses will be performed on the differential effects of other factors (e.g. race, age, etc.) on treatment outcomes.

Developments in Treating PTSD

(Abstract #678)

Symposium (Clin Res, Practice) Peachtree D/E - 8th Floor

Bryant, Richard, PhD²; Resick, Patricia, PhD^{1,3}

¹National Center for PTSD/ VA Boston Healthcare System, Boston, Massachusetts, USA

²School of Psychology University of New South Wales, Sydney, Australia

³Boston University, Boston, Massachusetts, USA

This symposium presents recent empirical data in the treatment of PTSD. The theme of the papers is to evaluate the immediate and longer-term efficacy of evidence-based approaches applied to diverse populations. Dr Foa will present a novel meta-analysis of the efficacy of prolonged exposure across studies. Dr Cloitre will present innovative work on adapting cognitive behavior therapy with meditation to reduce PTSD symptoms. Dr Resick will present long-term follow-up results of patients treated with PE and CPT in terms of symptoms, guilt, and health outcomes. Dr Bryant will report on a novel study of PTSD and grief in terrorist-affected Thailand, in which a Thai version of CBT provided effective in reducing symptoms.

Treating PTSD and Grief in Terrorist-Affected Thailand

(Abstract # 679)

Bryant, Richard, PhD

School of Psychology, University of New South Wales, Sydney, Australia

There is little evidence regarding treating PTSD and complicated grief in settings of ongoing terrorism. This randomized controlled trial was conducted in southern Thailand, which is subjected to very frequent terrorist attacks. The initial step was a collaboration between Australian CBT researchers and the Thai Department of Mental Health in which local clinicians were trained and supervised in a Thai adaptation of CBT. Women who met criteria for PTSD and complicated grief after terrorist killings of family members were randomly allocated to either Thai CBT or SSRI medication. Three month follow-up assessments indicated strong superiority of CBT over medication. These results are discussed in terms of adapting CBT to terrorist settings, as well as adapting treatment for Buddhist survivors.

Building Compassion: A Meditation-Based Skills Training Program for PTSD Related to Interpersonal Violence

(Abstract # 680)

Cloitre, Marylene, PhD

New York University Child Study Ctr, New York, New York, USA

This presentation will report on the pilot results of a meditation-based skills training (MBST) program (n=12) as compared to an assessment only group (n=12) for patients who had successfully completed a cognitive-behavioral therapy for PTSD related to interpersonal violence. The purpose of the study was to assess the feasibility, acceptability, and potential efficacy of an 8 week 1.5 hour MBST group therapy. The treatment was designed to facilitate continued symptom reduction and strengthen emotion regulation and sense of connectedness to others through focused attention on the body and the cultivation of compassion for oneself and others. The meditation component employed an internal stimulus (breath) and a body-based focus due to

its relevance to individuals with PTSD related to interpersonal violence who often experience discomforting somatic sensations, hyperarousal and diminished sense of bodily integrity. Additionally we assessed the effect of MBST on heart rate variability (HRV). Preliminary analyses indicated that compared to the assessment only group, the MBST participants experienced reduction in PTSD symptoms, improvement in emotion regulation self-efficacy and increased self-compassion. Ratings of acceptability of the treatment were high; attendance and dropout rate were better than or equivalent to standard treatments, depending on type of treatment.

Improvement Over the Long Term: CPT and PE on PTSD, Depression, Health and Guilt

(Abstract # 681)

Resick, Patricia, PhD^{1,2}

¹National Center for PTSD/ VA Boston Healthcare System, Boston, Massachusetts, USA

²Boston University, Boston, Massachusetts, USA

Using hierarchical linear regression analyses with piece-wise techniques, we were able to examine slopes from pre to post treatment and then posttreatment to long-term follow-up (5-10 years) for CPT and PE on five measures: PTSD (PSS, CAPS), depression (BDI), health symptoms (PILL) and guilt cognitions (TRGI). Results revealed marginally significant findings for the CPT condition to improve faster than the PE condition for PSS and BDI during treatment, and the PE condition to improve faster than the CPT condition from post-treatment to follow-up with regard to PSS only. There were significant improvements on CAPS in both conditions during treatment and significant continued but slower improvements following treatment, with no differences by condition. With regard to physical symptoms, the CPT condition improved significantly faster than those in the PE condition during treatment. Following treatment, both conditions had continued, but slower improvement, with the PE condition continuing to improve faster than the CPT condition. Finally, with regard to guilt cognitions, there was a trend for faster improvement among the CPT condition during treatment, and continued, but slower improvements in both groups following treatment, with no differences by condition. We will also report on the effects of further treatment on long-term outcomes.

A Meta-Analytic Review of Prolonged Exposure (PE) for Posttraumatic Stress Disorder

(Abstract #682)

Foa, Edna, PhD

Center for Treatment and Study of Anxiety Disorders, University of Pennsylvania, Philadelphia, Pennsylvania, USA

Two decades of research demonstrate the efficacy of exposure therapy for posttraumatic stress disorder (PTSD). Based on this literature, several organizations (e.g., National Institute for Clinical Excellence; International Society for Traumatic Stress Studies) have endorsed exposure-based therapies as a first-line treatment for PTSD. Of these exposure-based therapies, prolonged exposure (PE) has received substantial research support (APA Div. 12); however, to date no meta-analysis has estimated the overall treatment efficacy of PE relative to adequate controls. Therefore, we conducted a meta-analysis based on a comprehensive literature search that identified 13

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randomized controlled trials of PE (N = 658). In this picture the results of the meta-analysis will be presented and the clinical implications will be discussed.

Predictors and Determinants of Long-Term Adjustment in War & Terrorism-Related Settings

(Abstract #381)

Symposium (Civil Ref, Disaster) International C - 6th Floor

Layne, Christopher, PhD¹; Allen, Brian, PsyD³; Hobfoll, Stevan, PhD²; Benight, Charles, PhD⁴

¹*UCLA National Center for Child Traumatic Stress, Los Angeles, California, USA*

²*Rush Medical College, Chicago, Illinois, USA*

³*Sam Houston State University, Huntsville, Texas, USA*

⁴*University of Colorado, Colorado Springs, Colorado, USA*

Interpersonal resources, including social support and effective parenting, in combination with intrapersonal resources, including self-efficacy and optimism, have emerged as potent determinants of adjustment following exposure to war or terrorist events. However, the ways in which these resources are, themselves, influenced by traumatic events, and in turn differentially influence adjustment over time, are not well understood. This symposium applies conservation of resources theory to shed light on the intersection of interpersonal resources, intrapersonal resources, war and terrorist events, and long-term adjustment. The role of time will be explored, particularly in regard to the time required to effectively mobilize resources and the role of chronic strain in eroding resources. Moreover, although often investigated as a moderating variable, social support has emerged as an influential mediator of the link between war-related trauma exposure, traumatic loss, post-war adversities, and long-term post-war adjustment. Last, the role of parenting practices will be investigated with respect to its capacity to moderate the adverse effects of war exposure and traumatic loss. Implications of the findings for intervention, theory-building, and social policy will be discussed.

Parenting and Familial Social Support, War Exposure, and Post-War Adolescent Adjustment

(Abstract # 385)

Allen, Brian, PsyD¹; Gharagozloo, Laadan, BS¹; Layne, Christopher, PhD²; Benight, Charles, PhD³

¹*Sam Houston State University, Huntsville, Texas, USA*

²*UCLA National Center for Child Traumatic Stress, Los Angeles, California, USA*

³*University of Colorado, Colorado Springs, Colorado, USA*

Parenting practices, as well as perceived social support from family and friends, are frequently studied as contributors to adolescent posttraumatic adjustment, often in the role of moderating (i.e., protective or vulnerability) factors. However, the nature of the relationship between parenting practices and social support, as well as the degree to which they mediate the links between war exposure and long-term post-war adjustment, have not been well explored. The present study used structural equation modeling to examine three facets of caregiver parenting behavior (connectedness, monitoring, and psychological control from both maternal and paternal life figures) as reported by

war-exposed Bosnian adolescents in a longitudinal study of long-term post-war adjustment. As predicted, study results revealed a highly differentiated pattern of relationships between caregiver connection, monitoring, and psychological control and perceived support from nuclear family, extended family, same-age peers, and adult mentors. Also as predicted, parenting dimensions and social support were differentially related to long-term post war adjustment outcomes, including posttraumatic stress, depression, and traumatic grief reactions. Implications for theory-building, prevention, and intervention in war-related settings will be discussed.

Links Between War-Time Trauma and Loss and Post-War Social Support: When a Moderator is an Outcome

(Abstract # 446)

Layne, Christopher, PhD³; Allen, Brian, PhD²; Kaniasty, Krys, PhD³; Gharagozloo, Laadan, BS²; Legerski, John-Paul, MA⁴; Isakson Pasalc, Alma, MS⁵; Benight, Charles²

¹*Indiana University of Pennsylvania, Indiana, Pennsylvania, USA*

²*Sam Houston State University, Huntsville, Texas, USA*

³*UCLA National Center for Child Traumatic Stress, Los Angeles, California, USA*

⁴*University of Kansas, Lawrence, Kansas, USA*

⁵*Sarajevo University Medical Center, Serbia*

⁶*University of Colorado, Colorado Springs, Colorado, USA*

Perceived social support has emerged as a potent moderator of the link between trauma exposure and posttraumatic adjustment, serving as both a protective factor (if in sufficient supply) and a vulnerability factor (if in deficit). The beneficial functions of social support have been documented in numerous war- and terrorism-related settings. However, much less is known concerning the factors that both predict, and causally contribute to, perceived social support in these settings. This three-wave longitudinal study sought to identify variables that serve as predictors, and potential determinants of, post-war perceived social support in a sample of highly war-exposed Bosnian adolescents. Variables under study included varying dimensions of pre-war and war-time trauma exposure, traumatic losses (including traumatic death, disappearances, forced separations, and natural deaths), post-war adversities, and mastery (locus of control). Partial support was found for the hypothesis that traumatic losses, trauma exposure, and post-war adversities are reliably linked to post-war social support. Implications of the results for theory building, intervention, and public policy will be discussed.

The Strength and Limitations of Resiliency Resources

(Abstract # 1119)

Hobfoll, Stevan, PhD

Rush Medical College, Chicago, Illinois, USA

The fields of stress and trauma have often focused on resiliency resources. Principle among them have been self-efficacy and optimism as personal resources, and social support as a social resource. We have found that self-efficacy and social support are powerful resources for Israelis and Palestinians in several large-scale studies. However, we have also found that during the time very near major war or terrorist crisis, or where high levels of crises become chronic, that these resources often lose their positive impact. This suggests that these resources need

time to be mobilize and can become outstripped, that is they are finite. This fits Conservation of Resources theory and the companion FALL model of resources. That is, resources are “Fit” to circumstances, in a process that requires Adaptive steps. They are Limited by circumstances and the extent of the resource. For some, this process is more Lenient, that is, those with money, status or many other resources often actually have to invest less to gain “payoff.”

Victimization, Psychological Distress, and Cultural Factors in a National Sample of Latino Women

(Abstract #336)

Symposium (Cul Div, Practice) International E - 6th Floor

Cuevas, Carlos, PhD³; Sabina, Chiara, PhD¹; Elliott, Ann, PhD²

¹The Pennsylvania State University, Capital College, Middletown, Pennsylvania, USA

²Radford University, Radford, Virginia, USA

³Northeastern University, Boston, Massachusetts, USA

This symposium will share the findings of The Sexual Assault among Latinas (SALAS) Study, funded by NIJ. Using random digit dialing and computer assisted telephone interviewing, 2,000 Latino women were surveyed throughout the United States. The study aimed to overcome a number of limitations in the existing literature that focuses on victimization among Latino women. These limitations include geographical restrictions, limited sample sizes, or a narrow assessment of victimization experiences. Participants were asked about various forms of interpersonal violence including stalking, physical assaults, threats, sexual assaults, and witnessed violence. The study also evaluated culturally relevant variables including acculturation, immigration, religiosity, and gender role ideology. The presentations in this symposium will focus on the relationship between victimization and psychological distress, and the impact of cultural variables on the reporting of victimization and psychological distress. Clinical and practical implications of the findings will be discussed in the presentations.

Interpersonal Victimization Patterns and Psychopathology in a National Sample of Latino Women

(Abstract # 484)

Cuevas, Carlos, PhD¹; Sabina, Chiara, PhD²; Picard, Emilie, MS¹

¹Northeastern University, Boston, Massachusetts, USA

²The Pennsylvania State University, Capital College, Middletown, Pennsylvania, USA

There is limited research focusing on Latino women’s psychological symptomatology in response to interpersonal victimization. We examined multiple forms of interpersonal violence and trauma-related symptomatology in a national sample of 2,000 Latino women. Lifetime prevalence of interpersonal violence for our sample was 43.5% for any form of victimization with 27.5% reporting more than one victimization experience. Bivariate analysis showed that women with two or more different victimization experiences displayed a significantly higher rate of pathological levels of anger, anxiety, depression, and dissociation (as indicated by a TSI t-score ≥ 65) when compared to women with a singular incident of violence, or no violence history (all p ’s < .001). Multivariate logistic regression

models found that multiple victimization experiences were a better predictor of pathological distress than any one type of interpersonal violence with the exception of stalking. These results suggest there are a substantial number of Latino women experiencing multiple forms of victimization. Furthermore, interpersonal victimization is a significant problem among Latino women with an increased number of victimization experiences associated with greater pathological levels of psychological distress.

Interpersonal Violence Among Latino Women: Criterion A and PTSD Symptomatology

(Abstract # 481)

Picard, Emilie, MS¹; Cuevas, Carlos, PhD¹; Sabina, Chiara, PhD²

¹Northeastern University, Boston, Massachusetts, USA

²The Pennsylvania State University, Capital College, Middletown, Pennsylvania, USA

Using data from the SALAS Study, this presentation will examine which victimization experiences are more likely to meet PTSD Criterion A and the relationship between different victimization experiences and PTSD symptomatology. In examining whether victimization experiences met Criterion A, approximately 44% of victimized women reported one of their victimization experiences meeting PTSD Criterion A. Stalking victimization was least likely to meet Criterion A (29.9%), while physical assault with a weapon was most likely (68.4%). The PCL was used to evaluate trauma-related symptomatology. Using three cut scores on the PCL, 30, 44, and 50, 45.5%, 22.7% and 15% of victimized women, respectively, would meet a current diagnosis of PTSD. Women who experienced more than one form of victimization had significantly higher PCL scores than women who experienced a single victimization. Multivariate linear regression models found that multiple victimization experiences were a better predictor of PTSD symptomatology than any one form of victimization, with the exception of sexual abuse. The results suggest that types of victimization likely to meet PTSD Criterion A are not necessarily the most likely to impact PTSD symptomatology when victimization diversity is taken into account. Implications on the evaluation of interpersonal violence and PTSD will be discussed.

Cultural Correlates of Victimization and Psychological Distress in a National Sample of Latino Women

(Abstract # 884)

Sabina, Chiara, PhD²; Cuevas, Carlos, PhD¹; Picard, Emilie, MS¹

¹Northeastern University, Boston, Massachusetts, USA

²The Pennsylvania State University, Capital College, Middletown, Pennsylvania, USA

The research focusing on Latino women’s interpersonal victimization and psychological symptomatology is often void of an evaluation of cultural variables. Using the data from the SALAS study we examined the role of cultural variables, including immigration status, acculturation, religiosity, and gender role, on the reporting of victimization and associated psychological symptomatology. Logistic regression models found that immigration status and Anglo acculturation were significantly associated with the reporting of interpersonal victimization, with immigrants reporting less victimization and individuals with greater Anglo acculturation being more likely to report

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being victimized. This pattern of results was consistent across all forms of victimization with the exception of stalking where immigrant status was not a significant predictor. In multivariate models, while controlling for victimization, sex role and religious coping were consistently significant predictors of psychological distress among victimized Latinas. The results were consistent for all of the evaluated forms of distress, which included depression, anxiety, anger/irritability, dissociation, and PTSD symptomatology. This suggests that cultural components play a key role in victimization and associated sequelae and should be part of the evaluation and treatment of victimized Latino women.

Panel Discussion

Ethical Considerations, Motivations, and Perceptions in Trauma Research

(Abstract #267)

Panel Discussion (Soc Ethic, Practice) **International F - 6th Floor**

Averill, Lynnette, MS¹; Hebenstreit, Claire, BA³; Newman, Elana, PhD¹; DePrince, Anne, PhD²

¹University of Utah, Salt Lake City, Utah, USA

²University of Denver, Denver, Colorado, USA

³University of Tulsa, Tulsa, Oklahoma, USA

Conducting studies about traumatic stress require that ethical concerns be carefully evaluated. This panel discussion will review key ethical concerns in trauma research and evidence and methods for how to best evaluate and attend to these ethical dimensions. Data will also be presented about the perceptions of trauma research in women exposed to intimate partner violence and their motivations for participating. There will be ample opportunity for conference participants to discuss questions and concerns.

Papers

Nightmares and PTSD

International D - 6th Floor

Chair: Elizabeth Avant, BS

University of Tulsa, Tulsa, Oklahoma, USA

The Role of Nightmares in PTSD: Intercorrelations of Distress Following Sexual Assault

(Abstract #1067)

(Practice, Clin Res)

Swopes, Rachael, MS¹; Davis, Joanne, PhD¹; Siebenmorgen, Marsha, MA¹; Newman, Elana, PhD¹; Bell, Kathy, MS, RN²

¹University of Tulsa, Oklahoma, USA

²Tulsa Police Department, Tulsa, Oklahoma, USA

Nightmares have been considered a hallmark of post-traumatic stress disorder (PTSD) and have been associated with negative psychological and behavioral consequences. These variables have often been examined retrospectively. The present study extends the literature by longitudinally examining intercorrelations of

nightmare-related distress and psychological variables among sexual assault survivors. It was hypothesized that significant relationships would exist between nightmare-related distress, depression, anxiety, and substance use. Initial data regarding anxiety and distress were collected at a hospital shortly after the assault. Follow-ups were conducted by phone 2 weeks and 2 months post-assault to assess for PTSD and related distress. Preliminary data from 27 two-week and 23 two-month follow-ups were examined. Pearson-product moment correlations largely support the hypothesis, as fear of sleep and nightmare severity were significantly related to overall distress, anxiety, depression, and PTSD severity 2 weeks post-assault. Nightmare frequency at 2 weeks post assault was related to a change in alcohol or cigarette use and to nightmare frequency and severity at 2 months. These findings suggest that the presence of nightmares correlates with many other post-trauma reactions and may warrant early intervention. Limitations and future directions will be discussed.

Examining Nightmares Among Individuals With and Without Phobias: Implications for the PTSD Construct

(Abstract #513)

(Assess Dx, Practice)

Avant, Elizabeth¹; Wiedeman, Rachel, MA¹; Rosen, Gerald, PhD³; Brady, Robert, MA²; Lohr, Jeffrey, PhD²; Davis, Joanne, PhD¹

¹University of Tulsa, Tulsa, Oklahoma, USA

²University of Arkansas, Fayetteville, Arkansas, USA

³University of Washington, Seattle, Washington, USA

A critical issue concerning the validity of posttraumatic stress disorder (PTSD) is whether the diagnosis is but an amalgam of previously extant disorders. Nightmare activity represents one of PTSD's "hallmark" symptoms, yet little is known regarding the occurrence of nightmares among non-PTSD populations. This investigation serves as an exploratory pilot survey to assess nightmare activity, anxiety, and affect among 436 undergraduates with and without phobias. Participants were divided into three groups based on endorsed fear and impairment: No Fear, Fear, and Phobic. One-way ANOVAs and chi-square analyses were completed to determine group differences. The occurrence of recurring dreams, frightening dreams, and recurring frightening dreams was significantly less among No Fear participants compared to the Fear and Phobia groups. Further, analyses indicated that the Phobia group reported having frightening dreams that repeated the same content significantly more often than the other groups. Additionally, the Phobia group endorsed significantly higher State and Trait Anxiety levels than the other groups and anxiety levels were significantly correlated with affect levels. Despite limitations to this pilot survey, findings indicate that evaluation of nightmare activity among non-PTSD populations is warranted. Future research directions and implications are considered.

Nightmare Characteristics Among Persons Exposed to No Trauma, Interpersonal, Noninterpersonal Trauma

(Abstract #538)
(Clin Res, Res Meth)

Avant, Elizabeth, BS; Davis, Joanne, PhD; Lee, Rachel, BA; Pruiksma, Kristi, MA

University of Tulsa, Tulsa, Oklahoma, USA

Previous research has considered differences in nightmare characteristics and sleep quality among persons exposed to trauma. Cuddy and Belicki (1992) reported more nightmares and greater sleep impairment among college women with sexual abuse history compared to college women with no abuse history. The present study expanded on previous research by comparing nightmare variables across individuals with history of no trauma, interpersonal trauma only, non-interpersonal trauma only, and both interpersonal and non-interpersonal traumas. Participants included 290 college students who completed the Trauma Assessment for Adults and Trauma-Related Nightmare Survey. Among men, those who experienced both types of trauma reported significantly more nights in the past week with a nightmare compared to men who experienced only interpersonal trauma. Among women, those who experienced both types of trauma reported significantly more nightmares in the past month compared to women who had experienced non-interpersonal trauma only. Women who had experienced only interpersonal trauma had significantly more different nightmares compared to the three other groups. Also, significantly more women who experienced a non-interpersonal trauma reported feeling depressed when they woke up compared to the number of women who had an interpersonal trauma. Implications for future research will be discussed.

Papers

Ethnic Differences

Augusta I - 7th Floor

Chair: Frank Castro, MA

Boston University, Boston, Massachusetts, USA

Ethnic Differences in Deployment Stressors and Posttraumatic Stress in a Gulf War Veteran Sample

(Abstract #693)

(Cul Div/Assex Dx)

Castro, Frank, PhD^{1,2}; Dutra, Lissa, PhD¹; Vogt, Dawne, PhD^{1,2}; King, Daniel, PhD²; King, Lynda, PhD²

¹*Boston VA Health Care System, Boston, Massachusetts, USA*

²*Boston University, Boston, Massachusetts, USA*

A number of studies have found that African American and Hispanic American veterans, compared to European American veterans, disproportionately meet criteria for PTSD following war-zone exposure, and, these differences cannot always be accounted for by exposure to combat. In this study, we explored ethnic differences in PTSD and their association with contextual factors surrounding the deployment experience (i.e., concerns about family disruptions, prior stressors, and post deployment support) as well as war-zone specific stressors (i.e., combat, perceived threat, and nonsexual harassment). Our sample included 286 Gulf War veterans. Overall, veterans who identified as African American or Black reported higher: posttraumatic stress symptomatology (PTSS), exposure to post deployment stressors, life and family disruptions, non-sexual harassment, and perceived threat compared to veterans who identified as White or Hispanic. Associations between contextual and war-zone specific stressors and PTSS were modest to moderate. Interaction analyses revealed that for African American/Black and Hispanic American veterans greater post deployment stressors was associated with higher levels of PTSS, compared to White veterans. Findings highlight the importance of examining contextual factors as well as war-zone stressors when attempting to elucidate differences in PTSD between ethnic minorities and European Americans.

De-Constructing the Walls Between Injury and Care: Experiences of Black Male Victims of Violence

(Abstract #1069)

(Cul Div, Practice)

Liebschutz, Jane¹; Schwartz, Sonia, MA¹; James, Thea, MD¹; Conoscenti, Lauren, PhD²; Johnson, Renee, PhD, MPH³

¹*Boston University Medical Center, Boston, Massachusetts, USA*

²*National Center for PTSD/Boston VA Medical Center, Boston, Massachusetts, USA*

³*Boston University School of Public Health, Boston Massachusetts, USA*

We examined factors that promote or limit use of medical and mental health care after violent injury in urban black men. 16 black men, ages 18-35, treated for gun shot or stabbing participated in semi-structured interviews assessing injury and subsequent medical and mental care experience. An interdisciplinary and ethnically diverse research team used

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Grounded Theory methods to analyze interview data. Themes reflecting barriers to health care included: disconnect from injury in the immediate aftermath (dissociation, disorientation); institutional mistrust (money motivates care, blurred lines between health care and police).; foreshortened future (“It’s just a way of life”); desire for self-efficacy (“I can handle this on my own.”). Themes indicating facilitators of care included: competency of clinicians; warmth of clinician; shared experience especially race concordance, for mental health clinicians; turning points in their life serving as a “wake up call;” “positive people.” The basic assumptions supporting clinical and mental health care may not be shared by black male violence survivors, who may mistrust health care institutions and not understand counseling processes. Competent and personable clinicians who focus on positive, future-oriented goals may help facilitate access to care.

Psychosocial Distress in Colombians Displaced by Violence: Assessing Needs and Developing Treatments

(Abstract #1053)
(Civil Ref, Assess Dx)

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Little attention has been focused on the psychosocial treatment needs of the millions of Colombians internally displaced by armed conflict. This mixed-method study evaluates the psychosocial consequences of violence and forced displacement and explores the displaced population’s treatment needs. A convenience sample of 109 internally displaced adults completed a PTSD Checklist and the Zung Depression and Anxiety Questionnaires. Forty-four individuals participated in focus groups. Quantitative analyses revealed high levels of PTSD symptoms with over 85% of the sample surpassing a previously identified threshold score for a PTSD diagnosis. Moderate levels of depression and anxiety symptoms were identified. Focus groups identified a range of psychosocial consequences of displacement and a strong desire for psychosocial intervention involving both trauma-focused treatment with mental health professionals as well as occupational support and recreational and community-building activities. These findings will be discussed in the context of an ongoing project to develop a treatment intervention which addresses the mental health consequences of violence and displacement and which is integrated into broader intervention needs. This project may serve as a model for assessment and treatment of other internally displaced and refugee populations.

Workshop

Transitioning War Zone Skills: A De-Stigmatizing Skills-Based Approach With Returning Veterans

(Abstract #85)

Workshop (Mil Emer, Prev El) International G - 6th Floor

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One of the major barriers to returning veterans receiving care has been the stigma of mental health. The diagnosis of PTSD has fostered great advances in our science and understanding of trauma but our nomenclature may also serve as a deterrent to accessing services. Veterans do not want a mental disorder label. This workshop presents an approach designed to assist all returning veterans with the process of readjustment in everyday life. It does not emphasize trauma and PTSD but aims to establish a positive relationship with families, healthcare providers and others. The emphasis is on normal readjustment difficulties and facilitating engagement into more formal mental health services if that becomes necessary. It identifies skill areas associated with survival in a war zone that may become problematic at home. These areas include: safety, trust, anger, predictability, intelligence, mission orientation, decision making, response tactics, identifying the enemy, emotions, authority, closeness, loss and talking. The workshop explains these areas and provides skills to assist returning veterans and families. Materials will be provided and presenters will demonstrate how they are used in multiple settings including the VA, DoD, and communities. Ample time will be provided for an exchange of ideas between presenters and participants.

Friday: 3:30 p.m. – 4:45 p.m.